EXAMINING MULTICULTURAL COUNSELING COMPETENCE AND RACE-RELATED ATTITUDES AMONG WHITE MARITAL AND FAMILY THERAPISTS

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This study investigates the relative contributions of social desirability attitudes, previous number of multicultural counseling courses taken, and racism and White racial identity attitudes together in predicting marital and family therapists' self-reported multicultural counseling competence. Results revealed that, when controlling for social desirability attitudes and the number of multicultural courses taken, racism and White racial identity attitudes in consort accounted for a significant amount of the variance in self-perceived multicultural counseling competence. Implications for marital and family therapy training, practice, and research are discussed.

In recent decades, marital and family therapy (MFT) training programs have increasingly recognized the importance of preparing practitioners to become multiculturally competent (e.g., Falicov, 1983, 1988, 1995; Halevy, 1998; McGoldrick, Giordano, & Pearce, 1996). Multicultural counseling competence refers to counselors' attitudes/beliefs, knowledge, and skills in working with clients from diverse cultural (e.g., racial, ethnic, gender, social class, sexual orientation) groups (Sue, Arredondo, & McDavis, 1992; Sue et al., 1998). The Commission on Accreditation for Marriage and Family Therapy Education's (COAMFTE, 1997) standards for MFT programs include attention to issues of race, ethnicity, and gender as they relate to MFT. Hardy and Keller (1991) reported that increased emphasis on cultural diversity issues and the recruitment of students of color were among the top emerging trends in MFT training programs.

In their survey of academic programs accredited by COAMFTE, however, Wilson and Stith (1993) reported that <1% of master's degrees and only 1.8% of doctoral degrees were granted to African Americans during the preceding 10 years. Moreover, a 1995 study of 12,000 MFTs in California revealed that, although 94% of them were White, 66% of their clients were from other racial and ethnic groups (Green, 1998). With the increasing racial and ethnic diversification of the United States over the next 50 years, the clinical caseloads of White MFTs will increasingly be made up of families of color (Green, 1998). Some researchers (e.g., Goodwin, 1997; Preli & Bernard, 1993) believe that the goal of recognizing the importance of cultural issues, particularly racial and ethnic issues, has yet to be seriously undertaken in many MFT training settings. The MFT field has also neglected the roles of other multicultural variables (e.g., sex, social class, religious affiliation, physical disability, and sexual orientation issues) in the lives of clients (Fontes & Thomas, 1996; Goodwin, 1997). Presently, it is unclear the extent to which this general lack of attention to multicultural issues in MFT programs may affect these therapists' competence in working with culturally diverse populations.

Little empirical information exists about the self-reported multicultural counseling competence of MFTs. There is a need for research that examines their perceived levels of multicultural competence, particularly with regard to various race-related attitudes. Hence, this study explored racism attitudes, White racial identity attitudes, and self-reported multicultural counseling competence in MFTs. Information about the potential associations among these variables may help to clarify their role in predicting MFTs self-perceived...
multicultural competence.

The general counseling literature has empirically examined the aforementioned variables in several different combinations. In particular, White racial identity attitudes have been explored in relation to a host of other cultural variables. According to Helms (1984, 1990), healthy White racial identity development occurs when Whites abandon racist attitudes and move toward a nonracist identity. In her White racial identity model, Helms asserts that Whites in the U. S. have been socialized in an environment wherein members of their group are privileged relative to other racial groups, and Whites then learn to protect this privileged status by adopting racist attitudes and behaviors (Helms & Cook, 1999). Helms depicts the White racial identity development process as involving five components or “statuses” (Helms, 1995). In the first White racial identity status, Contact, Whites lack awareness of how they may benefit from institutional and cultural racism and only superficially acknowledge their membership in the White racial group. Whites who operate primarily from the second racial identity status, Disintegration, are aware of their own racial group membership and experience ambivalence about being White because they are treated differently than other racial groups. Reintegration, the third White racial identity status, is manifested by White individuals’ idealization of their racial group (and the concurrent denigration and intolerance of other groups) by selectively perceiving and distorting information that allows for the maintenance of the racism status quo. In the fourth status, Pseudoindependence, Whites possess an intellectual understanding of racism and how they have perpetuated it, but they continue to harbor subtle feelings of superiority and intolerance toward other racial groups. In the final status, Autonomy, Whites internalize a positive White racial identity by no longer imposing arbitrary racial definitions on others and by displaying an intellectual and emotional appreciation of racial differences and similarities. Helms and Carter (1990) developed the White Racial Identity Attitude Scale (WRIAS) to operationalize the White racial identity attitudes construct.

Carter’s (1990) study of college students revealed that White racial identity attitudes as a whole were significantly predictive of racism attitudes. In a replication and extension that study, Pope-Davis and Ottavi (1992) reported that White racial identity attitudes overall were significantly predictive of racism attitudes among male and female college faculty members, although Reintegration racial identity attitudes alone served as a significant predictor of racism attitudes in White men. Using an undergraduate college student sample, Pope-Davis and Ottavi (1994) found that Reintegration racial identity attitudes alone were significantly positively related to racism attitudes in both men and women and that women with higher Pseudoindependence attitudes reported lower levels of racism.

White racial identity attitudes have also been examined in relation to self-reported multicultural counseling competence. A prominent theme in the literature is that White counselors may be able to better understand other racial and cultural groups when they are aware of their own racial attitudes and feelings (Parker, Moore, & Neimeyer, 1998). In previous investigations examining White racial identity attitudes and self-perceived multicultural competence (e.g., Ladany, Brittan-Powell, & Pannu, 1997; Ladany, Inman, Constantine, & Hofheinz, 1997; Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994), results have consistently revealed that higher Pseudoindependence racial identity attitudes were significantly associated with higher levels of self-reported multicultural counseling competence. Moreover, Neville et al. (1996) reported that higher Autonomy racial identity attitudes were related to higher perceived multicultural counseling competence.

In general, few studies have examined race-related variables in association with self-reported multicultural counseling competence. In one such investigation, Sodowsky, Kuo-Jackson, Richardson, and Corey (1998) reported that, after accounting for multicultural social desirability attitudes and race or ethnicity, both locus of control racial ideology (i.e., the extent to which an individual believes that racial situations in the U. S. stem from personal or external forces) and feelings of social inadequacy were predictive of self-reported multicultural counseling competence. In addition, research has consistently reported race or ethnicity to be a significant predictor of self-reported multicultural counseling competence, with counselors of color tending to report higher levels of multicultural competence than their White counterparts (e.g., Pope-Davis, Reynolds, Dings, & Nielson, 1995; Pope-Davis, Reynolds, Dings, & Ottavi, 1994; Sodowsky et al., 1998).

The importance of considering race-related attitudinal variables in association with self-reported...
multicultural counseling competence cannot be overemphasized. Few investigations, however, have explored the potential role of socially desirable responding on the part of respondents who complete self-report measures related to multicultural issues (Constantine & Ladany, 2000; Sodowsky et al., 1998). Moreover, no published investigation to date has examined self-perceived multicultural counseling competence in relation to both White racial identity attitudes and racism attitudes, taking into account the possible impact of social desirability attitudes. Furthermore, because prior training in multicultural counseling (e.g., taking academic coursework, attending workshops, receiving multicultural supervision) has been found previously to account for significant variance in self-reported multicultural counseling competence (e.g., Pope-Davis et al., 1994, 1995; Sodowsky et al., 1998), it is vital to consider its potential role in predicting self-perceived multicultural competence.

This study explored the role of social desirability attitudes, number of formal multicultural counseling courses taken, and racism and White racial identity attitudes in predicting self-reported multicultural counseling competence in MFTs. This investigation is important for several reasons. First, examining the relationships among these variables may add to the scarce literature base in the area of MFTs’ multicultural counseling competence. Second, the assessment of self-perceived multicultural counseling competence among MFTs may ultimately help these counselors to meet the mental health needs of various cultural populations better. Third, data gleaned from this study may aid MFT training programs in identifying curriculum and pedagogical issues that warrant attention.

Based on the results of previous studies in the general counseling literature, we hypothesized that, after accounting for social desirability attitudes and the number of formal multicultural counseling courses taken, racism and White racial identity attitudes together would contribute significant variance to MFTs’ self-reported multicultural counseling knowledge and awareness.

METHODS

Participants and Procedure

Potential participants were randomly selected from a mailing list provided by the American Association for Marriage and Family Therapy. Although a primary variable of interest in this study was White racial identity attitudes, we were unable to determine which randomly selected participants would self-identify as White. Thus, we included a parallel measure of cultural identity attitudes for MFTs who self-identified as a person of color. That is, participants were asked to complete the WRIAS only if they self-identified as White, or the Visible Racial/Ethnic Identity Attitude Scale (VREIAS; Helms & Carter, 1986) if they self-identified as a person of color. Of the 200 survey packets mailed, 117 were returned (59% response rate). Of those questionnaires, 113 were completed by therapists who self-identified as White.

The 57 (50.4%) men and 56 women (49.6%) who participated in the study ranged in age from 25 to 78 years ($M = 51.6; SD = 10.7$). By educational degree, 94 (83.2%) of the respondents held master’s degrees and 18 (15.9%) held doctoral degrees. The average number of years of reported counseling experience was 18.2 ($SD = 9.6$), and 62.8% of the sample indicated that they had taken one or more formal courses related to multicultural counseling. (Because of missing data, the total percentages may not equal 100.)

The participants were asked to complete a survey packet consisting of a brief demographic questionnaire followed by the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2000); the New Racism Scale (NRS; Jacobson, 1985); the WAS (Helms & Carter, 1990); and the Marlowe-Crowne Social Desirability Scale (SDS; Crowne & Marlowe, 1960).

Instruments

Demographic questionnaire. Participants were asked to indicate their sex, race/ethnicity, age, highest degree earned, number of years of counseling experience, and number of formal courses they had taken previously related to multicultural counseling issues.

MCKAS. The MCKAS (Ponterotto et al., 2000) is a 32-item, 7-point Likert-type (1 = not at all true, 7
A totally true) measure of self-reported multicultural counseling knowledge and awareness. It consists of two subscales: Knowledge (20 items, possible range of scores = 20–140) and Awareness (12 items, possible range of scores = 12–84). The Knowledge subscale of the MCKAS assesses general knowledge related to multicultural counseling, and the Awareness subscale measures subtle Eurocentric worldview bias by tapping counselors’ attitudes and beliefs about working with diverse clients. For the MCKAS, no cut-off scores have been established to reflect satisfactory multicultural knowledge and awareness. Coefficient α for both the Knowledge and Awareness subscales have been reported to be .85 (Ponterotto et al., 2000). In the present investigation, the Cronbach’s α was .85 for the Knowledge subscale, .75 for the Awareness subscale, and .85 for the full scale.

SDS. The SDS (Crowne & Marlowe, 1960) is a 33-item self-report measure of a type of social desirability (i.e., need for approval). Scores range from 0–33 (M = 15.5, SD = 4.4), with higher scores suggesting a greater need for approval (Paulhus, 1991). Paulhus (1984) reported means of 13.3 (SD = 4.3) and 15.5 (SD = 4.6) for anonymous and public respondents, respectively. In previous investigations, internal consistency coefficients for the SDS have ranged from .73 to .88 (Paulhus, 1991). In the current sample, the Cronbach’s α was .86.

NRS. The NRS (Jacobson, 1985) is a 7-item self-report measure of Whites’ attitudes toward Blacks. Scores on the NRS range from 7 to 25, and higher scores suggest an endorsement of racist attitudes. The mean NRS score achieved in the normative sample was 15.9, with a Cronbach’s α of .70. A Cronbach’s α of .53 was achieved in the current sample.

WRIAS. The WRIAS (Helms & Carter, 1990) is a 50-item, 5-point Likert-type (1 = strongly disagree, 5 = strongly agree) measure of White racial identity attitudes as theorized by Helms (1984, 1990). The WRIAS consists of five 10-item subscales, with subscale scores ranging from 10–50. The Contact subscale assesses White individuals’ unawareness of their own racial group membership and minimization/avoidance of racial issues; the Disintegration subscale measures Whites’ emerging awareness of their own racial group membership and their ambivalence about being White because they are aware of being treated differently than other racial groups; the Reintegration subscale assesses White individuals’ idealization of their racial group (and denigration and intolerance of other racial groups), along with an acceptance of the personal implications of being White; the Pseudoindependence subscale measures Whites’ intellectual acknowledgment of racism and the ways in which they have perpetuated it; and the Autonomy subscale assesses White individuals’ internalization of a positive White racial identity by displaying an intellectual and emotional appreciation of racial differences and similarities.

In previous investigations, coefficient αs for the WRIAS subscales have ranged from .55–.80 (e.g., Helms & Carter, 1990, 1991). In the present study, Cronbach’s αs for the WRIAS subscales were .33 (Contact), .72 (Disintegration), .62 (Reintegration), .68 (Pseudoindependence), and .43 (Autonomy). Previous investigations (e.g., Ladany, Inman, et al. 1997; Ottavi et al., 1994) have reported similar suboptimal coefficient αs for some of the WRIAS subscales, particularly the Contact and Autonomy subscales.

RESULTS

Table 1 provides the means and standard deviations of the MCKAS, SDS, NRS, and WRIAS, and Table 2 presents the interscale correlations. Multivariate analyses of variance (MANOVAs) were conducted to determine whether participants differed significantly by sex, educational degree (i.e., master’s versus doctoral degree), age, and years of counseling experience regarding the study’s measures (p = .05). For the continuous variables (i.e., age and years of experience), median split procedures were used to categorize respondents in the MANOVAs. No significant differences were found by these demographic characteristics for any of the study’s scales.

For the main analyses, two 3-step forced-entry multiple regression analyses were conducted using the Knowledge and Awareness subscales of the MCKAS as criterion variables. The predictor variables were entered in the same order for both equations. To control for potential socially desirable responding with regard to the MCKAS subscales, the SDS scores were entered into the first step. To account for the role of
**TABLE 1**
Means and Standard Deviations for the MCKAS, SDS, NRS, and WRIAS ($n = 113$)

<table>
<thead>
<tr>
<th>Variables</th>
<th>$M$</th>
<th>$SD$</th>
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<tr>
<td>MCKAS</td>
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<tr>
<td>Full-scale score</td>
<td>163.36</td>
<td>19.25</td>
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<td>Knowledge subscale</td>
<td>97.01</td>
<td>15.50</td>
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<tr>
<td>Awareness subscale</td>
<td>66.35</td>
<td>8.53</td>
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<tr>
<td>SDS</td>
<td>12.42</td>
<td>6.27</td>
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<tr>
<td>NRS</td>
<td>12.14</td>
<td>2.26</td>
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<tr>
<td>WRIAS subscales</td>
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<tr>
<td>Contact</td>
<td>31.19</td>
<td>3.95</td>
</tr>
<tr>
<td>Disintegration</td>
<td>19.62</td>
<td>4.50</td>
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<tr>
<td>Reintegration</td>
<td>19.42</td>
<td>4.47</td>
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<tr>
<td>Pseudoindependence</td>
<td>37.61</td>
<td>4.41</td>
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<tr>
<td>Autonomy</td>
<td>38.66</td>
<td>3.83</td>
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*Notes. MCKAS = Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 2000); SDS = Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960); NRS = New Racism Scale (Jacobson, 1985); WRIAS = White Racial Identity Attitude Scale (Helms & Carter, 1990).*

**TABLE 2**
Intercorrelations of the MCKAS, SDS, NRS, and WRIAS

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<th>1</th>
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<td>2. Knowledge</td>
<td>.22</td>
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<td>3. Full scale</td>
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<td>4. SDS</td>
<td>.42</td>
<td>.14</td>
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<td>5. NRS</td>
<td>.43</td>
<td>.18</td>
<td>.33</td>
<td>.02</td>
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<td>WRIAS subscales</td>
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<td>6. Contact</td>
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<td>.06</td>
<td>.08</td>
<td>.05</td>
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<td>7. Disintegration</td>
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<td>.32</td>
<td>.37</td>
<td>.06</td>
<td>.33</td>
<td>.11</td>
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<td>8. Reintegration</td>
<td>.41</td>
<td>.31</td>
<td>.43</td>
<td>.03</td>
<td>.39</td>
<td>.01</td>
<td>.68</td>
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<td>9. Pseudoindependence</td>
<td>.05</td>
<td>.44</td>
<td>.38</td>
<td>.15</td>
<td>.11</td>
<td>.59</td>
<td>.41</td>
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<td>10. Autonomy</td>
<td>.10</td>
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<td>.11</td>
<td>.19</td>
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<td>.45</td>
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</table>

*Notes. MCKAS = Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 2000); SDS = Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960); NRS = New Racism Scale (Jacobson, 1985); WRIAS = White Racial Identity Attitude Scale (Helms & Carter, 1990). *$p < .05$; **$p < .01$; ***$p < .001$. 

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**TABLE 3**
Summary of the Forced-Entry Multiple Regression Analyses for Variables Predicting the MCKAS Knowledge and Awareness Subscales

| Variables       | Knowledge |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|-----------------|-----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|                 | B        | SE B    | t       | B       | SE B    | t       | B       | SE B    | t       | B       | SE B    | t       | B       | SE B    | t       | B       | SE B    | t       | B       | SE B    | t       | B       | SE B    | t       |
| Step 1          | SDS      | .35     | .23     | .14     | 1.49    | -.57    | -.12    | -.42    | 4.87*** |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                 | Courses  | 1.50    | .57     | .24     | 2.63**  | -.06    | .30     | -.02    | -.22    |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Step 2          | NRS      | -.42    | .63     | -.06    | -.67    | -1.22   | .31     | -.32    | -3.98***|         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| WRIAS subscales | Contact  | -.02    | .36     | -.01    | -.06    | .16     | .17     | .07     | .93     |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                 | Disintegration | -.13    | .47     | -.04    | -.28    | -.04    | .23     | -.02    | -.20    |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                 | Reintegration | -.35    | .43     | -.10    | -.82    | -.57    | .21     | -.30    | -2.76**|         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                 | Pseudoindependence | 1.08    | .42     | .31     | 2.57*   | -.13    | .20     | -.07    | -.66    |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                 | Autonomy | .17     | .45     | .04     | -.37    | -.08    | .22     | -.04    | -.37    |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |

Notes. MCKAS = Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 2000); SDS = Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960); Courses = Number of prior multicultural counseling courses taken; NRS = New Racism Scale (Jacobson, 1985); WRIAS = White Racial Identity Attitude Scale (Helms & Carter, 1990).

*p < .05; **p < .01; ***p < .001.

Previous multicultural training in self-reported multicultural counseling competence, the number of prior multicultural counseling courses taken was entered into the second step. The race-related attitudinal variables (i.e., the NRS scores and the five WRIAS subscales) were entered together into the third step.

In the first analysis, with the MCKAS Knowledge subscale serving as the criterion variable, social desirability attitudes were not found to contribute significant variance, $F(1, 111) = 2.21, p > .05; R^2 = .02$ (adjusted $R^2 = .01$). However, after accounting for potential social desirability attitudes, the number of previous multicultural counseling courses taken accounted for a significant proportion of the variance in the MCKAS Knowledge subscale, $R^2$ change = .06, $F(2, 110) = 6.94, p < .01; R^2 = .08$ (adjusted $R^2 = .06$). Specifically, higher numbers of multicultural counseling courses were associated with higher levels of self-reported multicultural knowledge. After controlling for the previous variables, the NRS and WRIAS scores together explained additional significant variance in the MCKAS Knowledge subscale, $R^2$ change = .19, $F(8, 104) = 4.35, p < .001; R^2 = .26$ (adjusted $R^2 = .21$), with only Pseudoindependence racial identity scores making a significant contribution. Specifically, Pseudoindependence racial identity attitudes were positively related to self-reported multicultural knowledge. Table 3 summarizes the results of this analysis.

The Awareness subscale of the MCKAS served as the criterion variable in the second forced-entry multiple regression analysis. In the first step, social desirability attitudes accounted for a significant amount of the variance in this subscale, $F(1, 111) = 23.72, p < .001; R^2 = .18$ (adjusted $R^2 = .17$). Specifically, higher
social desirability attitudes were found to be associated with lower levels of self-perceived multicultural awareness. After controlling for social desirability attitudes, the number of formal multicultural counseling courses taken did not contribute additional significant variance to the MCKAS Awareness subscale, \( R^2 \) change = .00, \( F(2, 110) \) change = .05, \( p > .05 \). After accounting for the previous variables, the NRS and WRIAS scores together contributed additional significant variance to the Awareness subscale, \( R^2 \) change = .25, \( F(8, 104) \) change = 7.61, \( p < .001 \); \( R^2 = .43 \) (adjusted \( R^2 = .38 \)), with only the NRS and Reintegration racial identity attitudes scores making significant contributions. Specifically, higher NRS and Reintegration racial identity attitude scores were each related to lower levels of self-reported multicultural awareness. Table 3 also summarizes the forced-entry analysis for variables predicting the MCKAS Awareness subscale.

**DISCUSSION**

This study’s examination of self-reported multicultural counseling competence in relation to racism and White racial identity attitudes represents a unique and potentially significant contribution to the empirical MFT literature. After accounting for social desirability attitudes and the number of previous multicultural counseling courses taken, we found that racism and White racial identity attitudes together contributed significant variance to MFTs’ self-reported multicultural counseling knowledge and awareness among MFTs. Our study’s findings have several important implications that will be discussed below.

Social desirability attitudes did not contribute significant variance to the MCKAS Knowledge subscale. However, they were found to be negatively associated with the MCKAS Awareness subscale, similar to findings of Constantine and Ladany (2000). This study’s finding suggests that MFTs who express a high need for social approval may be less aware of cultural variables in counseling. This finding has several vital ramifications for MFT training programs. For example, some trainees with a high need for social approval may feel uncomfortable reporting their potential limitations regarding multicultural issues, and may be constrained from expressing challenges or difficulties they experience in working with multicultural clients. Ultimately, this behavior may be detrimental to the clients they serve.

This investigation also revealed that, after controlling for social desirability attitudes, higher numbers of prior multicultural counseling courses taken were related to greater levels of self-reported multicultural knowledge. This finding suggests that MFTs who have completed multicultural courses perceive themselves to be more knowledgeable about working with multicultural populations than those who did not take such courses. However, the number of previous multicultural counseling courses taken was not significantly predictive of self-reported multicultural awareness. A possible reason for this finding may be the potential differences between the content typically covered in academic multicultural counseling courses, as compared to the attitudes assessed by the MCKAS Awareness subscale. For example, this subscale assesses subtle Eurocentric worldview bias in counseling, whereas formal multicultural counseling courses tend to focus more on increasing students’ didactic knowledge about cultural issues to the exclusion of self-awareness (Goodwin, 1997). If a primary focus of multicultural courses is to augment students’ intellectual knowledge about various cultural populations, without raising awareness about the impact of their own worldviews in counseling situations, then students who matriculate may not be fully cognizant of the ways in which they may impose Eurocentric thoughts, expectations, and behaviors in the context of therapeutic relationships. These findings highlight the importance of MFT training programs identifying ways successfully to facilitate students’ cognitive and affective awareness of cultural issues in the context of multicultural counseling courses. The use of experiential activities may be particularly effective in increasing trainees’ awareness of themselves as racial and cultural beings and their feelings and reactions to various cultural issues (Arnold, 1993). The development of multicultural knowledge and awareness, particularly therapists’ own self-awareness in relation to various cultural issues, seems critical to their ability to consider the potential salience of cultural variables in working with clients and to meet the mental health needs of culturally diverse individuals.

After accounting for social desirability attitudes and the number of prior multicultural counseling courses taken, the NRS and WRIAS scores together explained additional significant variance in the MCKAS Knowledge subscale. Specifically, higher PseudoIndependence attitudes were associated with
higher self-reported multicultural knowledge. Such attitudes reflect White individuals’ intellectual acknowledgement of Whites’ responsibility for racism and the ways in which they have perpetuated it. Previous studies (e.g., Ladany, Brittan-Powell, et al., 1997; Ladany, Inman, et al., 1997; Neville et al., 1996; Ottavi et al., 1994) have also reported that higher Pseudoindipendence racial identity attitudes were associated with greater levels of self-reported multicultural counseling competence. White therapists’ racial group memberships and backgrounds will undoubtedly influence the ways they understand the issues and concerns of all clients, especially clients of color (Corvin & Wiggins, 1989). This study’s finding suggests that MFTs who possess at least a cognitive understanding of racism may view themselves as more competent in considering salient racial issues in the context of working with clients of color.

After controlling for social desirability attitudes and the number of previous multicultural counseling courses taken, NRS and WRIAS scores together explained significant variance in the MCKAS Awareness subscale. Specifically, higher NRS scores and higher Reintegration racial identity attitudes were associated with lower levels of self-perceived multicultural awareness. Not surprisingly, the NRS scores indicate that MFTs with greater levels of racism are less aware of cultural issues in the context of counseling. This lack of awareness may be a hindrance to working effectively with racially and ethnically diverse populations. Similarly, MFTs who possess high Reintegration racial identity attitudes may find it challenging to fully comprehend and appreciate racial and cultural issues in the lives of their clients. Therapists’ inability to respond to culturally diverse clients in ways that consider the impact of their racial and cultural backgrounds and experiences may result in decreased therapeutic effectiveness. An important implication of these findings is that MFT training programs may wish to implement strategies to address less advanced racial identity attitudes and high racism attitudes among trainees in order to increase their awareness of racial and cultural issues in clients’ lives, and to increase these students’ self-reported proficiency in working with diverse cultural groups.

The results of this study and their presumed implications must be considered in light of several potential limitations. First, caution should be used in generalizing the study’s findings because of the possibility of response bias in that participants who returned completed questionnaire packets may have had a particular interest in the study’s topic, and they may differ from individuals who did not respond. Second, because the study’s measures were self-report in nature, the respondents may have endorsed anticipated rather than actual attitudes or behaviors and/or interpreted items differently than what was intended by the instruments’ authors (Schwarz, 1999). Third, some respondents may have been cued to the research intent. For example, if participants were aware that they were completing racial and cultural attitudinal measures, along with a social desirability scale, they may have responded differently based on their perception of what was being assessed.

Further research is needed to examine racial identity attitudes and racism in relation to both self-perceived and demonstrated multicultural counseling competence among MFTs of diverse racial and ethnic backgrounds. It would also be important to consider the roles of other types of variables (e.g., psychological defense mechanisms) in relation to MFTs’ multicultural counseling competence. Finally, it may also be vital for future researchers to examine interpersonal process issues in the context of multicultural counseling in order to identify vital determinants of effective therapy processes and outcomes.

REFERENCES


