Cross-cultural validation of the Korean version of the multicultural counseling self-efficacy scale-racial diversity form (K-MCSE-RD) for Korean counselors

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CROSS-CULTURAL VALIDATION OF THE KOREAN VERSION OF THE
MULTICULTURAL COUNSELING SELF-EFFICACY SCALE–RACIAL DIVERSITY
FORM (K-MCSE-RD) FOR KOREAN COUNSELORS

By

Sung Yong Park

A Dissertation
Submitted to the University at Albany, State University of New York
In Partial Fulfillment of
The Requirements for the Degree of
Doctor of Philosophy

School of Education
Department of Educational and Counseling Psychology
2020
Abstract

Faced with growing racial and ethnic diversity in South Korea, the demand for culturally competent counseling services by multicultural clients has increased. The current study aims to contribute to the research of multicultural counseling and multicultural counselor training by examining psychometric properties of the culturally adapted Multicultural Counseling Self-Efficacy Scale-Racial Diversity form for use in South Korea. The purposes of the study were threefold: (a) establish content validity during the translation and cross-cultural adaptation stage for the MCSE-RD to the context of multicultural counseling in South Korea; (b) test plausible underlying factor structures and report internal consistency reliability estimates of the K-MCSE-RD scores; and (c) examine concurrent criterion-related validity of the K-MCSE-RD score through the testing of a social cognitive model of multicultural counseling interests and choice goals.

In Phase I, a total of 17 professionals participated in translation procedures, including forward-backward translations, translation equivalence tests, adaptation, and content validation. These procedures for developing K-MCSE-RD established evidence for its content validity and yielded the final Korean version. In Phase II, data were collected from 391 counselors and trainees. Results of confirmatory factor analyses provided support for a bifactor structure of the K-MCSE-RD scores that are explained by general counseling skills and three dimensions of multicultural counseling self-efficacy: Multicultural Intervention, Multicultural Assessment, and Multicultural Counseling Session Management. The reliability estimates examined by Cronbach’s alpha and omega coefficients showed that the K-MCSE-RD subscales and total scores provided adequate internal consistency. Next, structural equation modeling analyses confirmed the overall adequacy of the social cognitive model in predicting multicultural
counseling interests and choice goals. Specifically, support of concurrent validity was also found for the social cognitive model in which person-cognitive variables (self-efficacy, outcome expectation, and interests, in the contexts of multicultural counseling) mediated the effects of prior multicultural counseling experiences and perceptions of multicultural training environments on intentions for engagement in future multicultural counseling. In conclusion, psychometric properties of the K-MCSE-RD were established by empirical evidences of three validity types (i.e., content, construct, and concurrent validity) and reliability.

This study contributes the theoretical extension of social cognitive theory to the multicultural counseling domain and its application for Korean counselor samples. Practical implications for mental health practitioners and counseling educators, limitations, and directions for future research are provided.
Acknowledgements

I would like to voice my sincerest appreciation for my dissertation chair, Dr. Hung-Bin Sheu. Not only would this study not have happened without him, but I am also thankful for his unwavering support and guidance throughout the process. Your SEM class opened my eyes to the life of a researcher.

I would also like to thank my graduate advisor and committee member, Dr. Zheng Yan, for sacrificing precious time to give thorough and insightful feedback to bring me to the finish line, which once felt like an unattainable goal. You gave me words of wisdom and brought a talent for highlighting those things that really matter.

To my committee member, Dr. Kimberly Colvin, I express my deepest thanks for the support and joy you brought to me in your IRT class. Our publication together early in my research served as a major contribution to this work.

Special thanks go to Dr. Aesun Park, my counseling supervisor, who is my mentor and academic parent. Your constant support and encouragement along this cross-cultural professional journey made me put these bitter fruits into my Quality World.

Last, but not least, My family. I sincerely thank my wife, Jinsook Moon, for your continual support, love, encouragement, understanding, and patience. No words can express my heartfelt gratitude towards you. I am also indebted to my mother, Youngsoon Kang, and my mother-in-law, Youngsook Choi, who have supported me throughout this journey. To my two sisters and brothers-in-law, many thanks to all of you. I've always missed you.
Dedicate this work to my late father.

This dissertation is also dedicated to all beings around me,

who try to overcome struggles in life,

who collaborate together to highlight the dark sides

which we don’t reveal to anybody,

and who will be other lights illuminating the darkness of the world.
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Chapter I: Introduction

International migration has been a global phenomenon for decades, but one that South Korea has only recently started facing (Han, 2011; Kim, 2013). While the registered foreign population in 1993 was only 76,374, comprising 0.17% of the total South Korean population, it had increased to over 1.8 million by 2016, accounting for 3.4% of the total population (Korean Statistical Information Service [KOSIS], 2018). This change is partially due to an increase in the number of international marriages. Among the foreign population in 2013, 16% were marriage immigrants, who comprised the second largest group, following immigrant workers in the domestic labor force (KOSIS, 2017). Given the information provided by Statistics Korea about marriage registration, approximately one in 10 marriages in 2010 (10.8%) involved international couples, and 74.6% of international marriages involved a Korean groom and foreign bride.

Despite the increased number of multicultural families, they struggle significantly with settling into Korean society. For example, Kim (2013) found that married female immigrants experienced psychological and sociocultural issues, such as communication problems due to poor Korean language skills, economic difficulties, discrimination, family conflict, domestic violence, mental health problems, parenting issues, and maladaptive behavior in their children. An increase in the divorce rate in the immigrant population accounting for 10.3% of the total divorced population in 2015 may reflect the seriousness of the issues multicultural families face (KOSIS, 2017). In addition, the mental health and well-being of multicultural adolescents have also become an important social issue (Lim et al., 2009; Oh et al., 2016).

As South Korea radically shifts into a multicultural society and recognizes the severity of these issues, the South Korean government has started to use multicultural family as an umbrella term for immigrants (including marriage immigrants, immigrant workers, North Korean
defectors, and Korean Chinese) and their families in South Korea. In September 2008, the government passed the Multicultural Family Support Act, an act aimed at improving the quality of life and social integration of multicultural families. Specifically, the law seeks to enable families to lead stable lives and fulfill their roles and responsibilities as members of Korean society. In addition, Multicultural Family Support Centers were established across the country to provide multicultural families with varied services, including individual and family counseling, Korean language education, and social and occupational training (Choi et al., 2013).

The legislation and the support centers gave rise to expanding the number of multicultural counseling personnel and creating multicultural counseling agencies (Oh et al., 2016; Seo & Choi, 2012). For example, the Ministry of Gender Equality and Family opened the Danuri Call Center, which provides individual counseling services, information, and telephone counseling in 10 different languages (e.g., Chinese, Vietnamese, and Mongolian). In addition, the Ministry of Health and Welfare provides mental health counseling services for married immigrants and their families (Choi et al., 2013). Furthermore, the number of institutions for multicultural families, including community welfare centers and nongovernmental organizations (NGOs), has increased as major agencies that provide counseling services to the target population (Seo & Choi, 2012). Both service quality and the capability of these agencies and their staff (e.g., family counselors or social workers) have played a key role in helping multicultural families adapt to Korean life.

However, despite the expanded support of multicultural counseling services, existing literature has identified important issues in counseling practice, such as counselors’ lack of expertise when working with multicultural clients. For example, Seo and Choi (2012) found that culturally different clients were unwilling to seek professional help and suggested that this
unwillingness partially stemmed from therapists not understanding clients’ difficulties, which were caused by their different cultural backgrounds. In addition, other researchers have identified the following issues: (a) clients who participated in mental health care services had negative experiences with multicultural counseling staff, such as experiencing discrimination, disregard, and improper treatment (Kim, 2013), and (b) multicultural professionals’ directive attitudes toward culturally diverse clients, such as forcing clients to adjust unilaterally to Korean culture, rather than encouraging them to develop more adaptive behaviors with their own cultural values (Min et al., 2009). In this regard, M. Hwang (2012) reported that the majority of staff working with multicultural clients either did not major in counseling or had little training and work experience. Min et al. (2009) noted that, despite demands for multicultural counseling training, the appropriate training has not yet been implemented due to the lack of knowledge regarding multicultural clients’ characteristics and needs as well as an insufficient capacity of supervisors for in-depth counselor training. Accordingly, Yang et al. (2011) highlighted the urgent need for establishing an effective counselor training model in South Korea. In short, it is questionable whether counselors, who work with clients of different cultural backgrounds, have sufficient expertise to conduct multicultural counseling that reflects the social needs. Further, the limited availability of courses related to multicultural counseling in college counseling programs and the lack of training programs put multicultural counseling almost 10 years behind other multicultural movements. This means that the discussion of the quantity and the quality of multicultural counseling education and training is still in its early stage in South Korea (Yang et al., 2011).

Driven by this alarming situation, multicultural counseling in South Korea has received significant attention in recent years in counseling psychology, and a consensus has emerged that multicultural competencies must be incorporated into counselor training or counseling-related
coursework. As such, several researchers have suggested that counselor education programs should provide a solid foundation of awareness, knowledge, and skills, in accordance with Sue et al.’s (1982) tripartite model for training Korean counselors (Kim & Son, 2014; Oh et al., 2016). Besides, several empirical studies have attempted to address how to include multicultural counseling techniques in the counseling manual, counselor education curriculum, or training program (see Yang et al., 2011). Despite these efforts, an important issue has been raised about instruments that are designed to evaluate counselors’ or trainees’ multicultural counseling skills. The counseling field in South Korea is in need of a psychometrically sound instrument that can be used to assess the skills of mental health professionals working with culturally diverse clients.

In the United States, the Multicultural Counseling Self-Efficacy Scale-Racial Diversity form (MCSE-RD), which was developed by Sheu and Lent (2007), has been used and validated to assess counselors’ perceived ability to counsel racially diverse clients. The MCSE-RD has sound psychometric properties and emphasizes the skill dimension of multicultural counseling competencies (Sheu & Lent, 2007; Sheu et al., 2012). Specifically, the MCSE-RD was developed based on constructs from Bandura’s (1986) social cognitive theory (SCT). In South Korea, several studies have used the MCSE-RD to measure counselor self-efficacy in multicultural settings (Jang, 2018; Kim, 2013). However, the psychometric properties of the MCSE-RD have not been formally tested in South Korea. Therefore, it may be premature to assume that the MCSE-RD is appropriate for assessing the multicultural counseling skills of Korean counselors because the MCSE-RD was originally developed and validated in a different cultural context (i.e., the United States.).

**The Present Study**
Altogether, the current study aims to address a gap in Korean literature and practice that has yet to identify the construct of multicultural counseling self-efficacy, as a domain specific self-efficacy. A psychometrically sound K-MCSE-RD will improve the field of multicultural counseling in South Korea in three significant ways. First, on the theoretical level, the culturally adapted K-MCSE-RD, grounded in Bandura’s social cognitive theory, will provide a conceptual framework to incorporate multiculturalism in counseling training programs and research on counseling competencies of Korean mental health professionals. Second, on the measurement level, the K-MCSE-RD will offer a reliable and valid evaluation of Korean counselors’ multicultural competencies in the skill domain and enable counselors to monitor their own progress in performing counseling with culturally diverse clients. Given that the MCSE-RD items assess specific counseling tasks required throughout the multicultural counseling process, the validated K-MCSE-RD will help Korean counselors identify their strengths and areas for improvement. Specifically, for being culturally competent counselors, they can use specific subscales of the K-MCSE-RD (i.e., Multicultural intervention, Multicultural assessment, and Multicultural session management) to enhance particular counseling self-efficacy domains.

Third, at a counseling policy level, the social cognitive model, which will be tested in this study, will allow Korean mental health professionals and researchers to explore the relationship between social cognitive factors and desirable training outcomes (e.g., interest in and intention to serve racial/ethnic minority clients). The knowledge gained will, in turn, provide strong theory-based and empirically sound guidelines for developing a multicultural counselor training model for Korean counselor trainees.

To achieve this aim, the researcher will (a) review the literature in the areas of multicultural counseling in the West and South Korea, as well as the MCSE-RD and its usage in
multicultural counseling research (Chapter II); (b) give an overview of research methods used to validate the K-MCSE-RD and the analytical process needed to establish the psychometric properties of the instrument (Chapter III); (c) provide the results from the data analyses along with research questions (Chapter IV); and (d) finally, give a brief overview of the findings and discussions about the results (Chapter V).
Chapter II. Literature Review

The purpose of this chapter is to (a) describe multicultural counseling competency (MCC) and the corresponding instruments designed to measure the construct of MCC, (b) review the research on the development of Sheu and Lent’s (2007) Multicultural Counseling Self-Efficacy- Racial Diversity form (MCSE-RD) and its psychometric properties, (c) review the multicultural counseling research in South Korea, and (d) specify research questions and hypotheses for the current study.

Multicultural Counseling Competency (MCC)

For over four decades, mental health professionals and researchers have acknowledged the importance of providing culturally competent psychological services to clients of diverse backgrounds (Benuto et al., 2018; Gamst & Liang, 2013; Sue et al., 2009). Kiselica (1998) also reported that the emphasis on training professionals has received increasing attention to meet the needs of a rapidly diversifying society. In this regard, multicultural counseling competencies were established, revised, and operationalized for training purposes (Sue et al., 1992).

During the 1973 American Psychological Association’s Conference in Vail, Colorado, a critical discussion concerning the need for a new training model for psychological practice and cultural diversity was initially launched (Korman, 1974). Conference participants agreed the model should have two core guiding notions: (a) integrate field training in multiple contexts with the skills and knowledge learned in the classroom, and (b) provide professional psychological services congruent with wide-ranging client needs and for clients with culturally diverse backgrounds (Korman, 1974). Subsequently, D.W. Sue and D. Sue (1977) initiated the discussion on multicultural competence, highlighting that challenges would emerge in counseling sessions due to counselors’ inability to understand clients’ cultural information.
An MCC standards framework was operationally defined by D.W. Sue and colleagues in 1982 and revised in 1992, outlining training guidelines for three competency dimensions: attitudes and beliefs, knowledge, and skills, across three domains; that is, counselors’ (a) awareness of their own cultural beliefs, biases, experiences, and assumptions; (b) non-judgmental and culturally appropriate understanding of clients’ differing worldviews; and (c) ability to develop appropriate intervention strategies and techniques sensitive to clients’ cultural and contextual factors (e.g., clients’ spiritual beliefs and cultural traditions). Specific MCC standards were organized in this tripartite model, which has provided a useful framework in training. In sum, culturally competent counselors can be defined as those who possess awareness of their own values and biases, understand the worldviews of their culturally diverse clients, and treat clients from culturally different groups, as well as minority and underrepresented groups, in a culturally appropriate manner (Sue et al., 1992; Sue et al., 2009). Based on the MCC standards, APA eventually established guidelines for providing psychological services to ethnic, linguistic, and culturally diverse populations (Ponterotto et al., 2000).

Assessment of MCC in Mental Health Professions or Trainees

The foregoing conceptual advancements and calls for infusing cross-cultural competencies into counseling training and research have led to an increased need for MCC assessments (Hays, 2008). These assessments, which adhere to MCC standards, were intended to not only facilitate mental health professionals’ or trainees’ MCC development, but also provide an objective method for evaluating whether MCC has been achieved (Ponterotto et al., 1994). Notably, many contemporary MCC assessments have included the three dimensions of the Sue et al.’s tripartite model as previously mentioned (Pope-Davis et al., 1995). For instance, the following four instruments are the most frequently used measures designed to operationalize the
MCC construct (Ponteotto et al., 2000; Worthington et al., 2007): the Cross Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise et al., 1991); the Multicultural Awareness-Knowledge-and-Skills Survey (MAKSS; D’Andrea et al., 1991); the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994); and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponteotto et al., 2002).

For example, the CCCI-R is a 20-item supervisor-rated instrument measuring three factors: Cross-Cultural Counseling Skill, Socio-Political Awareness, and Cultural Sensitivity. The CCCI-R can be used as a tool for counseling supervision, interview material, or self-evaluation (LaFromboise et al., 1991). The MAKSS is a 60-item self-report instrument designed to measure three MCC dimensions: counselors’ awareness of their attitudes, knowledge about multicultural clients, and skills. Additionally, the MCKAS is 32-item self-report measure used to assess multicultural counseling knowledge and awareness.

While these instruments have contributed to multicultural counselor training or education, the following limitations were delineated in the literature on current MCC assessments: social desirability issue, construct validity related to the skill dimension, and content validity related to the skill dimension. First, several studies have pointed out that a self-reporting format, either consciously or unconsciously influenced by social desirability, is embedded in almost all MCC instruments (Constantine & Ladany, 2000; Hays, 2008; Ponteotto et al., 1994; Ridley & Kleiner, 2003), and participants could respond in a socially desirable manner, rather than sharing their actual perceptions (Constantine & Ladany, 2000). This issue point to the need for accounting for social desirability in MCC research (Liu et al., 2004).

Another limitation is ambiguity in the construct that represents the tridimensional competency model of beliefs/attitudes, knowledge, and skills used in scale development.
Existing studies have shown little support for the tridimensional conceptualization (Ponterotto et al., 1994). For instance, the MCKAS supports a bidimensional construct solution (knowledge and awareness, but not skills), the MCI consists of four factors, and the CCCI-R represents a unidimensional construct (Ponterotto et al., 1994). On the other hand, a recent systematic review showed that, by using the existing MCC instruments, most studies assessed outcomes related to knowledge and awareness rather than skill development (Benuto et al., 2018). Similarly, Lee (1991) reported that multicultural counseling literature has focused mostly on knowledge and awareness, with little focus on specific skill development and evaluation. Moreover, some MCI items even classified in the skill dimension— for example, “I understand my own philosophical preferences” — is more related to knowledge or awareness dimensions rather than skills.

The other limitation involves content validity in terms of whether an item can effectively measure MCCs. Especially, Sheu and Lent (2007) highlighted that items measuring an MCC skill seem to favor domain-generality (i.e., general counseling skills) rather than domain-specificity; thus, it would be difficult to measure counselor abilities that specifically reflect multicultural counseling. For example, the MCI Skills subscale includes such items as “I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests)” and “I use varied counseling techniques and skills.” These items seem to assess not multicultural counseling skills but general counseling skills. Thus, it is seemingly inadequate for researchers to evaluate MCC skills specifically tied to the multicultural counseling context.

In sum, the MCC model has provided a rationale for multicultural perspectives in counseling assessment, practice, training, and research, and proposed specific standards for a culturally competent counselor (Ponterotto et al., 2000). Based on this model, several self-report
instruments have been created to evaluate mental health professionals’ development of MCC and to allow supervisors or educators to evaluate current training practices and their effectiveness (Ponterotto et al., 1994). However, several shortcomings have also emerged in existing MCC instruments, involving the lack of empirical support for the tridimensional MCC model and the lack of adequate items for assessing the Skills dimension of the model (Sheu & Lent, 2007). Mindful of these limitations, researchers have called for a new instrument with the following conditions: (a) less susceptible to self-reporting bias when responding to items about a respondents’ confidence in working with culturally different clients, (b) a focus on the MCC Skills dimension, and (c) ability to tap different levels of item difficulty and extensive multicultural counseling tasks. Towards those aims, researchers developed the MCSE-RD.

**Multicultural Counseling Self-Efficacy Scale- Racial Diversity (MCSE-RD) Form**

*Development and Evidence of Construct Validity*

As a response to issues in the existing MCC literature, Sheu and Lent (2007) developed the MCSE-RD based on the MCC skills dimension and Bandura’s (1986) social cognitive theory. The following processes for developing the MCSE-RD established evidence for its content and construct validity.

Sheu and Lent (2007) followed Bandura’s (2006) considerations in constructing a self-efficacy scale that highlights domain specificity and appropriate contextualization covering the range of behaviors related to multicultural counseling, clear operationalization, a broad continuum of task difficulties, and assessment of current perceived capabilities in order to reduce response bias (i.e., social desirability). Accordingly, Sheu and Lent operationalized multicultural counseling self-efficacy as “therapists’ perceived ability to successfully perform various counseling tasks when working with racially diverse clients in the context of individual therapy”
Based on a comprehensive literature review, item content was derived from tasks required throughout the multicultural counseling process. All items were positively worded, and respondents were instructed to rate their current confidence levels ranging from 0 (no confidence at all) to 9 (complete confidence) with higher scores suggesting more perceived ability to counsel multicultural clients. A dual operationalization of efficacy beliefs was used to develop items tied to different task difficulties levels. First, content-specific self-efficacy indicated confidence in performing common tasks throughout the multicultural counseling process (i.e., initial contact, therapeutic relationship, assessment and diagnosis, case conceptualization and goal setting, intervention/treatment, termination, and session management). Second, coping efficacy referred to confidence in dealing with relatively challenging multicultural counseling tasks such as counseling ruptures and impasses, and culture-bound syndromes (see The Diagnostic and Statistical Manual of Mental Disorders 5th ed.; American Psychiatric Association, 2013). Based on the aforementioned conceptualization, literature review, input from experts in this field, and research team discussion, Sheu and Lent (2007) created a test version of 60 items for the MCSE-RD.

Sheu and Lent (2007) then performed an exploratory factor analysis (EFA) with the 60 items to identify the underlying structure of the item pool and reduce the total number of items while maintaining adequate internal consistency. Results of the EFA retained 37 items comprising three factors, accounting for 71% of the total variance: (a) multicultural intervention (MI; e.g., “the perceived ability to remain flexible and accepting in resolving cross-cultural strains or impasses”); (b) multicultural assessment (MA; “the perceived ability to select culturally appropriate assessment tools according to the client’s cultural background”); and (c)
multicultural session management (MSM; “the perceived ability to encourage the client to take an active role in counseling”) (Sheu & Lent, 2007, p. 37).

Furthermore, Sheu et al. (2012) conducted a follow-up study to provide additional reliability and validity evidence on the conceptualization of the construct and the use of the instrument scores. They surveyed 209 graduate students in counseling-related majors in the United States. The result of confirmatory factor analyses (CFA) comparing the four different models (i.e., unrestricted three-factor model, second-order factor model, one-factor model, and bifactor model) showed that the bifactor model, which includes one generic helping skills factor (i.e., general and foundational counseling skills) and three multicultural specific factors (i.e., MI, MA, and MSM), produced the best fit to the data.

Margeson (2013) conducted CFA to verify the existence of the MCSE-RD three-factor structure. A total of 540 graduate students majoring in counseling or counseling psychology from 33 U.S. states participated in Margeson’s study. The CFA results did not confirm Sheu and Lent’s (2007) three-factor model; instead, results on cross-validation using EFA revealed support for the three-factor structure. Furthermore, high Cronbach’s alpha estimates were very similar to those reported by Sheu and Lent (2007). Based on these outcomes, Margeson (2013) concluded that the MCSE-RD items, both in totality and for the three sub-factors, consistently measure the underlying constructs.

**Reliability**

Several studies have reported that the MCSE-RD has high internal reliability (see, Barden & Greene, 2015; Greene et al., 2014; Harun et al., 2014; Margeson, 2013; Phillips et al., 2017; Sheu & Lent, 2007; Soheilian & Inman, 2015; Wei et al., 2012). In the initial study by Sheu and Lent (2007), Cronbach’s alpha coefficients were .98 for MI, .92 for MA, .94 for MSM, and .98
for the MCSE-RD total score. Internal consistency estimates of most studies were consistent with the initial findings by Sheu and Lent (2007). In addition, two-week test-retest reliability estimates for subscale scores and the total score were examined using data from a sample of 41 graduated students (Sheu & Lent, 2007). The reliability correlations were as follows: MI of .73; MA of .88; MSM of .69; and a total score of .77.

**Multicultural Counseling Research That Used the MCSE-RD**

The MCSE-RD has been widely accepted as an instrument that facilitates counselor training specific to a multicultural context. For instance, Harun et al. (2014) attempted to explore school counselors’ multicultural counseling self-efficacy level and its relationship with demographic variables (e.g., gender, ethnicity, age, school setting, highest earned degree in counseling, years of working experience, and the number of multicultural trainings received) in Malaysia. The sample comprised 167 school counselors who provided data for a descriptive analysis. The results indicated that counselors generally perceived their multicultural counseling ability as moderate, and counselors who had more experience with multicultural training (e.g., supervision) had higher MCSE-RD scores.

In addition, Barden et al. (2014) examined the role of cultural immersion experiences on multicultural counseling self-efficacy. They used a quasi-experimental design to identify the interplay with counselor education students who immersed (n = 19) compared to ones who did not immerse (n = 18). Based on the results, the researchers proposed that participating in culturally immersive experiences would increase overall multicultural self-efficacy, as measured by the MCSE-RD, more than traditional counseling education or training.

Another study used the MCSE-RD to investigate the relationship between counselor education students’ (N = 118) perceived levels of MCSE and MCC, and to determine how
demographic variables influence these constructs (Barden & Greene, 2015). Their results showed that MCSE and MCC had strong correlations, though were significantly different. Additionally, no significant differences were identified on MCSE-RD scores by different demographic variables (e.g., gender, ethnicity, and tenure in a graduate program).

Greene et al (2014) conducted a study to evaluate the effectiveness of a multicultural counseling course that emphasized the use of film as an experiential pedagogy designed to enhance MCC and MCSE. Thirty-four counseling trainees in a multicultural counseling course participated in the study and completed both pre- and posttests. The findings indicate that both MCSE and MCC increased as a result of the course.

Another experimental study on a multicultural counseling practicum for refugees was performed by Kuo and Arcuri (2014) in Canada. They designed a clinical training program, the Multicultural Counseling and Psychotherapy with Refugees Practicum, modeled as a two-semester period for senior Ph.D. students, based on the MCC tripartite model. The findings from pre- and post-scores on the measures of MCC and MCSE indicated that trainees reported significantly higher scores, both overall and on the three MCSE-RD subscales, since the beginning of the program.

Phillips et al. (2017) examined how the depth of discussion of multicultural identities (i.e., men and women, heterosexual and non-heterosexual, White and racial/ethnic minority) affected the clinical supervision of 132 practicum trainees and interns. The results showed that the perceived depth of discussion of the three identities was significantly and positively associated with a supervisory working alliance, MCSE, and general CSE. The researchers suggested that deeper discussion of a trainees’ multicultural identity in supervision might enhance their multicultural and general counseling self-efficacy. Finally, in another study with
172 mental health counselors, Matthews et al. (2018) reported that multicultural ethnic identity was positively correlated with both MCC and MCSE, and that MCSE was positively correlated with MCC. In sum, although limited in number, existing studies supported the use of the MCSE-RD in multicultural counseling research and training in Eastern and Western culture. Additional literature on multicultural counseling in South Korea will be reviewed below.

**Multicultural Counseling Research in South Korea**

As the population of South Korea continues to diversify, various social and adjustment issues are to be expected. Therefore, researchers and practitioners have started to pay attention to the cultural diversity issues that have emerged in counseling practice (e.g., therapeutic relationships between culturally different counselors and clients).

A recent review reported that the number of empirical studies on multicultural counseling has increased sharply since 2006, with more than 70% being conducted since 2009 in South Korea (Oh et al., 2016). It should be noted that only 1.8% of existing studies are related to multicultural counseling instruments (e.g., scale development or validation) (Oh et al., 2016). This indicates that instruments for appropriate multicultural counseling research are not satisfactory in South Korea; thus, a study on measures of multicultural counseling should be the first step as suggested by Oh et al. (2016). Historically, cultural uniformity was considered an important value in society, so Koreans have had an insular view of different cultures. Therefore, Kim and Son (2014) recommended that counselors should be sensitive to clients’ diverse cultural backgrounds, and that in order to achieve this, they should develop or enhance their MCC.

**Multicultural Counseling Competency (MCC) in South Korea**

Several texts on MCC published in Korean journals or by government organizations have agreed that counselors’ MCC (e.g., the beliefs/attitude, knowledge, and skills dimensions in Sue
et al.’s [1982, 1992] tripartite model) is a critical factor in enhancing the effectiveness of counseling services to culturally diverse clients (e.g., Min et al., 2009; Kim & Shim, 2014; Won & Moon, 2016; Yang et al., 2011). For instance, Won and Moon (2016) examined whether the MCC factor structure is consistent with the tripartite MCC model in Western countries and explored several outcomes that affect MCC among Korean multicultural counseling staff. A total of 321 staff members working at the Multicultural Family Support Center participated in the study. The results showed that factor analyses supported the tripartite MCC model that consisted of multicultural beliefs awareness, knowledge, and skill dimensions among Korean multicultural counselor samples. Overall, multicultural awareness scores were higher than knowledge and skills, and MCC scores were positively and significantly associated with the number of hours in multicultural education and training experience.

Other studies also supported the finding that multicultural education experience is positively related to professionals’ MCC (Hwang, M, 2012; Un & Park, 2014). Furthermore, in a study on the development of a counseling manual for multicultural adolescents (Yang et al., 2011), the researchers emphasized a specific skill (i.e., ability to network with the local community) in MCC for multicultural counselors. Further, these researchers suggested that, given the nature of multiculturalism in South Korea, counselors working with minority clients should recognize resources concerning the protection and support that clients can receive from the government and public institutions. Connecting clients to useful resources is part of effective counseling service (Yang et al., 2011). Similarly, Han (2011) argued that multicultural counselors should be accustomed to a social networking approach, which allows them to utilize social resources through connections with community professionals (e.g., doctors, lawyers, religious leaders, and social workers). Together, existing research indicates that culturally
competent counselors in South Korea should (a) remain aware of their own beliefs, biases, and attitudes while providing counseling services, (b) have knowledge of clients’ worldviews, (c) select and use culturally appropriate counseling skills and interventions, and (d) be familiar with social networks to help clients secure useful resources.

Several studies and reports also exist about training culturally competent professionals to meet the challenges facing Korean counselors. For example, Jung et al. (2010) reported that most graduate curricula for training counselors covered multicultural counseling theories but tended to focus on knowledge specific to only a particular race or ethnicity. Thus, the researcher suggested that training curricula should include field practice and counseling skills related to both general and multicultural counseling (Jung, 2010; Min et al., 2009). Another study was conducted to provide guidelines on a training curriculum with multicultural family counselors (Choi et al., 2013). The researchers developed a basic multicultural counseling training curriculum, which contains problem-oriented, case-oriented, skill-based, and discussion-oriented training courses (Choi et al., 2013). Additionally, some studies provided empirical evidence for various learning strategies designed to enhance MCC via e-learning (Kim & Lee, 2018), action learning (Jang, 2018), and supervision and education (Kim & Shim, 2014; Lee et al., 2014). However, contrasting the larger volume of research of MCC conducted in the U.S., the counseling profession in South Korea is still at the stage of discussing basic knowledge of multicultural counseling and the need for counselor training for culturally different clients (Lee et al., 2014). Many studies have reported that Korean multicultural counselors are facing numerous difficulties and lack confidence in their expertise. To overcome these challenges, Yang and Kim (2011) argued that enhancing counseling self-efficacy (CSE) should be included in multicultural
counselor training and education because CSE significantly affects the effectiveness of counseling.

**Counselor self-efficacy (CSE) and Multicultural Counselor Self-Efficacy (MCSE) in South Korea**

As an extension of Bandura’s (1999) general social cognitive theory to counselor development, CSE can be defined as a counselor’s perceived capabilities to perform effective counseling-related behaviors (Larson & Daniels, 1998; Lent et al., 2003). The concept of CSE has been applied to different counselor training domains—for instance, career counseling (O’Brien et al., 1997) and multicultural counseling (Sheu et al., 2012).

According to research findings in South Korea that show self-efficacy affects counselor development and performance (e.g., using counseling skills and maintaining therapeutic alliances with clients; An & Jung, 2017), research applying Bandura’s self-efficacy to counselor training is under the spotlight (Kang & Yon, 2005). For example, CSE has been included in research related to (a) the relationship between counselor spirituality and counseling performance (An & Jung, 2017); (b) counselor burnout among youth counselors (Kim et al., 2010), adolescent counselors (Park & Oh, 2013), and school counselors (Um et al., 2013); (c) marital relationships (Kim & Chung, 2010); (d) working alliances (An & Jung, 2017; I. H. Hwang, 2005; Hong & Choi, 2001); (e) counseling satisfaction (I. H. Hwang, 2005); (f) state anxiety (Hong & Choi, 2001; Kang & Yon, 2005); (g) measurement (or group counseling program) development or validation studies (Hong & Choi, 2001; Kang & Yon, 2005; Lee, Seo, & Kim, 2007; Yang & Kim, 2011); and (h) multicultural counseling (Jang, 2018; Kim, 2013; Kim & Lee, 2013; Kim & Lee, 2018).
Specifically, CSE was found to affect a counselor's cognitive, affective, motivation, and behavioral response domains. As self-efficacy improves, the level of counseling working alliance increases; but the level of state-anxiety decreases. (Hong & Choi, 2001). Moreover, findings on how self-efficacy affects counselor burnout revealed that a counselor with high self-efficacy was less likely to experience burnout (Kim, et al., 2010; Park & Oh, 2013; Um et al., 2013). Kim et al. (2010) also found that psychological burnout was influenced more strongly by internal/individual factors (e.g., CSE) than by external environmental factors (e.g., excessive workload).

Regarding CSE measures, Hong and Choi (2001) translated the Counselor Self-Efficacy Inventory (COSE; Larson et al., 1992) to examine the relationship between working alliance with regard to the counselor’s self-efficacy and state-anxiety in the early stages of counseling. The validity of the Korean-version of COSE, however, was not established, and researchers identified several limitations pertaining to its factor structures, item difficulty, and content validity (Hong & Choi, 2001; Lee et al., 2007). Given that, Lee et al. (2007) translated and validated the Counselor Activity Self-Efficacy Scale (CASES) developed by Lent et al. (2003). Lee et al. explained that, because CASES is based on Hill and O’Brien’s (1999) helping skills, future research outcomes measured by CASES can provide useful and direct implications for the education and training of Korean counselors (Lee et al., 2007). Later, Yang and Kim (2011) developed the Counselor Self-Efficacy Scale (CSES) for Korean counselors and validated the scale. Factor analyses supported three factors: (a) counseling skill, (b) counseling attitude, and (c) counseling coping with crises.

As described above, general CSE could play a key role in determining whether a counselor could efficiently and successfully perform counseling with a culturally different client.
This means that culturally competent counselors in Korea, must have a self-motivation process related to the self-efficacy of counseling. However, research on multicultural counselor self-efficacy (MCSE) is still in its infancy in South Korea. To my knowledge, only three empirical studies on MCSE have been published.

One study examined the relationship between multicultural acceptability, MCSE, and MCC with a sample of 168 multicultural counseling-related professionals (Kim, 2013). The researcher found that the higher multicultural acceptability, the higher the MCSE, and the higher the MCSE, the higher the MCC. Besides, a hypothesized causal link between multicultural acceptability and MCC was fully mediated by MCSE. These findings confirmed that MCSE is an important factor closely related to MCC (Kim, 2013).

Another experimental study developed and then evaluated a multicultural counseling online learning program designed to enhance MCSE and to reduce ethnic and racial prejudice (Kim & Lee, 2018). A total of 89 participants were assigned to either of two experimental groups or a control group using a pretest-posttest design. The study suggested that the online learning program had a statistically significant effect on reducing counselors’ racial prejudice toward culturally diverse clients and increasing MCSE. Another unpublished dissertation study involved implementing a multicultural counselor education program and evaluated its impact on MCC and MCSE as well as identify participants’ perceptions and experiences of multicultural counseling (Jang, 2018). The results of a pretest and posttest experimental design showed that the education program significantly improved participants’ MCC and MCSE.

Taking these findings together, MCSE clearly affects counselor performance when working with culturally different clients. It is also expected that counselors’ MCC development would be attained through multicultural counseling training or education based on the MCSE.
Despite these promising findings, the major limitation in this literature in South Korea is the lack of a theoretically based and psychometrically sound instrument for assessing MCSE. That is, although using an existing measurement will help researchers to save time and resources (Boynton & Greenhalgh, 2004), all instruments that have been translated into the target language or developed in English must be evaluated for their reliability and validity in the context of South Korea. Although some CSE instruments (e.g., Korean version of COSE and CASES; Hong & Choi, 2001; Lee et al., 2007, respectively) have been validated in the Korean context, such efforts have not been extended to the Korean-translated version of the MCSE-RD for assessing MCSE. Therefore, evaluating the psychometric properties of the K-MCES-RD, which measures multicultural counseling self-efficacy of Korean counselors, will be essential prior to applying it in multicultural counseling practice and research. The validated K-MCSE-RD will enable Korean counselors to monitor their own perceived progress in performing specific counseling-related tasks with culturally and racially diverse clients. It is also expected that establishing the validity of the K-MCSE-RD may provide useful information about developing an effective multicultural counselor training model for Korean counselor trainees.

A Social Cognitive Career Theory Model of Multicultural Counseling Interests and Goals

As part of the efforts to evaluate the concurrent validity of the K-MCSE-RD, this study examines the relationships between MCSE and other training-related variables based on a model proposed in the social cognitive career theory (SCCT; Lent et al., 1994). This framework highlights how person-cognitive variables (e.g., self-efficacy, outcome expectations), learning, and contextual variables (e.g., environment) interact dynamically with one’s behaviors or intention to engage in certain behaviors (i.e., interests, choice intentions, and performance and persistence outcomes). Basically, the SCCT postulates that self-efficacy and outcome
expectations are predictive of job interests, and the interests mediate the relationship between self-efficacy and outcome expectations, and goal intention (Lent et al., 1994; Lent et al., 2003). Goals are crucial for the self-regulation of behavior, and they can also increase the likelihood of obtaining an outcome (Lent et al., 1994). Outcome expectations, another critical person-cognitive variable, indicate individual beliefs of how likely it is that a behavior will be followed by specific consequences (Lent et al., 1994).

Given the lack of multicultural counseling training models in South Korea (Lee et al., 2012), connecting the SCCT to multicultural counseling and a counselor’s career-relevant behaviors may allow this study to not only illuminate the relationship among social cognitive factors, but also provide a framework for a theory-based and empirically sound multicultural counseling training model in South Korea. For example, Sheu et al. (2012) proposed extending the SCCT to understanding components that influence counseling interest and intention to work in a multicultural counseling domain. The following paragraphs will account for the four antecedent constructs dealing with the social cognitive model of multicultural counseling interests and intentions proposed by Sheu et al. (2012).

Lent et al. (1994) maintained that past success or failure experiences play an important role in determining self-efficacy and outcome expectations. Further, a positive relationship between CSE and prior counseling-related experiences, such as prior counseling training (O’Brien et al., 1997), field-based internship experience (Larson & Daniels, 1998; Urbani et al., 2002), counseling course work and relevant work experience (Watson, 1992), and clinical supervision (Cashwell & Dooley, 2001), have been well documented. In other words, counselors with more prior experiences with delivering counseling services tend to have higher self-efficacy in counseling skills.
Counseling outcome expectations (COE) can be described as “counselors’ judgments of the likely consequences of their counseling actions in the near future rather than evaluations of the outcomes of past counseling sessions.” (Larson, 1998, p. 231). It is assumed that prior multicultural counseling-related experiences (e.g., counseling, training, learning, work, or supervision) would positively affect their self-efficacy and outcome expectations directly or indirectly when working with clients of diverse cultural backgrounds. Beside, Sheu and colleagues’ (2012) research showed that when counselors had higher self-efficacy in and perceived more favorable outcomes associated with working in racially diverse clients, they tended to develop stronger interest in providing multicultural counseling, which was, in turn, predictive of their intention to serve culturally diverse client populations. Furthermore, perceptions about multicultural training environments (e.g., curriculum, supervision, or multicultural research) were also found to be directly and indirectly predictive of an individual’s intentions for multicultural counseling (Sheu et al., 2012).

Collectively, anchored in Bandura’s (1986) social cognitive theory, the SCCT model (Lent et al., 1994) was first developed to help understand the processes by which an individual (1) develops interests, (2) makes choices, and (3) achieves career and academic performances. Although substantial research conducted in Western contexts has examined social cognitive predictors of diverse vocational interests, occupational choices, and career success and stability, relatively few empirical studies have been conducted on counselor samples in South Korea. Further, no studies have focused on Korean counselors’ intention to work with racially diverse. As part of the efforts to validate the K-MCSE-RD, the current study attempted to verify the relationship between the MCSE construct and other social cognitive variables, and sought to
extend prior literature on social cognitive theory by testing the SCCT model (Figure 2) for identifying Korean counselors’ career interests and goals in the multicultural context.

**Research Questions and Hypotheses**

The current study aimed to contribute to the research of multicultural counseling and multicultural counselor training by examining psychometric properties of the culturally adapted MCSE-RD form for the use in South Korea. Specifically, the purposes of the study were to (a) establish content validity during the translation and cross-cultural adaptation stage for the MCSE-RD to the context of multicultural counseling in South Korea; (b) test plausible underlying factor structures and report internal consistency reliability estimates of the K-MCSE-RD scores; and (c) examine concurrent criterion-related validity of the K-MCSE-RD score through testing a social cognitive model of multicultural counseling interests and choice goals.

Specifically, based on the literature review, the current study addressed the following research questions and their corresponding hypotheses:

**Research Question 1.** To what extent can the feasibility of the Korean version of MCSE-RD be demonstrated in a translation and adaptation processes (Phase I)?

*Hypothesis 1-1.* The translation equivalence between the original MCSE-RD and K-MCSE-RD would be established through questionnaire equivalence review.

*Hypothesis 1-2.* Support for content validity of the culturally adapted K-MCSE-RD would be established through Lynn’s content validity index (CVI) that consists of item level (I-CVI ≥ 0.80) and scale level (S-CVI ≥ 0.90).

**Research Question 2.** To what extent can the psychometric properties of the K-MCSE-RD be demonstrated in a large-scale study sample?
**Hypothesis 2-1.** Either a three-factor solution proposed by Sheu and Lent (2007) or a bifactor solution consistent with the factor structure found in Sheu et al.’s follow-up study (2012) of the K-MCSE-RD would be confirmed in the Korean counselor sample (as depicted in Figure 1).

**Hypothesis 2-2.** Internal consistency of the K-MCSE-RD total score and subscale scores would be reflected in reliability of test item scores with a Cronbach’s alpha (omega coefficients) of .70 or above.

**Research Question 3.** How well does the hypothesized SCT model tested in Sheu et al. (2012) account for multicultural counseling interests and intentions among Korean counselors and counseling trainees (Figure 2)?

**Hypothesis 3-1:** The hypothesized structural model depicted in Figure 2 would provide a good fit to the data.

**Hypothesis 3-2:** Participants’ prior multicultural counseling experiences would positively predict both multicultural counseling self-efficacy as measured by the K-MCSE-RD (path 1) and outcome expectations (path 2).

**Hypothesis 3-3:** Multicultural counseling self-efficacy would positively predict multicultural counseling outcome expectations (path 3).

**Hypothesis 3-4:** Interests in multicultural counseling would be jointly predicted by multicultural counseling self-efficacy and outcome expectations (paths 4 and paths 5, respectively).

**Hypothesis 3-5:** Multicultural counseling goals (intentions) would be jointly predicted by interests in multicultural counseling (path 6), multicultural counseling self-efficacy (path
7), and outcome expectations (path 8), indicating that self-efficacy and outcome expectations would predict goals, both directly and indirectly via interests.

**Hypothesis 3-6**: Perception of multicultural environment would be directly predictive of multicultural counseling intentions (path 9) and multicultural counseling self-efficacy (path 10).
Figure 1
Variations of the Factor Structure for the K-MCSE-RD

(a) One-factor model

(b) Unrestricted three-factor model

(c) Second-order model

(d) Bifactor model

Note. K-MCSE-RD = Korean version of the Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form; S1 = specific factor 1 (multicultural intervention); S2 = specific factor 2 (multicultural assessment); S3 = specific factor 3 (multicultural counseling Session management); S2nd-order = second-order specific factor (multicultural counseling self-efficacy); GCS = general counseling skills factor; MI= Multicultural Intervention; MA = Multicultural Assessment; MS = Multicultural Counseling Session Management.
Chapter III: Methodology

Multicultural counseling self-efficacy refers to “culturally based cognitive schema processes in which CITs [counselors-in training] construct beliefs about their ability to perform culturally appropriate tasks and behaviors at a given level during interactions with clients as well as with their peers and faculty” (Neville & Mobley, 2001, p. 483). The Multicultural Counseling Self-Efficacy Scale—Racial Diversity Form (MCSE-RD), developed by Sheu and Lent (2007), has been used to measure counselors’ multicultural counseling self-efficacy in South Korea, but it has not been rigorously validated with Korean counselor samples. Therefore, this study sought to determine whether a Korean version of the MCSE-RD can be used with counselors in the context of South Korea. Chapter three describes the methods used to validate the Korean version of the MCSE-RD (K-MCSE-RD) and the analytical steps needed to establish the psychometric properties of this instrument. Further, this chapter includes details about the study design, participants, instruments, recruitment procedures, and data analysis procedure. Specifically, the study design consists of two phases: Phase I - establishing content validity of the cross-culturally adapted K-MCSE-RD for Korean counselors in multicultural counseling settings; and Phase II - examining construct validity (i.e., factor structure) and concurrent criterion validity through testing a social cognitive model that involves the construct measured by the K-MCSE-RD.

Phase I. Translation and Adaptation of the MCSE-RD

Research Design

Translation, adaptation, and validation are the critical features in cross-cultural research (International Test Commission [ITC], 2017). The purpose of Phase I was to gather evidence on the psychometric quality of the translated and adapted version of the MCSE-RD in the context of the Korean population before conducting a large-scale validation study in Phase II. Phase I has
three components: (a) translating the MCSE-RD form, (b) adapting it, and (c) establishing content validity evidence of the Korean version. Cross-cultural adaptation was guided by the standard steps outlined by the ITC (2017) and in psychological literature (Beaton et al., 2002; Brislin, 1970; Manessriwongul & Dixon, 2004), which involve not only forward and backward translation, but also monolingual and bilingual tests. In general, Brislin’s (1970) four strategies—back-translation method, bilingual technique (i.e., by translators who speak both original and target language), committee approach, and pretest procedure—are widely used to maintain the equivalence between the original and the translated measures in cross-cultural studies. However, one critical weakness of Brislin’s translation model is that acculturation makes bilingual subjects different from monolingual ones (i.e., target population; Korean in this case). This criticism suggested that a Korean-translated version based on the bilingual technique might not be appropriate for the target population—Korean counselors in this study (Jones et al., 2001; Manessriwongul & Dixon, 2004). Thus, this study included the monolingual technique (i.e., by reviewers who can use only the target language) in Brislin’s approach mentioned above. In sum, the current combined strategy (i.e., bilingual and monolingual techniques) provided the following strengths.

First, three key types of equivalencies between the English and Korean versions of MCSE-RD were verified: (a) content equivalence, or whether the content of each translated item is culturally relevant to the target population, (b) semantic equivalence, or whether the meaning of each translated item is the same in the culture of interest, and (c) technical equivalence, or whether the questionnaire format (e.g., instructions, items, and response) is comparable in each culture (Flaherty et al., 1998). Second, the K-MCSE-RD was tested for appropriate use in
monolingual subjects who are native speakers of Korean. The step-by-step process in the cross-cultural adaptation phase is as follows (see Table 1).

**Step 1: Forward Translation.** The first step involved the forward translation of the MCSE-RD from English into Korean. Three bilingual forward translators independently translated the MCSE-RD. The independent process allowed for the detection of errors and divergent interpretations of ambiguous items in the original measurement to be addressed through subsequent committee meetings. Each translator produced a draft of K-MCSE-RD. Then, the three forward translators held a meeting to evaluate the content equivalence of each item to the English version (Flaherty et al., 1988). Each translated instrument (K-MCSE-RD and other measures used in this study) was submitted to the primary investigator (PI) before the meeting and assessed by the two other members of the forward translator team. Any differences identified between the three Korean versions of the MCSE-RD, as translated by the three forward translators, were discussed in the team meeting participated by the three translators and the primary investigator. The discussion continued until the team reached a consensus on the wording to create one final version. The result yielded the initial Korean version of the MCSE-RD.

**Step 2: Backward Translation.** The second step involved back-translating the initial Korean version into English, which allowed for establishing semantic equivalence that the meaning of each item remains the same after the forward translation and for improving the overall cultural equivalence of the original MCSE-RD (Brislin, 1970; Flaherty et al., 1988). The ITC (2017) recommended that the back translators must have the original language as their mother tongue but be fluent in both source and target languages. Besides, at least two independent bilingual translators should preferably not have prior knowledge of the instrument.
because this allows them to be free from biases (McDermott & Palchanes, 1994). In this regard, two backward-translators—a bilingual Korean and a bilingual Korean American—translated the K-MCSE-RD back to English. They were blind to the original MCSE-RD. Any differences identified between the two back-translated versions were discussed at the team meeting, which included the two backward translators and the PI. The meeting produced the back-translated version of the MCSE-RD in English.

**Step 3: Translation Equivalence Review.** The third step consisted of having three native English-speaking reviewers compare the original English and the back-translated English versions of the MCSE-RD. This process involved evaluating linguistic equivalence between the two English versions. A 7-point Likert-type scale, ranging from 1 (*not at all similar*) to 7 (*extremely similar*), was used to check the similarity of meaning between the original English and the back-translated English versions of the MCSE-RD. The similarity ratings and feedback from reviewers were used to demonstrate the initial validation of the translation and be considered for further revisions. The step produced the second draft of the Korean version.

**Step 4: Cultural Adaptation.** The fourth step entailed reviewing and adapting the second draft of the K-MCSE-RD. The review included the instructions, items, and response format for establishing technical equivalence, which indicates whether the questionnaire is comparable in each implemented country regarding the data yielded (i.e., United States and South Korea in this study) (Beck et al., 2003). Three Korean native monolingual counselors familiar with this content (e.g., general counseling, multicultural counseling, and counselor self-efficacy) were recruited to review the second draft of the K-MCSE-RD. As mentioned above, due to acculturation, this step included monolingual counselors on the expert panel (Jones et al., 2001; Manessriwongul & Dixon, 2004). The adaptation procedure was conducted based on local
practice, context, and the culture of South Korea. The outcome produced the pre-final Korean version of the MCSE-RD.

**Step 5: Content Validity Test.** Next, six independent Korean native counselors were asked to evaluate each item of the Korean version using the Lynn (1986) content validity index (CVI) for quantifying content appropriateness and relevance of the items in the context of multicultural counseling in South Korea. These experts’ endorsements were collected, and two types of CVI scores were estimated: individual item level (I-CVI) and the overall scale level (S-CVI; Lynn, 1986). Specifically, the CVI form was administered using a 4-point Likert-type scale (1 = not relevant, 2 = needs major item modification to be relevant, 3 = relevant but needs minor modification, and 4 = relevant). The content experts were asked to rate the content validity of each item. For the computation of the I-CVI, the number of evaluators who give a rating of either 3 or 4 was divided by the total number of evaluators. For example, if five out of six examiners rate the item as 3 or 4, the I-CVI of that item would be .83. Agreement rates less than .80 can be considered as an inadequate adaptation, indicating that modification on the adaptation of the K-MCSE-RD is needed. The average of the I-CVI across items was then calculated to represent the S-CVI. The goal of this process was to achieve an I-CVI of .80 or higher and an S-CVI of .90 or higher. Reaching the Lynn criteria indicates that content validity for the culturally adapted MCSE-RD has been achieved, yielding a final version of the K-MCSE-RD. As a result, these processes established that the instrument was ready to be used for the subsequent large-scale validation study in Phase II.
Data Analysis in Phase I

Data were analyzed using IBM SPSS 24.0 (IBM Corp, 2016). The content validity was identified by applying the content validity index (CVI) at the item-level (I-CVI) and the scale-level (S-CVI).

Phase II. Evaluation of the Psychometric Properties of the K-MCSE-RD

Phase II in this study established the validity and reliability of the Korean version of the MCSE-RD. First, confirmatory factor analyses (CFA) were conducted to verify the factor structure of the K-MCSE-RD. Second, reliability analyses were performed, including internal consistency estimates (e.g., Cronbach’s alpha and omega coefficients) of the total scale and subscale scores. Third, the concurrent criterion validity of the K-MCSE-RD scores was examined by testing the social cognitive model, which consists of multicultural counseling training-related predictor and outcome variables (as depicted in Figure 2).

Participants
A total of 397 counselors and trainees completed the survey. Individual cases were screened to ensure the case met criteria for the current study (i.e., validity check, missing values), yielding a final sample size of 391.

The participants’ age ranged from 19 to 70 years ($M = 34.48$, $SD = 12.2$). Three hundred seven participants were women (78.5 %), and 84 were men (21.5%). The majority at 93.6% were Korean ($n = 367$), followed by 0.5% American ($n = 2$), and 0.3% Chinese ($n = 1$). Regarding education, 36.1 % of participants reported their highest level of education was a master’s degree ($n = 141$), 30.7 % were in an undergraduate program ($n = 120$), 12% were in a master’s program ($n = 47$), 11.8% were in a Ph.D. program ($n = 46$), and 3.8 % had a doctoral degree ($n = 15$).

Participants reported having the following number of years of counseling experience: less than 1 year ($n = 152$, 38.9%), 1–3 years ($n = 40$, 10.2%), 3–6 years ($n = 72$, 18.4%), 6–10 years ($n = 46$, 11.8%), 10–20 years ($n = 53$, 13.6%), and 20+ years ($n = 6$, 1.5%). Most participants (67.8%) were majoring (or are majoring) in counseling psychology ($n = 265$), followed by 7.2% in educational psychology ($n = 28$), 6.6% in clinical psychology ($n = 26$), 5.9% in human development ($n = 23$), 4.9% in family studies ($n = 19$), 4.3% in social welfare ($n = 17$), and 2.6% in others ($n = 10$). Most respondents (96.5%) reported having attended or taken at least one multicultural focused training course, workshop, self-study, in-service training, or formal class. Participants who have at least one counseling-related license were 60.4% ($n = 236$); the other 39.6% ($n = 155$) were not license holders.

**Instrumentation**

Including the K-MCSE-RD, participants completed a total of six self-report measures designed to evaluate concurrent criterion validity through testing a path model, which is based on the social cognitive theory in the context of multicultural counseling. The six self-report
measures assess multicultural counseling experience, self-efficacy, outcome expectations, interests, environment, and choice goals. To facilitate cultural comparisons of findings derived from American counselor samples, all but one of six instruments for this study were chosen to use the same measures as those used by Sheu et al. (2012).

For the current study, simultaneously with the translation and adaptation process for the K-MCSE-RD for in Phase I, all measures except for multicultural counseling experience were also translated from English to Korean in a four-step process. First, the three Korean-English bilingual translators in Phase I translated the following five measures separately from English into Korean. Second, a back-translation from Korean to English was conducted by the two backward translators in Phase I. Third, the three native English committees in Phase I compared the original English items with the back-translated English items to establish the equivalence and accuracy. Lastly, these all Korean-translated measures were adapted by the expert panel.

**Multicultural Counseling Self-Efficacy.** The Korean version of the 37-item MCSE-RD form is described in Chapter 2 and Phase I of this chapter (see Appendix B).

**Multicultural Counseling Outcome Expectations.** To measure multicultural counseling outcome expectations, this study used the adapted version of 12-item Counselor Role Outcome Expectation Scale (Sheu et al., 2012), which is in accordance with the multicultural counseling context. The participants were asked to respond to the items by indicating how strongly they agree that working with racially diverse clients would allow them to obtain each of the 12 positive outcomes using a 1–5 scale (1 = strongly disagree, 5 = strongly agree). The internal consistency estimate was .89 for the total score (Sheu et al., 2012). A principal axis factor (PAF) analysis supported a single-factor structure of the scales, accounting for 49% of the total variance (Sheu et al., 2012). The internal consistency of Cronbach’s alpha was .87 for the current study.
**Interest in Multicultural Counseling.** The 12-item Multicultural Counseling Interest Scale (Sheu et al., 2012) was used to assess respondents’ interest in engaging in 12 activities regarding multicultural counseling (e.g., attending a conference, helping racially different clients, reading new multicultural counseling approaches). A 5-point Likert-type scale is used to rate the items, ranging from “1 = very low interest” to “5 = very high interest,” with high total scores indicating higher interest in activities related to multicultural counseling. Sheu et al. (2012) reported an internal consistency estimate of .90 for the total score, and a single-factor solution explained 51% of the total variance. The Cronbach’s alpha reliability was .94 for the current sample.

**Multicultural Counseling Choice Goals.** To measure counselors’ intention to work with racially diverse clients in the future, the study used the Multicultural Counseling Choice Goals Scale (MCCGS; Sheu et al., 2012). The MCCGS contains five items, including, “In the future, I plan to find a job where I can provide counseling to racially diverse clients.” Items are rated on a 5-point Likert-type scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The MCCGS score was found to yield an adequate internal consistency coefficient of .88 for the total score, and a one-factor structure was supported by PAF, accounting for 68% of the total variance (Sheu et al., 2012). The internal consistency reliability estimate in the present study was .89.

**Multicultural Environment.** The 27-item Multicultural Environment Inventory-Revised (MEI-R; Pope-Davis et al., 2000) was used to measure participants’ perceptions of the level of attentiveness to their counseling program specific to the multicultural training environments. Response ratings range from 1 (not at all) to 5 (a lot), and the following four-factor structure was supported by both exploratory and confirmatory factor analyses: (a) Curriculum and Supervision (CS; 11 items) - the extent to which multicultural issues are integrated into all coursework and
counseling supervision (e.g., “multicultural issues are considered an important component in supervision”); (b) Climate and Comfort (CC; 11 items) - the extent to which participants are comfortable expressing multicultural ideas and concerns within a training program (e.g., “there are faculty with whom I feel comfortable discussing multicultural issues and concerns”); (c) Honesty in Recruitment (HR; three items) - the extent to which respondents would honestly portray the multicultural climate of the training program to prospective colleagues (e.g., “when recruiting new students, I am completely honest about the climate”); and (d) Multicultural Research (MR; two items) - the extent to which participants believe that faculty members have a salient interest in conducting multicultural research (e.g., “there is at least one person whose primary research interest is in multicultural issues”). Pope-Davis et al. (2000) reported that the internal consistency estimate for the total scale and subscales - CS, CC, HR, and MR - was .94, .92, .92, .85, and .83, respectively. Similarly, Sheu et al. (2012) yielded an internal consistency of .95 for the total scale, .93 for the first factor, .91 for the second factor, and .79 for the fourth factor (The third factor was excluded due to missing values). The MEI-R score was also shown to be correlated with the therapist trainees’ knowledge about multicultural counseling (Liu et al., 2004). Along with Sheu et al.’s (2012) study, the third subscale was not included in the present study. The current sample yielded the alpha coefficients of .90 for the first subscale, .87 for the second subscale, and .81 for the fourth subscale.

Demographics and Multicultural Counseling Experiences. In addition to the above measures, as described in the Participants section, demographic information, such as sex, age, ethnicity, highest education, license status, major programs, and the experiences of courses, supervisions, workshops, or seminars on multicultural counseling, was collected. Participants were also asked to describe the number of direct contact hours they had counseled with clients
from the specific racial/ethnic groups (e.g., East Asian, South Asian, African American).
Participants responded to each item using a 5-point scale: 1 (0 - 2 hours), 2 (2 - 5 hours), 3 (5 - 10 hours), 4 (10 - 24 hours), and 5 (above 24 hours). The variable of multicultural counseling experiences was then created by summing the participant’s responses across items after excluding the item on the participant’s own racial/ethnic background.

Procedure

Participant Recruitment. After obtaining approval from the Institutional Review Board (IRB) of the University at Albany, data were collected using non-probability sampling procedures (i.e., convenience sampling and snowball sampling) due to the scarcity of the target sample (Dillman et al., 2014). A convenience sampling can be defined as a sampling approach in which data are collected based on their ease of availability. These sampling approaches not only save researchers time and cost at the recruitment stage but also allow researchers to specify their target samples, such as counseling practitioners in this study, recruited to answer psychologically oriented research questions (Given, 2008). To mirror the participants sampled by Sheu and Lent (2007) and Sheu et al. (2012), the following target samples were recruited: mental health practitioners (e.g., clinical psychologists, social workers, youth counselors, and family counselors) and trainees including students enrolled in counseling-related graduate or undergraduate programs in South Korea. The rationale for the recruitment criteria aimed to ensure that the participants had already taken or were taking counseling courses or had acquired a minimal level of field experiences required to conduct multicultural counseling. Having such a background would enable participants to better evaluate their own counseling self-efficacy when working with culturally different clients. The survey questionnaire was administered between July and August 2019 in South Korea, via both the online and paper-pencil versions. Although
Chen (2015) reported no group differences between counseling license holders and students in a multicultural context, the homogeneity of those groups was examined in a preliminary analysis of the current study. Moreover, because of Buchanan et al.’s (2005) suggestion of caution regarding the use of an online survey, the homogeneity of the data collected by two different delivery methods was tested as well. Empirical rationales for combining these data are provided in the results section.

Using an online survey tool, Qualtrics (www.qualtrics.com), the questionnaire was developed, and all respondents’ data were securely stored in the Qualtrics server. Participants for the study were recruited from varied sources. For example, the following organizations or social media were contacted for participant recruitment: (a) counseling professional associations (e.g., Korean Counseling Psychological Association [KCPA], Korean Counseling Association [KCA]); (b) Korean government-affiliated counseling or multicultural counseling institutions (e.g., Seoul Metropolitan Counseling and Welfare Center for Youth); (c) universities with counseling undergraduate or graduate programs; and (d) counseling-related online discussion boards (e.g., social media sites and blogs). For instance, an email was sent to department chairs or faculty members at colleges to obtain permission to disseminate information about this study. The researcher also contacted each affiliated institution director to obtain permission to email organization listservs with survey information and a link to the online survey. Additionally, in order to increase sample size, the study used a snowball sampling procedure by asking participants to share information about this study with those who might be eligible for or interested in participation.

To increase the representativeness of the sample, hard copies of the survey were distributed to the following affiliations: (a) four universities in Seoul, Jeonju, Daegu, and Busan;
(b) four youth counseling centers in Seoul, Sejong, Busan, and Kyung-gi; and (c) twelve Health Family Centers across the country. Four hundred surveys were distributed, and 319 were completed, resulting in an 80% return rate.

To overcome the challenges that may occur in the online survey method, the following strategies were used. First, instruments were organized in a counterbalancing order with the purpose of reducing response order effects. Second, inattentive respondents (e.g., “speeders” or “flat liners”) were identified and removed to ensure data quality (Grezski et al., 2015). Third, two validity check items were included in the survey to screen for random responding that could be a threat to the validity of research findings (Osborne & Blanchard, 2011). Participants were asked to endorse a specific answer to these questions; for example, “Please select 5 for this item.” Participants who responded incorrectly to both validity check items were excluded in the data analyses. Fourth, to increase response rates, every participant who completed the survey had the option of being entered for an incentive of a $3.00 gift card. Participants who opted-in for the incentive were invited to provide their phone number voluntarily.

**Sample Size.** It is typically recommended that a sample size of around 200 is appropriate for data analyses in structural equation modeling (SEM) techniques (Boomsma, 1982). Another rule is to have a minimum ratio of five participants for each parameter to be estimated, with 10:1 as more appropriate, and 20:1 as desirable for assessing the psychometric properties of the scale (Kline, 2016). This recommendation suggests an appropriate minimum sample size of 220 for testing the factor structure of the K-MCSE-RD (for the one-factor model; Figure 1) and 320 for testing the social cognitive model (Figure 2). In sum, the current sample size of 391 provided enough power for testing both the factor structure and the hypothesized model in this study. Empirical rationales for sample size determination are also provided in the results section.
**Data Analysis**

Descriptive statistics were reported to describe sample characteristics. Means, standard deviations, and internal consistency coefficients (Cronbach’s alphas) for all measures were computed using IBM SPSS 24.0 (IBM Corp, 2016). Generally, a coefficient alpha of .70 or higher is regarded as an acceptable level of reliability for an instrument in social science research (DeVellis, 2003).

**Factor Structure.** An exploratory factor analysis (EFA) is suggested when the underlying dimensions of an instrument are not established, whereas a confirmatory factor analysis (CFA) is used to verify the hypothesized structure of the scale (DeVellis, 2003). In the current study, CFAs were conducted, using Mplus 8.0 (Muthén & Muthén, 2017), to test four different factor configurations of the K-MCSE-RD (e.g., the single-factor vs. the three-factor vs. the second-order factor vs. the bifactor model; Figure 1).

**Concurrent Criterion-Related Validity.** Concurrent criterion-related validity of the K-MCSE-RD score was assessed by comparing the multicultural counseling self-efficacy with theoretically related constructs through detecting expected empirical associations in social cognitive determinants of multicultural counseling interests and intentions. That is, if the interests in and intentions to provide multicultural counseling are directly or indirectly predicted by the construct of multicultural counseling self-efficacy measured by the K-MCSE-RD, these results can be regarded as evidence for the concurrent criterion-related validity.

Specifically, latent SEM techniques were used to find evidence of the concurrent criterion validity of the K-MCSE-RD by testing a social cognitive model using Mplus 8.0 (Muthén & Muthén, 2017). The model was tested using the two-step SEM technique suggested by Anderson and Gerbing (1988). In the first step of testing the measurement portion of the
model, CFA was conducted to determine whether all latent variables are properly represented by their indicators in the model. Each of the indicators was loaded on its corresponding latent variables, and the five latent variables and the one observed variable were allowed to covary freely with each other. The second step involved testing the structural portion of the model (see Figure 2) to determine whether the data support the hypothesized relations between multicultural counseling self-efficacy and other theoretically related variables, as hypothesized in the social cognitive model, among Korean counselors.

**Missing Values and Multivariate Normality.** An expectation-maximization (EM) algorithm in SPSS version 24 was implemented to handle missing values. This method uses all possible data for a given participant and has been demonstrated to produce parameter estimates that are less biased than other methods of handling missing values (e.g., listwise deletion or pairwise deletion; Schafer & Olsen, 1998). In addition, the robust maximum likelihood estimation using the MLR estimator in Mplus 8.0 software (Muthén & Muthén, 2017) accounted for possible violations of the multivariate normality assumption in the data by producing scaled chi-square values and fit indices.

**Fit index and Criteria for Model Retention.** Because the chi-square test of significance is sensitive to sample size and difficult to interpret given its lack of standardization (Kline, 2016), the adequacy of the model-data fit in the current study was assessed using the chi-square test and the following supplemental fit indices: comparative fit index (CFI) for assessing incremental fit, standardized root mean square residual (SRMR) for assessing absolute fit, and root mean square error of approximation (RMSEA) for assessing parsimonious fit. Along with Hu and Bentler’s (1999) cutoff criteria for fit indices, a model was considered to have an
acceptable fit if it attained the following criteria: (a) CFI ≥ .95; (b) SRMR ≤ .08; or (c) RMSEA ≤ .06. The model was retained if it met one of the criteria.

**Item Parceling.** Item parceling can be defined as “an aggregated-level indicator comprised of the sum (or average) of two or more items, responses, or behaviors” (Little et al., 2002, p. 152). Compared to the use of individual item scores, item parceling provides empirical psychometric advantages, such as, increasing reliability and normality, adapting to small sample sizes, and obtaining better model fit (Bandalos & Finney, 2001). In addition to these benefits, to facilitate cultural comparisons of findings derived from the American Counselor sample (Sheu et al., 2012), item parcels were created in examining the factor structure of the K-MCSE-RD and testing the hypothesized model. Each of the three subscales of the K-MCSE-RD—the Multicultural Intervention, Multicultural Assessment, and Multicultural Counseling Session Management—was represented by five item parcels (of four or five items each), three item parcels (of two items each), and three item parcels (of two or three items each), respectively (shown in Figure 1). Specifically, the item-to-construct balance technique was used for item parceling based on the magnitude of factor loadings, which allows researchers to build balanced parcels (Little et al., 2002). First, principal axis factor (PAF) analyses were conducted on the 37 items. Second, for creating the five parcels of the MI subscale, items with the highest, second highest, third highest, fourth highest, and fifth highest loadings were assigned to anchor the first item parcel through the fifth, respectively. Then, the five items with the next highest loadings were added to the anchors in an inverted order (i.e., item parcels 5 through 1). This process was applied for assigning the remaining items to the five parcels for the MI subscale. Item parcels for the MA and MCSM subscales were developed in the same manner.
When testing the hypothesized social cognitive model, the three subscales of the K-MCSE-RD were used as item parcels, and the latent variable of multicultural environment was indicated by its subscale scores. Additionally, item parcel scores were used as multiple observed indicators for multicultural counseling outcome expectation (three item parcels), multicultural counseling interests (three item parcels), and multicultural counseling goals (two item parcels). More details are provided in the results section.
Chapter IV: Results

This chapter reports the results of the study, divided into three sections to answer the main research questions described in Chapter II: (a) To what extent can the equivalence of the translated Korean version of MCSE-RD and the original MCSE-RD English version be demonstrated through the translation and adaptation processes? (b) To what extent can the psychometric properties of the K-MCSE-RD be demonstrated in a Korean counselor sample? (c) Could the social cognitive model of multicultural counseling interests and choice goals be retained in a Korean counselor sample? The subsequent sections present the evidence for translation equivalence, content validity, construct validity, reliability, and concurrent criterion-related validity based on K-MCSE-RD scores.

Phase I: Translation Equivalence and Content Validity (RQ1)

Considerations in the Translation and Adaptation of the K-MCSE-RD

To answer the first research question, the translation procedures described in Chapter III were followed to obtain the psychometric quality of the translated and adapted version of the MCSE-RD in the context of the Korean population. As shown in Table 1 in Chapter III, a total of 17 individuals—three forward translators, two backward translators, three reviewers for examining translation equivalence, three expert panels for adaptation, and six reviewers for testing content validity—contributed to the translation, adaptation, and validation process. Specifically, all forward and backward translators were bilingual in Korean and English. Three native English-speaking reviewers—a doctoral student, a professor, and a researcher—evaluated linguistic equivalence. Three Korean native monolingual mental health practitioners working at universities and a youth counseling center participated in the adaptation process. Finally, six
Korean native content experts in multicultural counseling were asked to evaluate each item of the K-MCSE-RD using the content validity index (CVI).

*Analysis of the Translation Equivalence (Hypothesis 1-1)*

To ensure linguistic equivalence, three English native reviewers compared the original English version of the MCSE-RD and its backward-translated English version. The reviewers’ feedback regarding the words, phrases, and sentence structures was reflected in the process of comparing the original and translated versions. The three reviewers responded using a 7-item Likert scale (1 = *not at all similar* to 7 = *extremely similar*) regarding the similarity of meaning. The means and standard deviations of the resemblance were reported in Table 2. The means of each item ranged from 4.67 to 7.0. The total mean score of the interpretation similarity was 6.39.

Additionally, the reviewers’ feedback regarding word choice, phrases, and sentence structures was discussed in the evaluation process. For example, reviewers made the following comments: “*Unstandardized* is not the same as *non-standardized* and cultural condition sounds like culture is a disorder” (item 14), “Think the meaning is different here. Original is saying that the client is progressing, and you can tell that. Translation seems to be about the counseling process itself not client focused” (item 8), and “Change *questioning about* to *questions.* Also not clear what is handled in a therapeutic way” (item 30). Based on the reviewers’ comments and their ratings, the forward/backward translation process of a few items was conducted again, and the principal investigator evaluated the modified version. A second draft of the Korean version was derived from this reiterative procedure which provided initial evidence for Hypothesis 1-1, “The translation equivalence between the original MCSE-RD and K-MCSE-RD would be established through questionnaire equivalence review.”
Next, the second draft of K-MCSE-RD was adapted by three Korean experts, who are familiar with the contents of general counseling, multicultural counseling, and counselor self-efficacy. The experts reviewed instructions, items, and the response format, and minor changes in the instructions and some items were made to ensure the cultural relevance of the K-MCSE-RD. Specifically, for the original instruction (“When working with a client who is racially different from yourself, how confident are you that you could do the following tasks effectively over the next week?”), the following condition sentence was included: “In the absence of language barriers between you and your culturally different client.” For item 8 (“Evaluate counseling progress in an on-going fashion”), some examples on counseling progress (e.g., counseling goal attainment, therapeutic alliance) were attached to help clarify what the item was measuring. For item 14 (“Use non-standardized methods or procedures (e.g., card sort, guided fantasy) to assess the client’s concerns in a culturally sensitive way”), the examples were substituted for the House-Tree-Person Test, Rorschach Test, Thematic Apperception Test—all tests that are more familiar to Korean mental health practitioners. For items 22 and 35, in order to understand culture-bound syndromes (DSM-IV), Hwa-Byung and Dhat syndrome were included in the existing examples of “brain fag, neurasthenia, nervios, ghost sickness.” This adaptation yielded the pre-final Korean version of the MCSE-RD.

**Analysis of Content Validity (Hypothesis 1-2)**

One major dimension of cross-cultural equivalence between two different language versions of an instrument is content equivalence, which focuses on whether the phenomenon reflected in each item occurs in, and is perceived by, the population of the target language (Flaherty et al., 1988). Because the content validity of the MCSE-RD has already been
established in counselor samples in United States (Sheu & Lent, 2007; Sheu et al., 2012), the next task in this study was to evaluate the relevance of each item in the Korean sample.

To establish evidence of content validity, the CVI (Lynn, 1986) for the content relevance of each item was calculated at both the item level (I-CVI) and the scale level (S-CVI) using the ratings of six Korean content experts of multicultural counseling. The results of the CVI are shown in Table 2. The CVI for each item ranged from .83 to 1. Thirty-five items were considered relevant in the context of multicultural counseling in South Korea by all content experts. No item was below an I-CVI of .80 as a cut-off value, and S-CVIs were as follows: .99 for the whole K-MCSE-RD; .98 for Multicultural Intervention; 1 for Multicultural Assessment; and 1 for Multicultural Counseling Session Management. All S-CVIs were higher than Lynn’s (1986) criteria (> .90). Therefore, all 37 items were retained, yielding the final version of the K-MCSE-RD. The goal of this process was to achieve Lynn’s criteria, and the satisfying results indicate that content validity for the K-MCSE-RD (Hypothesis 1-2) was established for the Korean sample.
Table 2
Results of Translation Equivalence and Content Validity Index

<table>
<thead>
<tr>
<th>Sub scales (S-CVIs)</th>
<th>Items</th>
<th>Translation equivalence (Similarity of meaning)</th>
<th>I-CVIs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean (1-7)</td>
<td>SD</td>
</tr>
<tr>
<td>Multicultural Intervention (S-CVI = .985)</td>
<td>1</td>
<td>6.12</td>
<td>.29</td>
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<tr>
<td></td>
<td>2</td>
<td>6.67</td>
<td>.58</td>
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<tr>
<td></td>
<td>4</td>
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<td>6.67</td>
<td>.58</td>
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<tr>
<td></td>
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<td>1</td>
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<tr>
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<td>.76</td>
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<td>37</td>
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<tr>
<td>Multicultural Assessment (S-CVI = 1)</td>
<td>11</td>
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<td>12</td>
<td>6.67</td>
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<td>10</td>
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<td>.14</td>
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Note. I-CVI = item content validity index; S-CVI = scale-level of content validity index. Interpretation of CVI: If the CVI is higher than .80 for I-CVI and .90 for S-CVI, the item will be appropriate to retain. Three reviewers participated in the translation equivalence process. Six reviewers were participated in the content validity process.
Phase II: Psychometric Properties of the K-MCSE-RD (RQ 2 & 3)

Preliminary Analysis

To answer the second and third research questions, data comprised 422 counseling practitioners’ and trainees’ responses to demographic information and 90 survey items using hard copy (n = 319) and online surveys (n = 103). In the first check for missing values, 25 participants in the online survey did not respond to any questions following the informed consent, so those participants were excluded from this study. A total of 397 participants completed the questionnaire, and six cases were excluded from subsequent analyses because they had more than five missing values in their responses across the entire questionnaire. Nineteen participants had one missing value in their survey responses across 90 survey items, indicating an extremely low percentage of the total number of missing values (0.05%). Data were not missing completely at random (Little’s MCAR test: $\chi^2 = 1903.47, df = 1581, p < .001$), and the expectation maximization (EM) algorithm in SPSS v24 was used to impute these 19 missing values. Schafer and Olsen (1998) reported that the EM algorithm is a general method for finding maximum-likelihood estimates for parametric models when the data are not fully observed. Furthermore, the EM algorithm is more advantageous than other common missing value imputation techniques (e.g., listwise deletion or mean replacement) because this method offers unbiased and efficient parameter estimates (Schlomer et al., 2010).

After replacing the missing values, the homogeneity of the data collected using different platforms (hard copy vs. online) and from different counseling careers (counseling practitioners vs. trainees) was tested to determine whether the data could be merged into one data set. Multi-group confirmatory factor analysis (CFA) with equality constraints on corresponding intercorrelations among the 6 study variables across the data sets gathered by online survey (n =
76) and hard copy survey \((n = 315)\) produced a non-significant chi-square value of 21.24 \((df = 15, p = .13)\) and good fit indices: CFI = .98, SRMR =.09, RMSEA = .046. The same technique was applied to examining the data collected from counseling psychology students (trainees) \((n = 155)\) versus licensed practitioners \((n = 236)\), and the model with constraints on intercorrelations also yielded satisfactory fit: \(\chi^2 (15) = 31.875, p = .007, CFI = .95, SRMR = .08, RMSEA = .076.\) These findings suggest that the data collected by two delivery methods and from two groups were homogeneous; thus, the data were combined into one data set for the subsequent CFA and structural equation modeling (SEM) analyses in Phase II.

Based on the suggestion by MacCallum et al. (1996), minimum required sample size analyses were conducted through the minimum sample size calculator for RMSEA using the R code generator (Preacher & Coffman, 2006) with an alpha of .05 (one-tailed test), \(df\) of 82 for the structural model, and statistical power of .80. With a null value of \(\epsilon_0 = .06\), which is a cutoff value for model evaluation in this study, the following minimum required sample sizes were identified: 136 \((\epsilon_1 = .01)\), 155 \((\epsilon_1 = .02)\), 198 \((\epsilon_1 = .03)\), 315 \((\epsilon_1 = .04)\), and 894 \((\epsilon_1 = .05)\). Therefore, the current sample size of 391 appears to have sufficient power for testing the model except for a small effect size \((\epsilon_1 = .05)\).

**Factor Structure of the K-MCSE-RD (Hypothesis 2-1)**

In order to examine the structure of the 37 items that assessed multicultural counseling self-efficacy in the Korean population, a series of CFAs were conducted using Mplus 8.0 (Muthén & Muthén, 2017). Standardized factor loadings and variances explained by the factors were calculated to evaluate the reliability and validity of each subscale. As described in Chapter III, multiple model fit indices were used to assess the overall model fit: the chi-square goodness of fit index, the comparative fit index \((CFI \geq .95)\), the standardized root mean square residual
(SRMR \leq .08), and the root-mean-square error of approximation (RMSEA \leq .06). In addition, Akaike information criterion (AIC) and Bayesian information criterion (BIC) were also considered for model selection, with the lower values indicating a better-fitting model.

Prior to CFA, the following item parcels were created for the three subscales of Multicultural Intervention (MI), Multicultural Assessment (MA), and Multicultural Counseling Session Management (MCSM): five item parcels of four or five items each, three item parcels of two items each, and three item parcels of two or three items each, respectively. Specifically, each measured variable (in rectangle) in Figure 1 (Chapter II) refers to an item parcel. The error variance of each measured variable (i.e., each item parcel score) was not presented in this figure to avoid visual clutter. All three latent constructs (i.e., MI, MA, and MCSM) were allowed to correlate with each other, and the parcels were loaded on their respective subscales (i.e., an unrestricted three-factor solution).

To detect multivariate outliers, Mahalanobis distance ($D^2$) values were calculated for each of the 391 participants across all 11 parcel scores. Based on $p < .001$, which is recommended by Kline (2016), 12 cases were detected as multivariate outliers. Although deletion of the 12 outliers yielded a smaller Mardia’s normalized estimate (decreased from 30.37 to 17.59), the data without outliers still deviated from multivariate normality, according to the cutoff value (< 5) suggested by Bentler (2006). Therefore, these cases were retained in the data set, and instead, the robust maximum likelihood estimation (using the MLR estimator in Mplus) was employed in these model tests, which then calculated the Yuan-Bentler scaled statistics ($Y-B \chi^2$) to better approximate chi-square under non-normality (Savalei & Bentler, 2010; Yuan & Bentler, 2000).
Consistent with the study conducted by Sheu et al. (2012), four different factor configurations of the K-MCSE-RD were examined: Model (a) a one factor model, in which all item parcels loaded onto a general helping skill factor; Model (b) an unrestricted three-factor model; Model (c) - a second-order factor model; and Model (d) a bifactor model involving a general factor and three specific factors (see Figure 1 in Chapter III).

Table 3 reports the CFA results for the four measurement models. All indices showed improvement from the three-factor model (Model b, c, and d) as compared with the single factor model (Model a). Specifically, the initial one-factor model (Model a) had poor fit to the data: $Y-B \chi^2 = 673.191$, $df = 44$, CFI = .838, SRMR = .069, RMSEA = .191 [.179–.204]. Conversely, the other three models showed an adequate fit: (a) three-factor model (Model b): $Y-B \chi^2 = 134.709$, $df = 41$, CFI = .976, SRMR = .029, RMSEA = .076 [.062–.091]; (b) second-order factor model (Model c): $Y-B \chi^2 = 136.136$, $df = 42$, CFI = .976, SRMR = .030, RMSEA = .076 [.062–.090]; and (c) bifactor model (Model d): $Y-B \chi^2 = 90.975$, $df = 33$, CFI = .985, SRMR = .019, RMSEA = .067 [.051–.084]. Among the three models, the bifactor model had a relatively better fit. In addition, the bifactor model yielded the smallest AIC/BIC values among all other models. Therefore, the bifactor model (Model d) with the general counseling skill factor and three multicultural-specific factors (MI, MA, and MCSM) offered the best model fit, supporting Hypothesis 2-1 (“Either a three-factor solution proposed by Sheu and Lent (2007) or a bifactor solution consistent with the factor structure found in Sheu et al.’s follow-up study (2012) of the K-MCSE-RD would be confirmed in the Korean counselor sample”).
Table 3

Results of Confirmatory Factor Analysis of the K-MCSE-RD

<table>
<thead>
<tr>
<th>Model</th>
<th>Y-B $\chi^2$</th>
<th>df</th>
<th>CFI</th>
<th>SRMR</th>
<th>RMSEA, 90% CI</th>
<th>AIC/BIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) One-factor model</td>
<td>673.191</td>
<td>44</td>
<td>.838</td>
<td>.069</td>
<td>.191 [.179 -.204]</td>
<td>11288 / 11419</td>
</tr>
<tr>
<td>(b) Three-factor model</td>
<td>134.709</td>
<td>41</td>
<td>.976</td>
<td>.029</td>
<td>.076 [.062 -.091]</td>
<td>10547 / 10690</td>
</tr>
<tr>
<td>(c) Second-order factor model$^a$</td>
<td>136.136</td>
<td>42</td>
<td>.976</td>
<td>.030</td>
<td>.076 [.062 -.090]</td>
<td>10547 / 10686</td>
</tr>
<tr>
<td>(d) Bifactor model</td>
<td>90.975</td>
<td>33</td>
<td>.985</td>
<td>.019</td>
<td>.067 [.051 -.084]</td>
<td>10492 / 10667</td>
</tr>
</tbody>
</table>

Note. $N = 391$. Y-B $\chi^2$ = Yuan-Bentler scaled chi-square; CFI = comparative fit index; SRMR = standardized root-mean-square residual; RMSEA = root-mean-square error of approximation; CI = confidence interval; AIC = Akaike information criteria; BIC = Bayesian information criteria.

$^a$The disturbance (D1) of the first-order factor of multicultural intervention was set to .00001 to solve estimation difficulties caused by a Heywood case.

Bifactor Model of the K-MCSE-RD

Additionally, it is necessary to determine whether the general factor (i.e., the general counseling skills) and the three specific factors (i.e., MI, MA, and MCSM) account for sufficient reliable variance in their corresponding indicators.

Table 4 presents standardized factor loadings for the general factor of the K-MCSE-RD and three specific factors. Most of the items (item parcels) had strong (i.e., ≥ .70), positive, and statistically significant ($p < .001$) loadings on the general factor, while loadings for the specific factors were generally more modest, ranging from .03 to .27 on the MI factor, .34 to .65 on the MA factor, and .46 to .53 on the MCSM factor. Factor loadings for each specific factor were lower compared with those for the general counseling skill factor; two item-parcels even displayed non-significant loadings on their corresponding MI specific factor. In sum, all item parcels loaded strongly onto the general factor but comparatively weaker on each of the three specific factors.

Next, the general factor explained 70% of the total variance, while the specific factors of MI, MA, and MCSM accounted for 1.5%, 7.1%, and 6.9% of the total variance, respectively. Moreover, based on recommendation for evaluating the bifactor model, parameter estimates of standardized factor loadings were used to estimate the proportion of explained common variance.
(ECV), which is a straightforward measure of how much of the common variance was accounted for by the general factor (Rodriguez et al., 2016). The estimate of ECV in this study was .82, indicating that a much larger portion of the common variance was accounted for by the general factor (82%) and leaving about 18% of the variance appeared to be explained by the three specific factors. In sum, these results suggest that the K-MCSE-RD can be considered to fit a unidimensional model even when the data are multidimensional (Rodriguez et al, 2016).

**Table 4**

*Factor Loadings of the Bifactor Model for the K-MCSE-RD*

<table>
<thead>
<tr>
<th>K-MCSE item parcel</th>
<th>General factor</th>
<th>Multicultural specific factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MI</td>
</tr>
<tr>
<td>MI – Item parcel 1</td>
<td>.959***</td>
<td>.031</td>
</tr>
<tr>
<td>MI – Item parcel 2</td>
<td>.931***</td>
<td>.187***</td>
</tr>
<tr>
<td>MI – Item parcel 3</td>
<td>.927***</td>
<td>.065</td>
</tr>
<tr>
<td>MI – Item parcel 4</td>
<td>.909***</td>
<td>.272***</td>
</tr>
<tr>
<td>MI – Item parcel 5</td>
<td>.914***</td>
<td>.233***</td>
</tr>
<tr>
<td>MA – Item parcel 1</td>
<td>.764***</td>
<td>.341***</td>
</tr>
<tr>
<td>MA – Item parcel 2</td>
<td>.705***</td>
<td>.653***</td>
</tr>
<tr>
<td>MA – Item parcel 3</td>
<td>.717***</td>
<td>.493***</td>
</tr>
<tr>
<td>MCSM – Item parcel 1</td>
<td>.807***</td>
<td>.460***</td>
</tr>
<tr>
<td>MCSM – Item parcel 2</td>
<td>.787***</td>
<td>.507***</td>
</tr>
<tr>
<td>MCSM – Item parcel 3</td>
<td>.750***</td>
<td>.534***</td>
</tr>
<tr>
<td><em>Omega (total and subgroup)</em></td>
<td>.98</td>
<td>.98</td>
</tr>
<tr>
<td><em>Omega Hierarchical</em></td>
<td>.93</td>
<td></td>
</tr>
<tr>
<td>ECV</td>
<td>.82</td>
<td></td>
</tr>
</tbody>
</table>

*Note. N = 391. MI = Multicultural Intervention; MA = Multicultural Assessment; MCSM = Multicultural Counseling Session Management; ECV = explained common variance.***p < .001

**Reliability Estimates and Subscale Intercorrelations (Hypothesis 2-2)**

The intercorrelations, means, standard deviations, and internal consistencies (Cronbach’s alpha) of each K-MCSE-RD subscale and the total scale scores are provided in Table 5. As expected, the subscales significantly correlated with each other (rs ranged from .62 to .81). All subscale scores also highly correlated with the total score, which ranged from .84 to
All subscales and total scores were computed as mean scores, and the range of these variables was \(1 = \text{no confidence at all}\) to \(10 = \text{complete confidence}\). The mean scores of the 24-item MI subscale, the 6-item MA subscale, the 7-item MCSM subscale, and total score were 6.65, 5.95, 7.05, and 6.61, respectively. That is, Korean participants had relatively lower confidence in conducting multicultural assessment (5.95) and higher confidence in handling multicultural interventions (6.65) and managing multicultural counseling sessions (7.05). It is consistent with the results for the American counselor samples that participants scored lowest on the MA subscale (3.77 on a 0-9 scale), followed by the MI (5.66 on a 0-9 scale) and MCSM (5.84 on a 0-9 scale) subscales (Sheu & Lent, 2007).

Reliability of K-MCSE-RD for Korean counselors was examined by Cronbach’s alpha and omega coefficient. Alpha coefficients ranged from .89 to .98, indicating high internal consistency of the K-MCSE-RD total and subscale scores. In addition, as the structure of the K-MCSE-RD was identified as the bifactor structure, model-based coefficients omegas were also calculated. Omega coefficients provide more accurate estimation of reliability when an instrument has more than one factor (Rodriguez et al., 2016). Comparable to a weighted coefficient alpha, omega total is an estimation for the reliability of the general factor and three multicultural specific factors, indicating the proportion of variance attributable to all sources of common variance, whereas omega hierarchical reflects the percentages of variance attributable to general factor alone. According to the results, the coefficient omega total was .983, and the coefficient omega hierarchical was .927, suggesting that a multidimensional composite is very reliable (Rodriguez et al., 2016). The ratio of the two omega coefficients was 0.927/0.983, which can account for about 94% of the variance of the total score as an individual difference in the general factor. All omega reliability coefficients were higher than the cutoff values (> .70; Reise
et al., 2013). The findings of omega coefficients are shown in Table 4. In sum, all reliability coefficients of alpha and omega exceeded the recommended criterion of 0.7 to be considered a reliable instrument; thus, the results support the Hypothesis (“Internal consistency of the K-MCSE-RD total score and subscale scores would be reflected in reliability of test item scores with a Cronbach’s alpha of .70 or above”).

### Table 5

**Descriptive Statistics, Internal Reliability, and Intercorrelations of the K-MCSE-RD**

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>M</th>
<th>SD</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MI</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>6.65</td>
<td>1.38</td>
<td>.97</td>
</tr>
<tr>
<td>2. MA</td>
<td>.77</td>
<td>-</td>
<td>-</td>
<td></td>
<td>5.95</td>
<td>1.59</td>
<td>.89</td>
</tr>
<tr>
<td>3. MCSM</td>
<td>.62</td>
<td>.81</td>
<td>-</td>
<td></td>
<td>7.05</td>
<td>1.47</td>
<td>.94</td>
</tr>
<tr>
<td>4. K-MCSE-RD Total</td>
<td>.84</td>
<td>.87</td>
<td>.78</td>
<td></td>
<td>6.61</td>
<td>1.34</td>
<td>.98</td>
</tr>
</tbody>
</table>

**Note.** N = 391. MI = Multicultural Counseling Intervention; MA = Multicultural Assessment; MCSM = Multicultural Counseling Session Management; K-MCSE-RD = Korean version of the Multicultural Counseling Self-Efficacy – Racial Diversity Form. All correlations were significant (p < .01).

**Testing Structural Model of Multicultural Counseling Interests and Choice Goals (Hypothesis 3-1 to 3-6)**

To assess Research Question 3 with six hypotheses, the following procedures were carried out. The same item parceling approach described for CFA above was applied to testing the structural model based on Sheu et al. (2012). Specifically, three, three, and two item parcels were created for three of the five latent variables: outcome expectations, interests in multicultural counseling, and multicultural choice goals, respectively. Instead of item parceling, the latent variables of self-efficacy and perceived multicultural environment were represented by the three subscales of the K-MCSE-RD and the three subscales of MEI-R as observed indicators (see Chapter III). The variable of prior multicultural client contact hours was included as an observed variable. In sum, a total of 14 indicators and one observed variable were employed in the model test. Then, a multivariate normality test was conducted to examine the data normality through the
same techniques described in RQ2. Mahalanobis distance ($D^2$) was adopted to detect multivariate outliers. $D^2$ was calculated using all 15 indicators, and 24 participants were identified as outliers. Consistent with the results in the CFA, dropping the 24 outliers led to an improved multivariate normality comparing to non-deletion of outliers: Mardia’s normalized estimate ranged from 13.82 to 4.02. However, given that the robust estimator in Mplus was used to adjust for non-normality (Savalei & Bentler, 2010), outliers were included in all subsequent analyses, and therefore, data from all 391 samples were retained for further SEM analyses related to Research Question 3. Bivariate correlations of all six variables are provided in Table 6, in company with means, standard deviations, and Cronbach’s alpha estimates. Particularly, the bivariate correlations between the multicultural counseling self-efficacy and all other variables were positively significant, providing initial support for concurrent criterion-related validity of the instrument.

**Table 6**  
*Descriptive Statistics for Variables in Social Cognitive Model*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>M</th>
<th>SD</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PMC</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.00</td>
<td>2.12</td>
<td>-</td>
</tr>
<tr>
<td>2. MCSE</td>
<td>.210**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.61</td>
<td>1.34</td>
<td>.977</td>
</tr>
<tr>
<td>3. MCOE</td>
<td>-.063</td>
<td>.268**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>4.10</td>
<td>.48</td>
<td>.874</td>
</tr>
<tr>
<td>4. IMC</td>
<td>.188**</td>
<td>.379**</td>
<td>.274**</td>
<td>-</td>
<td></td>
<td></td>
<td>3.06</td>
<td>.77</td>
<td>.943</td>
</tr>
<tr>
<td>5. MCG</td>
<td>.063</td>
<td>.186**</td>
<td>.281**</td>
<td>.519**</td>
<td>-</td>
<td></td>
<td>3.17</td>
<td>.70</td>
<td>.887</td>
</tr>
<tr>
<td>6. PME</td>
<td>.083</td>
<td>.311**</td>
<td>.205**</td>
<td>.330**</td>
<td>.406**</td>
<td>-</td>
<td>3.11</td>
<td>.57</td>
<td>.932</td>
</tr>
</tbody>
</table>

*Note. N = 391. PMC = prior multicultural client contacts; MCSE = multicultural counseling self-efficacy (as measured by the K-MCSE-RD); MCOE = multicultural counseling outcome expectations; IMC = interests in multicultural counseling; MCG = multicultural counseling goals; PME = perception of multicultural environments.  
** p < .01.*

A two-step modeling approach, consisting of testing the measurement and the structural models (Anderson & Gerbing, 1988), was implemented to test the hypothesized social cognitive model presented in Figure 2 (see Chapter II). In the first step, a measurement model in which the one observed variable (prior client contacts) and five latent variables were allowed to correlate
freely with one another. This measurement portion assesses the adequacy of measuring latent constructs in a reliable and valid manner (Anderson & Gerbing, 1988). For the measurement portion, the results showed satisfactory fit to the data with $Y-B \chi^2 = 187.082$, $df = 77$, $CFI = .967$, $SRMR = .044$, $RMSEA = .060$, $90\% \ CI [.050, .072]$, indicating that indicators loaded properly on their corresponding latent constructs. Specifically, all standardized factor loadings were statistically significant ($p < .001$) and ranged from .62 to .98. In addition, based on the factor loadings between the latent variables and parcels as observed variables, the composite reliability (CR) and average variance extracted (AVE) for each construct were calculated to test reliability and convergent validity. Notably, the error term of the first item parcel score (i.e., the MI score) of the multicultural counseling self-efficacy construct was set to the lower bound (.00001) due to a Heywood case of negative residual variance in testing the hypothesized model. Therefore, the MI parcel was not included in the CR and AVE calculations. The CR values (.769 - .952) and AVE values (.625 - .867) of all latent constructs exceeded the cutoff values (> .7 and > .5, respectively) recommended by Fornell and Larcker (1981), indicating good reliability and convergent validity. Collectively, this measurement model had good reliability and convergent validity; thus, all parcels as indicators for latent variables are deemed to be adequately operationalized, and the conceptual soundness of constructs for the subsequent analyses was established.

The second step was to test the hypothesized structural relations among the five domain-specific latent constructs and the observed variable depicted in Figure 2 (see Chapter II). This analysis also produced satisfying model-data fit: $Y-B \chi^2 = 217.932$, $df = 82$, $CFI = .959$, $SRMR = .078$, $RMSEA = .065$ [90% confidence interval = .055 to .076]. Therefore, the results support Hypothesis 3-1 (“the hypothesized structural model depicted in Figure 2 would provide a good
fit to the data”). Consistent with the measurement portion, the Heywood case emerged at the same item parcel score (MI) in the multicultural counseling self-efficacy construct and thus its error term was set to the lower bound (.00001).

The path coefficients are shown in Figure 3. All the theoretical predictors produced significant direct paths to each of the interest and choice outcomes relative to counseling racially diverse clients. Specifically, prior multicultural client contacts produced a positive path to multicultural counseling self-efficacy (Path 1), which, in turn, positively predicted outcome expectations (Path 3). Contrary to theoretical prediction, the path from prior contact experiences to outcome expectations was negative (Path 2). Interest in multicultural counseling was jointly and positively predicted by multicultural counseling self-efficacy and outcome expectations (Paths 4 and 5). All three constructs of interest, self-efficacy, and outcome expectations in multicultural counseling were predictive of goals to engage in multicultural counseling in the future (Paths 6 - 8, respectively). It should be noted that multicultural counseling self-efficacy was negatively associated with choice goals. Finally, perceptions of multicultural training environment were predictive of both goal intentions (Path 9) and multicultural counseling self-efficacy (Path 10). The model accounted for 8.8%, 10%, 18.8%, and 43.4% of the variance, respectively, in multicultural counseling self-efficacy, multicultural counseling outcome expectation, interests in multicultural counseling, and multicultural counseling choice goals.
The bootstrap method suggested by Shrout and Bolger (2002) was used to test the significance of the 22 indirect effects specified in the model (Figure 2). Ten thousand bootstrap samples from the original data set were implemented to calculate indirect effect coefficients, their standard errors, and bias-corrected 95% confidence intervals (CIs). As a result, all 22 indirect effects were significant and are presented in Table 7. Specifically, the effects of prior client contacts on choice goals were mediated by links of person-cognitive variables: the link (a) from self-efficacy to interest, (b) from self-efficacy to outcome expectations to interest and (c) from self-efficacy to outcome expectations. Likewise, these person-cognitive variables mediated the effects of perception of multicultural environment on choice goals in the same manner.

Altogether, these structural modeling results supported the concurrent criterion-related validity of the K-MCSE-RD scores for Korean counselors’ interests in and intentions to engage in multicultural counseling.
## Table 7

### Bootstrap Tests of Statistical Significance of Indirect Effects

<table>
<thead>
<tr>
<th>Independent and mediator variables</th>
<th>Dependent variables</th>
<th>$\beta$ (Standardized indirect effects)</th>
<th>$B$ (mean indirect effect)</th>
<th>$SE$ of mean indirect effect</th>
<th>95% CI mean indirect effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMC → MCSE → MCOE</td>
<td>MCOE</td>
<td>.203×.313 = .018</td>
<td>.011</td>
<td>.004</td>
<td>[.006, .020]</td>
</tr>
<tr>
<td>PMC → MCSE → IMC</td>
<td>IMC</td>
<td>.203×.336 = .068</td>
<td>.025</td>
<td>.007</td>
<td>[.014, .042]</td>
</tr>
<tr>
<td>PMC → MCOE → IMC</td>
<td>IMC</td>
<td>-.148×.194 = -.029</td>
<td>-.001</td>
<td>.004</td>
<td>[-.022, -.004]</td>
</tr>
<tr>
<td>PMC → MCSE → MCOE → IMC</td>
<td>IMC</td>
<td>.203×.313×.194 = .012</td>
<td>.005</td>
<td>.002</td>
<td>[.002, .009]</td>
</tr>
<tr>
<td>MCSE → MCOE → IMC</td>
<td>IMC</td>
<td>.313×.194 = .061</td>
<td>.035</td>
<td>.011</td>
<td>[.016, .061]</td>
</tr>
<tr>
<td>PME → MCSE → IMC</td>
<td>IMC</td>
<td>.217×.336 = .073</td>
<td>.084</td>
<td>.028</td>
<td>[.036, .146]</td>
</tr>
<tr>
<td>PMC → MCSE → MCOE → IMC</td>
<td>IMC</td>
<td>.217×.313×.194 = .013</td>
<td>.015</td>
<td>.007</td>
<td>[.005, .034]</td>
</tr>
<tr>
<td>PMC → MCOE → MCG</td>
<td>MCG</td>
<td>.203×.125 = -.025</td>
<td>-.007</td>
<td>.004</td>
<td>[-.016, -.001]</td>
</tr>
<tr>
<td>PMC → MCOE → MCSE → MCG</td>
<td>MCG</td>
<td>-.148×.204 = -.030</td>
<td>-.009</td>
<td>.004</td>
<td>[-.019, -.002]</td>
</tr>
<tr>
<td>PMC → MCSE → MCOE → MCG</td>
<td>MCG</td>
<td>.203×.313×.204 = .013</td>
<td>.004</td>
<td>.002</td>
<td>[.001, .008]</td>
</tr>
<tr>
<td>PMC → MCSE → IMC → MCG</td>
<td>MCG</td>
<td>.203×.336×.486 = .033</td>
<td>.009</td>
<td>.003</td>
<td>[.005, .018]</td>
</tr>
<tr>
<td>PMC → MCOE → IMC → MCG</td>
<td>MCG</td>
<td>-.148×.194×.486 = -.014</td>
<td>-.004</td>
<td>.002</td>
<td>[-.009, -.001]</td>
</tr>
<tr>
<td>PMC → MCSE → MCOE → IMC → MCG</td>
<td>MCG</td>
<td>.203×.313×.194×.486 = .006</td>
<td>.002</td>
<td>.001</td>
<td>[.001, .004]</td>
</tr>
<tr>
<td>MCSE → MCOE → MCG</td>
<td>MCG</td>
<td>.313×.204 = .064</td>
<td>.028</td>
<td>.010</td>
<td>[.012, .051]</td>
</tr>
<tr>
<td>MCSE → IMC → MCG</td>
<td>MCG</td>
<td>.336×.486 = .163</td>
<td>.072</td>
<td>.017</td>
<td>[.042, .110]</td>
</tr>
<tr>
<td>MCSE → MCOE → IMC → MCG</td>
<td>MCG</td>
<td>.313×.194×.486 = .030</td>
<td>.013</td>
<td>.005</td>
<td>[.006, .025]</td>
</tr>
<tr>
<td>MCOE → IMC → MCG</td>
<td>MCG</td>
<td>.194×.486 = .094</td>
<td>.153</td>
<td>.049</td>
<td>[.069, .266]</td>
</tr>
<tr>
<td>PME → MCSE → MCG</td>
<td>MCG</td>
<td>.217×.125 = -.027</td>
<td>-.024</td>
<td>.013</td>
<td>[-.059, -.004]</td>
</tr>
<tr>
<td>PME → MCSE → MCOE → MCG</td>
<td>MCG</td>
<td>.217×.313×.204 = .014</td>
<td>.012</td>
<td>.006</td>
<td>[.005, .028]</td>
</tr>
<tr>
<td>PME → MCSE → IMC → MCG</td>
<td>MCG</td>
<td>.217×.336×.486 = .035</td>
<td>.032</td>
<td>.013</td>
<td>[.013, .063]</td>
</tr>
<tr>
<td>PME → MCSE → MCOE → IMC → MCG</td>
<td>MCG</td>
<td>.217×.313×.194×.486 = .006</td>
<td>.006</td>
<td>.003</td>
<td>[.002, .014]</td>
</tr>
</tbody>
</table>

**Note.** $N = 391$. PMC = prior multicultural client contacts; MCSE = multicultural counseling self-efficacy; MCOE = multicultural counseling outcome expectations; IMC = interest in multicultural counseling; MCG = multicultural counseling goals; PME = perceptions of multicultural environment.

Bias-corrected 95% confidence intervals (CIs) that exclude zero refer to significant indirect effects ($p < .05$).
Chapter V: Discussion

Validity and reliability of the MCSE-RD scores with counseling trainees in the United States was previously established (Margeson, 2013; Sheu & Lent, 2007; Sheu et al., 2012). Over the past 10 years, the MCSE-RD has been used to measure multicultural counseling self-efficacy of counseling practitioners in South Korea. However, a literature search yielded that no robust validation research had been conducted to examine the psychometric properties of the MCSE-RD in the context of South Korea. The lack of information is problematic as conceptual and measurement equivalence should be established before meaningful comparisons can be made in multicultural research (Sheu, 2014). Therefore, the current study sought to determine whether the MCSE-RD can be used to adequately measure self-efficacy in multicultural counseling in South Korea.

Specifically, this study was conducted to answer three research questions. Research Question 1 focused on establishing content validity of the Korean version of the MCSE-RD through translation and adaptation. Research Question 2 involved evaluating reliability and construct validity through testing the factor structure of the K-MCSE-RD. In Research Question 3, the study examined concurrent criterion-related validity by testing the social cognitive model in the context of predicting multicultural counseling interests and choice goals. This chapter focuses on the discussion of the results and their implications: (a) the findings from each phase and research question, (b) practical implications of the study findings for Korean mental health practitioners, and (c) study limitations and future directions.

Content Validity of the K-MCSE-RD (RQ1)

In cross-cultural research, conceptual and measurement equivalence must be established in order to properly study behaviors, attitudes, and values across different cultures (Sheu, 2014;
van de Vijver, 2001). Notably, since no researchers have sought to identify the applicability of the multicultural counseling self-efficacy construct used by Korean counselors, the issue of content validity of the translated and adapted K-MCSE-RD must be addressed before subsequent hypothesis testing can be meaningfully conducted and interpreted. Thus, this study used a robust translation technique that involved forward translation, backward translation, adaptation, and semantic validation (i.e., translation equivalence and content validity), as described in Chapter III.

Data analyses of Research Question 1 indicate that the K-MCSE-RD demonstrated acceptable psychometric properties. The decision criteria for psychometric evaluation were supported by two statistics: (a) translation equivalence scores by native English speakers and (b) the content validity index established by Korean native content experts.

**Translation Equivalence**

Based on Brislin’s (1970) suggestion for adequate translation quality, three bilingual forward translators, who had prior knowledge of the present study and familiarity with both cultures, were recruited. In order to achieve translation equivalence, during the forward translation process, modifications of words and concepts were minimal thus indicating a literal translation into Korean. Backward translation was combined with a translation equivalence test (Maneesriwongul & Dixon, 2004), allowing for detection and correction of discrepancies between source and target language versions and examination of clarity and appropriate use with subjects who are monolingual in the target language. Next, three native English-speaking reviewers were recruited to evaluate translation equivalence between the two English versions—the original and the backward translated version. During the equivalence review process, most of
the backward-translated items were found to be semantically comparable to the original version, which provided initial evidence for translation equivalence.

**Content Validity**

With the initial evidence for the meaning of similarity described in the preceding section, the draft of the K-MCSE-RD was then adapted to include specific and critical issues associated with multicultural counseling in South Korea. Specifically, three Korean mental health experts were recruited for the adaptation process; these experts were knowledgeable about how self-efficacy affects counselor development and those tasks that are required throughout the multicultural counseling process. Content validity was evaluated by another group of six Korean monolingual content experts. These experts thoroughly reviewed each item using Lynn’s content validity index (CVI). According to the results, all items showed 100% agreement among all six content experts. Based on Lynn’s (1986) criteria in which all reviewers must agree on the relevancy of each item when the number of reviewers is small (e.g., five or fewer experts), the current findings indicate good content validity. It should be noted that one of content experts gave a rating of 2 (“needs major item modification to be relevant”) on item 23 (“Help the client to set counseling goals that take into account expectations from her or his family”). This item was also somewhat controversial in the cultural adaptation process, but eventually, the item was agreed to be retained in the measure among other experts. The disagreement might have stemmed from one of the most common reasons for seeking help from a counselor in South Korea, which is parents’ high expectations (Seon & Oh, 2013). The CVI results indicate that the content experts reached a consensus in which all 37 items were aligned with their intended objectives of measuring multicultural counseling self-efficacy, and no items were flagged for wording that might be interpreted differently by the Korean mental health professionals.
Factor Structure and Reliability of the K-MCSE-RD (RQ2)

Regarding Research Question 2, results of CFAs provided support for a bifactor structure that best captured the covariance among the K-MCSE-RD items. An initial exploratory factor analysis conducted by Sheu and Lent (2007) yielded a 37-item scale with three dimensions of multicultural counseling self-efficacy: (a) Multicultural Intervention (MI), (b) Multicultural Assessment (MA), and (c) Multicultural Counseling Session Management (MCSM). These researchers’ primary EFA findings also revealed evidence for the existence of a second-order factor, suggesting the necessity of testing alternative higher-order or bifactor models. In a follow-up study, Sheu and colleagues (2012) identified one general helping skill factor and three multicultural specific factors in a bifactor model for the MCSE-RD.

In the current study, the bifactor model that demonstrated the optimal fit to the data was the one that included a general factor on which all indicators of the K-MCSE-RD loaded strongly and the three specific factors, as described above, on which only corresponding indicators loaded. Interestingly, the comparison of the model fit shows that although the unrestricted three-factor model and the second-order factor model were not selected, the two factor configurations were not largely different from the bifactor model retained in this study. This result is consistent with Sheu and colleagues’ (2012) findings, suggesting that it may be premature to dismiss these two models. Notably, however, the correlations between subscales were high, ranging from .62 to .82 in this study. According to Reise et al. (2013), high correlations (> .60) among subscales indicate that an underlying general factor is more influential in item response. Moreover, two comparative-fit indices (AIC, BIC) also indicated better fit for the bifactor model than other model configurations (e.g., the second-order model) in the sample of Korean participants. Reise (2012) states that “a bifactor model specifies that the covariance among a set of item responses

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can be accounted for by a single general factor that reflects the common variance running among all scale items and group factors that reflect additional common variance among clusters of items” (p. 668). That is, the single general counseling skill factor in the current study represents the conceptually broad target construct of multicultural counseling self-efficacy. Each of the three specific factors indicates one of the conceptually unique and narrow subdomain constructs in which diverse item contents were included to increase content validity (Reise, 2012; Sheu & Lent, 2007).

Based on the statement by Reise (2012), one reason that the bifactor model is the most plausible factor configuration can be attributed to the framework used in the item development. Items of self-efficacy scales should not only represent gradations of task demands within a particular domain of functioning (Bandura, 2006) but should also be regarded as a unidimensional and global construct (Luszczynska et al., 2005; Scholz et al., 2002). Bandura (2006) cautioned that self-efficacy should be assessed at the optimum level of specificity. Defining the optimal level of specificity in intervention research, however, remains a challenging empirical task (Lent, et al., 1997). Lent et al. (1997) suggested that self-efficacy may be organized hierarchically. That is, the general counseling skill self-efficacy may include self-efficacy for various intervention domains (e.g., multicultural counseling, school counseling), which in turn encompass self-efficacy for differing specific dimensions (e.g., multicultural intervention, multicultural assessment, multicultural counseling session management). The bifactor model found in this study indicates that self-efficacy, measured at different levels of the multicultural counseling domain, is empirically blended into the general counseling skills (e.g., empathy, reflection, unconditional positive regard, confrontation, active listening, open-ended
questioning) and provides the optimal level of specificity to assess multicultural counseling self-efficacy among Korean counseling practitioners and trainees.

Investigation of the standardized loadings and ECV of the bifactor model demonstrated considerable evidence for a unidimensional conceptualization of the K-MCSE-RD. This indicates a large proportion of variance of multicultural counseling self-efficacy was explained by the general factor. All 11 indicators loaded strongly onto the general factor, with the majority of indicators showing factor loadings in excess of .70, thus meeting the stringent criteria of > .60 (Hair et al., 2009). Conversely, factor loadings for each specific factor were relatively low (.03 to .65), with two indicators of the MI factor not reaching statistical significance. In these cases, the non-significant results were likely due to the majority of the variance being explained by the general factor over the MI specific factor, but it is common in bifactor structure in which either general or specific factor loadings are non-significant (Reise et al., 2007). Therefore, it can be supposed that culturally appropriate intervention skills (the MI factor) may belonging to the general counseling skills. Given an experimental research finding that general and multicultural counseling skills were not separate constructs—particularly for less trained participants (Coleman, 1998), more research is warranted to clarify the relationship between these two constructs (general counseling skills vs. multicultural counseling skills) for samples with varying the level of counseling training. Contrary to the MI factor, the specific factors of MA and MCSM appear to be relatively distinct constructs in multicultural counseling self-efficacy for Korean samples (i.e., all indicators maintained a meaningful level of specificity). Overall, the general factor has strong explanatory power. However, given general counseling skills serve as a foundation for the multicultural counseling skills (Sheu et al., 2012), these findings mentioned above do not necessarily mean that the multicultural counseling skills are unnecessary; instead, it
could be concluded that the general counseling skills and multicultural specific skills are intertwined with each other so that those all skill factors may be necessary to account adequately for responses to items for Korean counselors. That is, effective counseling with multicultural clients can occur in a framework for multicultural perspective.

As an aside, the second-order factor model produced a negative value for the disturbance of the MI factor, which was identified as a Heywood case (Kolenikov & Bollen, 2012). It is important to note that this finding is consistent with past research, suggesting the attribution to the close to perfect loading from the second-order factor (Sheu et al., 2012). Many factors can affect Heywood cases: sample sizes, outliers, nonconvergence, empirical under-identification, misspecification, missing data, and sampling fluctuations (Kolenikov & Bollen, 2012). Given the small ratio of indicators (i.e., 11 indicators), the very high correlation between the total scale scores and the MI subscale scores (.98), and the existence of the same estimation issues (Sheu et al., 2012), this computational issue likely occurred due to model specification (caused by multicollinearity) rather than under-identification or sampling fluctuations. Interestingly, this tentative explanation can also give an answer to why the bifactor model is the best model configuration in the current study—success in solving the problems arising from high inter-correlation by not allowing all factors to correlate at all (Reise et al., 2007). These explanations warrant additional empirical scrutiny.

To sum up, all these findings conceptually and methodologically support that the bifactor structure is the best representation of Bandura’s (2006) recommendations (e.g., domain specification, gradations of challenge, content relevance) for constructing self-efficacy measures. That is, the K-MCSE-RD consists of confidence in various aspects of general counseling skills and specific dimensions of multicultural counseling skills, such as multicultural intervention,
multicultural assessment, and multicultural counseling session management. Given the general factor of the K-MCSE-RD could have strong explanatory power, it is reasonable to use and interpret the total score, and caution is warranted when using and interpreting the subscales individually. As a conclusion, this study provides initial evidence for the use of the K-MCSE-RD in assessing the skill dimension of multicultural counseling competency (MCC) in a sample of Korean counseling trainees and practitioners.

**Reliability**

In the present study, the reliability coefficients were examined by using the internal consistency of Cronbach’s alpha and omega coefficients. It was hypothesized that the K-MCSE-RD would produce an adequate internal consistency level in both total and subscale scores (> .70). The coefficient alphas of the K-MCSE-RD were .98 for the total score, .97 for MI, .89 for MA, and .94 for MCSM subscale scores. These high internal consistency estimates were largely consistent with those found using the original MCSE-RD in samples recruited in the United States (Sheu & Lent, 2007). Besides, the expected theoretical directions of the overall intercorrelations among subscales (ranging from .62 to .81) and total scores (ranging from .84 to .98) were found. These high intercorrelations were also consistent with the existing findings (Shue & Lent, 2007).

Notably, Cronbach’s alpha can sometimes overestimate or underestimate reliability when a scale is multidimensional (Revelle & Zinbarg, 2009; Sijtsma, 2009). In such case, Revelle and Zinbarg (2009) suggested the use of omega reliability. Results showed that *omega total* and *omega subscale* values were high for the K-MCSE-RD score, indicating a highly reliable multidimensional composite. It was also noted that *omega hierarchical* was also high for the K-MCSE-RD total score, suggesting that most of explained common variance can be attributed to
the general factor. Given the high proportion (94%) of reliability variance in total score, the findings support another evidence that the K-MCSE-RD total score dominantly reflected a single common source of variance even with the existence of multidimensionality represented by the three subscales. Together, the K-MCSE-RD can be considered a reliable measure of the latent construct of multicultural counseling self-efficacy.

**Concurrent Criterion-Related Validity: Testing the SCT model (RQ3)**

Findings in this section offered support for the concurrent criterion-related validity of the K-MCSE-RD and the utility of the social cognitive model in predicting multicultural counseling interests and choice goals in a sample of South Korean counseling trainees and practitioners. Importantly, given that the development of the MCSE-RD was based on social cognitive theory, if the K-MCSE-RD scores were to provide a valid assessment of trainees’ multicultural counseling self-efficacy, these scores should play a key role in elucidating how social cognitive predictors operate jointly to promote interests and choice intentions in the domain of multicultural counseling.

Based on Lent et al.’s (1994) social cognitive career theory (SCCT) model, the present study investigated the relationships between counseling self-efficacy and other training-related variables in the multicultural counseling context in South Korea. It should be noted that all latent variables and Korean-translated instruments that measure those variables in the structural model of the present study, are identical to the English version used in Sheu et al.’s study (2012) for U.S. counselor samples. Overall, the findings showed that the hypothesized structural model produced an acceptable fit to the data and accounted for large proportions of the variance in multicultural counseling interests and intention to serve culturally diverse clients. These findings suggest that the SCCT interests and choice goal model offers a useful framework for explaining
the interests in and intentions to engage in the multicultural counseling among Korean counselors. Thus, findings of this study provide support for extending SCCT to the multicultural counseling domain in South Korea.

Consistent with all hypotheses in Research Question 3, all direct paths (Paths 1 - 9, see Figure 2 in Chapter II) and indirect effects (hypothesis 3-5) in the structural model were significant. Specifically, participants’ prior multicultural counseling experiences produced significant paths to both self-efficacy and outcome expectations, which in turn, were linked to multicultural counseling interests and intentions. In agreement with Bandura’s theory (1999) and the SCCT framework (Lent et al., 1994), an individual’s learning experience (i.e., prior cross-cultural client contacts), which is one of the sources in shaping self-efficacy, was indirectly linked to choice goals through personal/cognitive variables (i.e., self-efficacy, outcome expectations, and interests). In other words, participants who had more prior multicultural counseling experiences have higher confidence in performing multicultural counseling, which in turn predicted more positive outcome expectations and higher interest in multicultural counseling. The increasing interest was also found to predict intentions to engage in multicultural counseling in South Korea. In addition, consistent with the SCCT framework in which contextual supports play a key role in self-efficacy and choice goals, the perceptions of the multicultural training environment were associated both directly and indirectly with multicultural counseling intentions through self-efficacy, outcome expectations, and interests. These findings are partially consistent with previous studies (Lent et al., 2001, 2003, 2005; Sheu et al., 2012) in which contextual supports were only indirectly associated with choice goals. However, findings of this study showed both significant direct and indirect effects consistent with those discussed in the Korean literature (Kim & Seo, 2014). Moreover, along with findings from a meta-analysis on
career choice (Sheu et al., 2010), the relationship between multicultural counseling experiences and outcome expectations was partially mediated by self-efficacy; the relationship between self-efficacy and interests in multicultural counseling was partially mediated by outcome expectations. Outcome expectations played an important role in the intentions of trainees to work, with multicultural clients via multicultural counseling interests.

Overall, the findings described above are mostly in accordance with findings reported by Sheu et al. (2012) and provide initial support for the generalizability of the social cognitive model of multicultural counseling interests and goals to Korean counselors or trainees. Notably, the findings on the mediating role of domain-specific personal-cognitive variables align well with Sheu et al.’s (2012) study. Specifically, the variables, including self-efficacy, outcome expectations, and interests in working with racially diverse clients, mediated the relationship between prior cross-cultural client contacts and multicultural counseling intentions. These variables were also shown to mediate the relationship between perceived multicultural training environment and intentions to engage in multicultural counseling. That is, counselors’ personal-cognitive factors, such as counselors’ perceived capabilities to conduct multicultural counseling, expectations of favorable outcomes for serving culturally diverse clients, and interests in engaging in activities pertaining to multicultural counseling, help them convert their previous multicultural counseling experiences and perceptions of multicultural training environments into their willingness to provide counseling service to clients with different backgrounds.

Nevertheless, a few findings are contrary to theoretical expectations. First, non-significant zero-order correlations between multicultural client contacts and other variables of outcome expectations, choice goals, and perceived environment were found. Interestingly, these findings are similar to those in an American sample (Sheu et al., 2012), in which non-significant
correlations between prior cross-racial client contacts and outcome expectations and between the client contacts and interests were reported. A possible explanation for these unexpected results might be related to data characteristics; specifically, descriptive statistics in the current study were obtained in SPSS without accounting for possible non-normality and outliers. Furthermore, these unexpected findings may occur because the measure of clinical experiences (i.e., the amount of direct contact hours counselors had with multicultural clients) does not adequately reflect the learning experience concept in the SCCT model. Thus, further research is needed to investigate in more depth the four types of learning experience (e.g., performance accomplishments, emotional/physiological arousal, vicarious learning, and social persuasion) in the domain of multicultural counseling.

Second, contrary to the hypothesis in SEM, the negative path from the prior client contacts to outcome expectations seems counter-intuitive. This finding could be the result of multicultural counseling circumstances in South Korea. In other words, although multicultural counseling has received significant attention in recent years amid a growing foreign population, many counselors working at counseling centers for multicultural clients face manifold problems, such as poor salary, the lack of appropriate training, and services lopsided toward “various aid or support” rather than individual psychotherapy (Choi et al., 2013; Kim & Lee, 2013). Therefore, counselors may have less favorable outcome expectations as they accumulate more experiences in working with diverse clients. Along with these issues, somewhat transitional, negative attitudes toward cultural or ethnic diversity in Korean society may also lead to this result. In the present study, the data on prior cross-cultural client contacts showed that participants had more direct contact experiences clients who came from South and East Asia than with those came from other cultural backgrounds. Therefore, more studies are needed to determine whether this
finding is replicable by using the data free from racial bias (i.e., participants who have worked with clients of various racial/cultural backgrounds).

Third, while the significant direct and indirect effects of self-efficacy were consistent with theoretical predictions, the negative relationship between self-efficacy and choice goals deviated from theoretical expectation. Given that the zero-order correlation between self-efficacy and choice goals was positive, this unexpected negative path could be the result of a suppression effect. An alternative explanation could be the preparatory effort (Bandura & Locke, 2003). That is, people with high self-efficacy are likely to feel minimal interest in devoting much of their efforts toward their goals. Based on the social cognitive theory perspective, Vancouver and Kendall (2006) suggested that training and learning contexts are largely preparatory, and thus, high self-efficacy in these contexts might adversely affect motivation. In other words, the more the participants feel confident in working with multicultural clients, the less likely they would be motivated to engage in multicultural counseling because the discrepancy between desired level of preparedness and the perception of preparedness (i.e., self-efficacy) is small (Vancouver & Kendall, 2006).

Taken together, findings from Research Question 3 provide further support for the concurrent validity of the MCSE-RD scores in the South Korean context. In summary, the results from Phase I (translation equivalence and content validity) and Phase II (evaluation of the psychometric properties) suggest that the K-MCSE-RD is a valid and reliable measure of multicultural counseling self-efficacy.

**Practical Implications**

The confirmation of the factor structure of the K-MCSE-RD, its high reliability, and support for its concurrent validity through testing of the social cognitive model of multicultural
counseling interests and choice goals all provide empirical evidence for the usefulness of the K-MCSE-RD with counseling practitioners and trainees in South Korea. The main contribution of the current study is the theoretical advancement of the constructs of multicultural counseling self-efficacy and empirical validation of the measurement for the Korean population. Although counselors’ self-efficacy has been recognized as an important factor contributing to competent counseling practice (Kozina et al., 2010), there is still limited research examining domain-specific self-efficacy in multicultural contexts, particularly South Korea. Besides, significant discrepancies exist between the theoretical backgrounds of MCC and the MCC skill dimension development, as described in Chapter II. The present study attempted to address these gaps by integrating the theoretical framework of self-efficacy and MCC to validate the K-MCSE-RD and by highlighting a training tool that promotes mental health trainees’ interest in multicultural counseling.

For supervisors, the K-MCSE-RD provides a useful tool that can be utilized to evaluate effective and successful multicultural counseling supervision within a skill dimension, which is a key feature of multicultural supervision competencies (Ancis & Ladany, 2001; Constantine & Ladany, 2001). In South Korea, counselors with stronger MCC are greatly needed due to recent increases in the demand for counseling services by multicultural clients (Kim & Lee, 2013; Oh et al., 2016). Thus, utilizing the K-MCSE-RD as an assessment tool to evaluate skill levels may play a critical role in cultivating culturally sensitive/responsive supervisors, which will in turn impact not only the development of their supervisees’ MCC but also the quality of counseling services provided to multicultural clients (Wheeler & Richards, 2007). For example, supervisors can evaluate pre-and post-counseling session statuses of their supervisees and also track their progress throughout supervision; therefore, the K-MCSE-RD would become a useful tool for
evaluating the effectiveness of supervision. Moreover, the K-MCSE-RD may enable counseling practitioners or trainees to monitor their own progress in performing multicultural counseling. Particularly, given that the K-MCSE-RD includes specific dimensions of multicultural counseling skills (i.e., multicultural intervention, multicultural assessment, and multicultural counseling session management), counselors may be able to identify their strengths and areas for improvement in detail.

For educators, the importance of identifying the dimensions of multicultural counseling self-efficacy using the social cognitive theory and social cognitive models of interests and choice goals cannot be overstated as an important criterion in counseling-related training (Larson, 1998; Larson & Daniels, 1998). Based on findings of this study, several suggestions can be offered to enhance trainees’ interests in and willingness to provide multicultural counseling. Self-efficacy is associated with outcome expectations, interests, and ultimately intentions for engaging in future multicultural counseling. Two determinants of multicultural counseling self-efficacy were revealed in this study: (a) prior multicultural counseling experiences and (b) perceptions of multicultural environment. Therefore, counseling educators may need to be more culturally responsive to the program environment around trainees (such as culturally sensitive and inclusive curriculum, culturally responsive supervisions, participation in multicultural research) and to provide interventions based on sources of self-efficacy (such as an increase in counseling experiences with cross-cultural clients).

**Limitations and Directions for Future Research**

Several limitations of the study should be considered. First, the K-MCSE-RD items designed to measure multicultural counseling self-efficacy were investigated among both undergraduate students majoring in counseling psychology and practitioners with counseling-
related licenses as a combined full sample. Given that the K-MCSE-RD covers a broad range of specific counseling tasks, difficulties, and counseling-related technical jargon, it could be somewhat difficult for some participants who had not received formal counseling training or had not engaged in multicultural coursework in their programs. Although the homogeneity test revealed that the data from two groups were homogenous, this sample may not be an accurate representation of the multicultural counseling skills of counselors. Further studies should explore whether psychometric properties of the K-MCSE-RD would hold for more diverse groups, including advanced counseling trainees or professional therapists in diverse disciplines working with multicultural clients. It would be also recommended to examine moderating effects of various groups (e.g., counseling psychologists, social workers, multicultural counselors; male vs. female counselors) via multi-group CFA or SEM (see Sheu et al., 2016).

Second, regarding the negative unexpected association between prior client-contacts and outcome expectations in the SCT model, the role of learning experiences (i.e., prior counseling experiences with cross-cultural clients) may not have been adequately examined. It is also possible that prior contacts may operate as distinctive sources of multicultural counseling self-efficacy (Sheu et al., 2012). Thus, additional investigations are needed to compare specified self-efficacy sources (e.g., vicarious counseling experiences, such as role playing and watching counseling videos) with the prior multicultural counseling experiences.

Third, participants were recruited by convenience and snowball sampling, which could have resulted in a biased sample in terms of gender, geographic locations, affiliations, and counseling expertise. Therefore, findings drawn from the current sample should be cautiously interpreted when applied to the general Korean counselor population pertaining to multicultural counseling. Although random sampling is the best way to reduce the impact of these bias, the
probability sampling is cost-prohibitive and difficult to implement (Emerson, 2015). Thus, future research could attempt to use cluster sampling, as an alternative option. For example, researchers divide the entire Korean counselor population into several different clusters (e.g., cities). Researchers then select clusters randomly based on required sample sizes. Finally, researchers can include counselors working in various disciplines and at work settings (e.g., university counseling centers, private counseling centers, family counseling centers, community counseling centers).

Forth, all data in the present study were obtained from self-report measures. The K-MCSE-RD allows therapists and trainees to self-assess their perceived capabilities in performing culturally relevant in-session behaviors in multicultural counseling. However, many participants are counseling psychology students and counseling trainees, who may present their self-perceptions of capabilities to faculty members or supervisors in a more favorable manner (i.e., socially desirable) as described by Constantine and Ladany, (2000) and Robins et al., (2007). Therefore, additional studies are needed to investigate the potential influence of common method bias. For example, other sources of data, such as those from supervisors, should be used to compare with the K-MCSE-RD self-reports by trainees or students.

Finally, the present study provides initial evidence for the validity of the K-MCSE-RD through systematic validation procedures. However, the current findings do not necessarily mean that measurement equivalence of the instrument across different languages has been established. Thus, further cross-cultural validation study should directly test measurement equivalence of the MCSE-RD across different languages (e.g., Korean vs. English) or cultures (e.g., Korean vs. American), which will provide more robust evidence for meaningful comparison between counselors in different countries or cultures. With the evidence for measurement equivalence,
researchers should also consider testing structural equivalence to explore whether the same social
cognitive model is applicable to the multicultural training of Korean and American counselors
(Miller & Sheu, 2008; see Sheu et al., 2014 and Sheu et al., 2017).
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APPENDICES

Appendix A:

Instruments in English
Demographic Information

1. Sex:  Male    Female

2. Age: ________

3. Your nationality: ________________

4. Highest educational degree earned: Bachelor’s   Master’s   Ph.D.   Other (specify):

5. Your specialty area: (check one):
   College Student Personnel
   Family Counseling
   School Counseling
   Rehabilitation Counseling
   Counseling Psychology
   Educational Psychology
   Clinical Psychology
   Social Welfare
   Other, specify:

6. Currently working toward which of the following degree: Bachelor’s   Master’s   Ph.D.   Other

7. Year in your current program: 1st year   2nd year   3rd year   4th year   beyond 4th year (including internship)

8. Number of multicultural counseling courses taken since undergraduate (include ones currently taking):

9. Number of multicultural counseling workshops attended since undergraduate (include ones currently attending):

10. Approximately how many supervision hours have you and your supervisor(s) spent on clients who are racially different from you: ________ hrs

11. Please indicate the number of direct contact hours that you have worked with clients from the following racial/ethnic groups in individual, couple/family, or group counseling by circling the appropriate numbers for each group:

<table>
<thead>
<tr>
<th>Group</th>
<th>1 (0–2 hrs)</th>
<th>2 (2–5 hrs)</th>
<th>3 (5–10 hrs)</th>
<th>4 (10–24 hrs)</th>
<th>5 (above 24 hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. North East Asian</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. South East Asian</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Asian others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. American</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. European</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form
Developed by Hung-Bin Sheu and Robert W. Lent

1. **Instructions**: The following questionnaire consists of 37 items asking about your perceived ability to perform different counselor behaviors in individual counseling with clients who are racially different from you. Using the 0-9 scale, please indicate how much confidence you have in your ability to do each of these activities at the present time, rather than how you might perform in the future. Please circle the appropriate number that best reflects your response to each item.

<table>
<thead>
<tr>
<th>No Confidence at all</th>
<th>Some Confidence</th>
<th>Complete Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
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<tr>
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<td>7</td>
<td>8</td>
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<td></td>
<td>9</td>
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</tr>
</tbody>
</table>

When working with a client who is **racially different** from yourself, how confident are you that you could do the following tasks effectively over the next week?

1. Openly discuss cultural differences and similarities between the client and yourself.
   - 0 1 2 3 4 5 6 7 8 9

2. Address issues of cultural mistrust in ways that can improve the therapeutic relationship.
   - 0 1 2 3 4 5 6 7 8 9

3. Help the client to articulate what she or he has learned from counseling during the termination process.
   - 0 1 2 3 4 5 6 7 8 9

4. Where appropriate, help the client to explore racism or discrimination in relation to his or her presenting issues.
   - 0 1 2 3 4 5 6 7 8 9

5. Keep sessions on track and focused with a client who is not familiar with the counseling process.
   - 0 1 2 3 4 5 6 7 8 9

6. Respond effectively to the client’s feelings related to termination (e.g., sadness, feeling of loss, pride, relief).
   - 0 1 2 3 4 5 6 7 8 9

7. Encourage the client to take an active role in counseling.
   - 0 1 2 3 4 5 6 7 8 9

8. Evaluate counseling progress in an on-going fashion.
   - 0 1 2 3 4 5 6 7 8 9

9. Identify and integrate the client’s culturally specific way of saying good-bye in the termination process.
   - 0 1 2 3 4 5 6 7 8 9

10. Assess the client’s readiness for termination.
    - 0 1 2 3 4 5 6 7 8 9

11. Select culturally appropriate assessment tools according to the client’s cultural background.
    - 0 1 2 3 4 5 6 7 8 9

12. Interpret standardized tests (e.g., MMPI-2, Strong Interest Inventory) in ways sensitive to cultural differences.
    - 0 1 2 3 4 5 6 7 8 9

13. Deal with power-related disparities (i.e., counselor power versus client powerlessness) with a client who has experienced racism or discrimination.
    - 0 1 2 3 4 5 6 7 8 9

14. Use non-standardized methods or procedures (e.g., card sort, guided fantasy) to assess the client’s concerns in a culturally sensitive way.
    - 0 1 2 3 4 5 6 7 8 9

15. Take into account the impact that family may have on the client in case conceptualization.
    - 0 1 2 3 4 5 6 7 8 9

Please continue on to the next page.
When working with a client who is **racially different** from yourself, how confident are you that you could do the following tasks effectively over the next week?

<table>
<thead>
<tr>
<th>Task</th>
<th>No Confidence at all</th>
<th>Some Confidence</th>
<th>Complete Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Assess relevant cultural factors (e.g., the client’s acculturation level, racial identity, cultural values and beliefs)</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>17. Take into account cultural explanations of the client’s presenting issues in case conceptualization</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>18. Repair cross-cultural impasses that arise due to problems in the use or timing of particular skills (e.g., introduce the topic of race into therapy when the client is not ready to discuss)</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>19. Conduct a mental status examination in a culturally sensitive way</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>20. Help the client to develop culturally appropriate ways to deal with systems (e.g., school, community) that affect him or her</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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</tr>
<tr>
<td>21. Manage your own anxiety due to cross-cultural impasses that arise in the session</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>22. Assess culture-bound syndromes (DSM-IV) for racially diverse clients (e.g., brain fog, neurasthenia, nervous, ghost sickness)</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>23. Help the client to set counseling goals that take into account expectations from her or his family</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>24. Help the client to identify how cultural factors (e.g., racism, acculturation, racial identity) may relate to his or her maladaptive relational patterns</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>25. Manage your own racially or culturally based countertransference toward the client (e.g., over-identification with the client because of his or her race)</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>26. Encourage the client to express his or her negative feelings resulting from cross-cultural misunderstanding or impasses</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>27. Assess the salience and meaningfulness of culture/race in the client’s life</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>28. Take into account multicultural constructs (e.g., acculturation, racial identity) when conceptualizing the client’s presenting problems</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<thead>
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<th>Some Confidence</th>
<th>Complete Confidence</th>
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When working with a client who is **racially different** from yourself, how confident are you that you could do the following tasks effectively over the next week?

29. Help the client to clarify how cultural factors (e.g., racism, acculturation, racial identity) may relate to her or his maladaptive beliefs and conflicted feelings.  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

30. Respond in a therapeutic way when the client challenges your multicultural counseling competency.  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

31. Admit and accept responsibility when you, as the counselor, have initiated the cross-cultural impasse.  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

32. Help the client to develop new and more adaptive behaviors that are consistent with his or her cultural background.  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

33. Resolve misunderstanding with the client that stems from differences in culturally based style of communication (e.g., acquiescence versus confrontation).  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

34. Remain flexible and accepting in resolving cross-cultural strains or impasses.  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

35. Treat culture-bound syndromes (DSM-IV) for racially diverse clients (e.g., brain fog, neurasthenia, nervous ghost sickness).  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

36. Help the client to utilize family/community resources to reach her or his goals.  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

37. Deliver treatment to a client who prefers a different counseling style (i.e., directive versus non-directive).  
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|---|

Please continue on to the next page.
Appendix B:

Instruments in Korean
연구참여 동의서

안녕하십니까. 귀하는 뉴욕주립대학교 알바니 상담심리학 사회인지이론 연구실의 다양한 환경특성에 대한 연구에 참여하기로 하셨습니다. 연구 진행 과정에서는 커뮤니티 전체가 협력할 수 있는 환경을 제공하고자 합니다. 본 연구는 규제와 관련된 여러 부분에 대한 해결을 위해 논문으로 쓰여질 예정입니다.

본 연구는 뉴욕주립대학교 알바니의 기관연구 윤리심의위원회(IRB)에 의해 설계 및 승인되었습니다. 본 연구에 대한 설문이 없으면 언제라도 주관자와 (spark25@albany.edu)에 연락하시기 바랍니다.

연구참여에 대한 소생의 설명으로 3 전문 상담의 키פתח을 드리고자 합니다. 연구참여가 완료되면, 키개발을 위해서는 전문가의 키개발 번호를 기재해주시기 바랍니다. 연구 종료 후 여러분의 정보는 사적일 것입니다.

다음은 연구에 참여하신 분들에 대한 전반적인 이해를 얻기 위한 질문들입니다. 다음과 상담에 관련된 다양한 인식을 이해할 수 있도록 설문 내용을 충분하게 답변하시면 감사하겠습니다. 다시 한번 이해하기 위한 방법으로서 귀하의 선언서를 확인 할 수 없는 것을 알려드립니다. 보다 정확한 연구를 위해 가능한 모든 질문에 답을 해주시기 바랍니다.

1. 성별: (1) 여 (2) 남
2. 나이: __________
3. 국적 (예: 한국, 미국): __________
4. 민족(예: 한국인, 한국계 미국인): __________
5. 한국이 아닌 다른 나라에서 한달 이상 거주한 경험이 있습니까? (1) 있다 (2) 없다 (예: 영국 3 달) __________
6. 최종학과:
   (1) 학사학과 (2) 학사이론 (3) 석사학과 (4) 석사이론 (5) 박사학과 (6) 박사이론 (7) 기타 (자세히): __________
7. 귀하의 최종학과대의 전공은?
   (1) 다문화학(상담) (2) 간호학(상담) (5) 상담학(상담) (9) 아동학(상담)
   (2) 가족학(상담) (6) 교육학(상담) (10) 청소년학(상담)
   (3) 학교상담 (7) 임상심리 (11) 기타:
   (4) 재활상담 (8) 사회복지
8. 다음 중 귀하의 취업상태에 해당하는 것은 무엇인가요? (중복응답가능)
   (1) 학생 (학생, 석사, 박사과정 포함) (2) 이직 혹은 한 단위 학생으로 인한 임시 상담원 (3) 전기 상담원
   (4) 시간제 상담원 (프리랜서) (5) 기타 (자면 무직, 취업준비중) __________
9. 해당자의 경우, 귀하가 현재 근무하고 계신 곳은 어디인가요? (중복응답가능)
   (1) 해당사항 없음 (2) 초등/고등학교 학생상담실 (3) 시급/구(상담) 지원센터 (4) 대학교 상담실
   (5) 개인 사설 상담실 (6) 기업 상담실 (7) 사회복지기관 (8) 기타 (9) __________
10. 상담(목적) 관련 보유 자격증이 있는지 내가요? (중복응답가능)
    (1) 없다 (2) 있다 (예: 한국상담심리학 상담사 라 2급) __________
11. 귀하의 상담관련 경력은?, (예: 총 3 년, 2 개월 15 케이스) 총_________년________개월_________케이스
12. 학부 이후 수강했던 다문화 상담과 관련된 수업 수 (현재 학기 포함): ______________
13. 학부 이후 참여했던 다문화 상담과 관련된 워크샵/세미나/학회 회수: __________________
14. 다문화상담 (다인종, 다민족) 시례 관련에서 습관이 있으면 경험이 있으면 ① 없다 ② 있다 (횟수) ______번
15. 직접적인 다문화 상담(어원) 경험이 있으면 ① 없다 ② 있다 (상담횟수) __________번 (경험이 있으면 아래 질문에 대한 답변도 부탁드립니다)

15-1. 여러분과 다른 인종/민족의 다문화 대상자를 대상으로 상담 관련 경험이 있으면 아래 질문을 표시해주세요.

| 1. 동북아시안 (예: 중국, 홍콩, 일본, 북한 등) | 1 | 2 | 3 | 4 | 5 |
| 2. 동남 아시안 (예: 태국, 베트남, 캄보디아, 필리핀 등) | 1 | 2 | 3 | 4 | 5 |
| 3. 아시안 (기타) | 1 | 2 | 3 | 4 | 5 |
| 4. 아메리칸 | 1 | 2 | 3 | 4 | 5 |
| 5. 유라피안 | 1 | 2 | 3 | 4 | 5 |
| 6. 그외 타 민족 | 1 | 2 | 3 | 4 | 5 |
1. 다음 37 문항은 당신과 인종적/민족적으로 다른 내담자와의 개인상담시 당신이 수행 할 수 있다고 여겨지는 능력과 관련된 질문들입니다. 각각의 문항들은 수행함에 있어서, 미래가 아닌, 현재 얼마나 본인의 상담능력에 자신의 감을 가지고 있는지를 0-9 척도를 사용하여 가장 적절한 번호에 표시하여 주시기 바랍니다.

<table>
<thead>
<tr>
<th>문항</th>
<th>선택 가능하는</th>
<th>약간 가능하는</th>
<th>완전 가능하는</th>
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<tr>
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<th>문항 내용</th>
<th>선택가능성</th>
<th>약간가능성</th>
<th>완전가능성</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>내담자와의 문화적 차이점/공통점에 대해 자유롭게 대화한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>2.</td>
<td>치료 환경을 향상시키고 수 있는 방식으로 문화적 불편(예: 특정 종교에 대한 비난)과 관련된 문제에 대해 다룬다.</td>
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<tr>
<td>3.</td>
<td>상담 종료 단계에서 내담자가 상담을 통해 얻은 내용을 표현할 수 있도록 돕는다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>4.</td>
<td>적절한 시점에, 내담자가 직면한 문제가 인종차별에 대한 이야기 다른 종류의 차별과 관련이 있는지 탐색할 수 있도록 돕는다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>5.</td>
<td>상담과정이 적극적으로 내담자의 입장에 집중하여 상담회전 순서를 조정한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>6.</td>
<td>상담종료 시 내담자가 겪은 수 있는 강점들(예: 슬픔, 상실감, 자신감, 인도감)에 효과적으로 대응한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<td>7.</td>
<td>내담자가 상담에 적극적으로 참여 할 수 있도록 격려한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<td>8.</td>
<td>상담의 전략사항(예: 상담목표달성, 치료목표 등)을 적절적으로 평가한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>9.</td>
<td>상담 종료시, 이면에 대한 내담자 문화의 특정한 방식을 얻어차리고, 이를 통합한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>10.</td>
<td>내담자가 상담을 종결 할 준비가 되어있는지 평가한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>11.</td>
<td>내담자의 문화적 배경에 따른 적절한 진단 도구를 선택한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<td>12.</td>
<td>표준화된 검사(예: MMPI, 스트레스 집단 테스트)를 내담자의 문화적 차이를 고려하여 평가한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>13.</td>
<td>인종차별 혹은 차별화 경험에 따른 민감성에 내담자와의 상담을 할 때 적절한 문화적 차이가 이해하여 적용한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>14.</td>
<td>내담자의 문화적 배경을 고려하여, 그들이 직면한 문제를 감사하기 위해 비표준화 방법 혹은 과정을 사용한다(예: 긴나무, 사람검의, 크리스마, 주체동장검).</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>15.</td>
<td>상담 사례에 관련된 시, 가족이 내담자에게 미칠 수 있는 영향을 고려한다.</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>번호</td>
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<td>2</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>16</td>
<td>내담자가 관련된 문화적 요인들 (예: 내담자의 문화적응수준, 인종 정체성, 문화적 가치와 신념)을 평가하다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17</td>
<td>내담자가 적절한 문제들을 사례 개념화 할 때, 문화적 인을 고려한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18</td>
<td>특정 상담 기술의 사용, 혹은 사기가적 적절하지 않은 때에서 발생하는 문화적 교착 (혼란) 상태를 바로 잡는다 (예: 준비가 되어 있지 않은 내담자에게 인종관련 주제를 상담에서 다룬다).</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19</td>
<td>내담자를 위한 문화적 민감성을 가지고 설령검사를 실시한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>내담자로부터 영향을 미치는 사회적 시스템 (예: 학교, 지역사회)을 문화적으로 적절하게 다룰 수 있도록 돕는다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>21</td>
<td>상담 과정 중 문화적에서 옳 수 있는 혼란으로 인한 상담자 본인의 불안을 대문이다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>22</td>
<td>다문화 내담자들의 문화범위를 발명하고, 전단내러질 수 있는 문화 관련중후군을 진단한다 (예: 화병, 다문화중후군, 신경최악, 신병).</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23</td>
<td>내담자가 그룹 가족들의 기대를 고려하여 상담목표를 정할 수 있도록 돕는다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td>내담자가 그룹의 부적응 관계 패턴이 문화적 요인들 (예: 인종차별주의, 문용적응, 문화적 경제성)과 어떻게 관련이 있는지 알아차릴 수 있도록 돕는다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25</td>
<td>내담자에 대한 상담자 자신의 인종적 혹은 문화적 차이로 인한 역전을 다룬다 (예: 내담자 인종으로 인한 오는 과정 동일시).</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26</td>
<td>내담자들의 문화간의 오해 혹은 교착 (혼란) 상태에서 비롯된 부정적인 정서들을 표현할 수 있도록 격려한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>27</td>
<td>내담자 상에서 문화인종이 가지는 중요성과 의미를 평가한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>28</td>
<td>내담자의 당면 문제를 개념화 할 때 다문화적 구성원 (예: 문화적 적응, 인종 정체성) 등을 고려한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

다음 페이지에 계속됩니다
언어적 장벽이 없는 상황에서, 탐색과 다른 인종적/민족적 배경을 가진 다문화 내담자를 상담한다고 가정할 때, 다음과 같은 사항들을 얼마나 효과적으로 수행해낼 수 있을까요?

<table>
<thead>
<tr>
<th></th>
<th>전체 자산이 없는</th>
<th>완전 자산이 없는</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>29. 내담자의 부적응적 신념과 혼란스러운 감정 상태가 문화적 요인 등(예: 인종차별, 문화적 적응, 인종 정체성)과 어떻게 관련이 될 수 있는지를 명확히 하는 데 도움을 준다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>30. 내담자가 당신의 다문화 상담 역량에 대해 의문을 제기할 때 치료적인 방법으로 대처한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>31. 상담자로서 문화적 차이로 인한 교착(혼란) 상태를 일으켰을 때 그 책임을 인정하고 받아들이는다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>32. 내담자 자신의 문화적 배경에 맞는 세부와 보다 적응적인 행동을 발전시킬 수 있도록 도움한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>33. 의사소통의 문화적 차이를 이해할 수 있는 (예: 동안 혹은 순응 vs. 적한 혹은 대립) 내담자와의 관계를 촉진한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>34. 문화차이에서 오는 중합감 혹은 난관상황을 해결하는 데 있어서 유연하고 수용적인 태도를 유지한다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>35. 다문화 내담자들의 문화별로 발명하고, 전달 내리질 수 있는 문화 관련 특구를 다룬다 (예: 화병, 다문화적, 신경정상, 유형/형식).</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>36. 내담자가 본인의 상담목표를 달성하기 위해 가족/지역사회 자원을 활용할 수 있도록 돕는다.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>37. 다른 상담 방식을 원하는 내담자에게 그에 맞는 방식을 제공한다 (예: 이상적 상담 vs. 적극적 상담).</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

다음 페이지에 계속됩니다.
### II. 아래의 적도를 사용하여 다음 각각의 진술들에 대해 귀하가 동의하는 정도를 표시해 주세요.

<table>
<thead>
<tr>
<th>다양한 인종과 문화의 내담자를 만나는 상담자가 되는 것은 내게 다음과 같은 것을 가능하게 할 것이다…</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 다른 사람을 위해 유용한 일을 하는 것</td>
</tr>
<tr>
<td>2. 성취감을 느끼는 것</td>
</tr>
<tr>
<td>3. 나와 같이 작업(상담)하는 내담자를 돕는 것</td>
</tr>
<tr>
<td>4. 지적으로 도전을 느끼게 하는 것</td>
</tr>
<tr>
<td>5. 나의 가족과 친구들이 인정함만한 일을 하는 것</td>
</tr>
<tr>
<td>6. 자기성장의 기회를 얻는 것</td>
</tr>
<tr>
<td>7. 안류에 기여한다고 느끼는 것</td>
</tr>
<tr>
<td>8. 나의 재능을 최대한 활용하는 것</td>
</tr>
<tr>
<td>9. 의미 있는 활동들에 참여하는 것</td>
</tr>
<tr>
<td>10. 사람들과의 삶을 변화시키는 것</td>
</tr>
<tr>
<td>11. 스스로에게 만족을 느끼는 것</td>
</tr>
<tr>
<td>12. 인간성에 대한 배움을 지속하는 것</td>
</tr>
</tbody>
</table>

다음 페이지에 계속됩니다
### III. 다음의 질문들은 상담자를 포함한 정신건강 전문가들에 의해 시행되는 활동들에 대한 "효과"에 관한 것입니다. 참고로, 본 연구에서 다문화 내담자는 귀하의 다른 인종 혹은 민족의 내담자를 의미합니다.

<table>
<thead>
<tr>
<th></th>
<th>전혀 관심이 없는</th>
<th>관심이 낮은</th>
<th>관심이 있는</th>
<th>관심이 높은</th>
<th>관심이 매우 높은</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 다문화상담기술에 관한 학회 참석</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. 다문화상담에 대한 새로운 접근방식에 대한 연구/특서</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. 다문화 내담자와의 상담 회기 진행</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. 다문화 내담자와의 정서적 연결 등기</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. 다문화 내담자와의 작업(상담)에 관한 다른 전문가들과의 협의</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. 다문화상담에 대한 정리, 심리학자/상담자들이 기술한 책임</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. 다문화 내담자들의 심리적 문제를 다루는 것에 관한 새로운 전략의 학습</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. 다문화 내담자와의 전단적 인터뷰 수행</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. 새로운 다문화 내담자에 대한 접수면접지 (intake form) 검토</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. 다문화 내담자에게 심리검사 진행</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. 다문화 내담자를 위한 검사배터리 해석</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. 내담자 인종적 다양성 이슈들에 초점을 둔 학회에서 상담사례 발표</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

다음 페이지에 계속됩니다.
## 비례에 나는...

1. 다양한 다문화 내담자들을 위한 일상 훈련 (예를 들어, 실습 과목, 한류실습, 인턴십, 워크숍)을 받을 기회를 찾을 계획이다.  
   1  2  3  4  5

2. 다양한 다문화 내담자들을 위해 일하는데 많은 시간을 보내 계획이다.  
   1  2  3  4  5

3. 다문화 이해의 관해 더 많이 배울 계획이다.  
   1  2  3  4  5

4. 다문화 내담자들을 상담할 수 있는 직업을 찾을 계획이다.  
   1  2  3  4  5

5. 나의 직업적 능력을 개발하는 데 있어 상당한 부분을 다문화 내담자들을 위한 상담을 할 수 있도록 집중할 계획이다.  
   1  2  3  4  5

다음 페이지에 계속됩니다.
V. 다음은 귀하가 속한 (혹은 속했던) 학과나 현재 훈련중인 기관의 분위기 환경을 묻는 질문들입니다. 아래 체도를 사용하여 각각의 분위기와 관련된 정도를 표시하여주십시오. 참고로, 다문화의 정의는 다른 민족 혹은 인종을 의미합니다.

<table>
<thead>
<tr>
<th>순번</th>
<th>문항</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>내가 일기로 다문화가 관련된 이슈가 거리에 잔디에 있다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>강의계획서에 다문화주의가 반영되어 있다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>수업 중에 다양한 학습 전략과 과정이 사용된다. (예: 조별 또는 개인 활동)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>다양한 방법으로 학생의 전공에 대한 학습과 성과가 평가된다. (예: 품질 과제, 구두 과제)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>다문화의 이슈는 스포츠의 주요 요소 중 하나이다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>다문화의 이슈가 주 연구 주제인 사람이 적어도 한명은 있다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>교수들은 다문화 이슈에 관한 연구를 진행하고 있다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8.</td>
<td>나의 전공 평가기준에 다문화 이슈들의 대한 학과의 인식(분위기)이 포함된다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9.</td>
<td>다문화적으로 유용하다는 것은 가치가 있다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10.</td>
<td>학과는 내가 다문화 이슈를 수업과 통합할 수 있도록 권장한다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11.</td>
<td>학과는 내가 다문화 이슈를 내 일에 희생할 수 있도록 권장한다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12.</td>
<td>나는 수업 내 문화적 환경에 편안함을 느낀다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13.</td>
<td>나는 수업에서 나의 의견을 존중을 느낀다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14.</td>
<td>다문화 이슈가 시험 질문에 반영된다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15.</td>
<td>편안하고 존중받는 느낌의 환경이다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16.</td>
<td>내가 안전하고 소중하게 느낄 수 있는 장소가 있다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17.</td>
<td>나는 대체로 지지를 받는다고 느낀다.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

다음 페이지에 계속됩니다.
<table>
<thead>
<tr>
<th>대상사항</th>
<th>전반적으로 그렇지 않다</th>
<th>거의 그렇지 않다</th>
<th>그만그래야 한다</th>
<th>전혀 그렇다</th>
<th>매우 그렇다</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. 새로운 학생에게 ( 혹은 엄격한 학생에게), 나는 이 곳의 분위기에 관하여 숙직하게 말 할 수 있다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. 새로운 교수에게, 나는 이 곳의 분위기에 관하여 숙직할 수 있다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. 새로운 직원에게, 나는 이 곳의 분위기에 관하여 숙직할 수 있다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. 교수진은 나의 생각/견해를 이해하려고 노력을 하고 있다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. 다양한 문화적 아이템들이 (예: 사진, 포스터 등) 학과나 전공 전역에 잘 드러나 있다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. 강의평가시 다문화 이슈가 강의에 반영이 되어있는지에 대한 질문이 포함되어 있다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. 교수들의 강의 혹은 연구들에 있어서, 그 주제가 어떻게 다양한 집단에 영향을 미치는지는 조금이라도 논의된다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. 나는 슈퍼비전을 받을 때, 다문화 이슈를 논의하는 데 어려움이 없다 (편안 하다).</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. 다문화 이슈와 문제를 논의하는 데 편안한 교수가 있다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. 소수집단 학생(다문화 집단)과 교수 선발에 관련한 규정이 있는 것으로 알고 있다.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

모든 설문을 마치셨습니다. 본 연구에 참여해주셔서 다시 한번 감사합니다.
귀하의 응답번호를 아래에 남겨주시면 기프트론 발송 리스트에 등록이 됩니다.

연구자: 박성용 & Dr. Hung-Bin Sheu 팀
University at Albany, Social Cognitive Theory Lab

기프트론 발송을 위한 전화번호: ______________________