

PROGRAM EVALUATION: MARRIAGE AND FAMILY THERAPY PROGRAMS'  
MULTICULTURAL COMPETENCY TRAINING

by

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B.B.L., Ozark Christian College, 2006  
M.MFT., Abilene Christian University, 2008

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services  
College of Human Ecology

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

2011

## **Abstract**

The purpose of the current study is to examine what factors contribute to how marriage and family therapy (MFT) programs address multicultural competency training and to understand the support mechanisms of the training process. A sequential explanatory mixed-method design was utilized to evaluate MFT training programs. First, a Multicultural Survey, adapted from the Multicultural Competency Checklist (Ponterotto, Alexander, & Grieger, 1995), was used to gain a preliminary understanding of the masters MFT field regarding multicultural competency training. Out of the 70 MFT program directors contacted, 39 program directors or program representatives responded to the survey (55.71% response).

Qualitative interviews from 8 participants (program directors,  $n = 7$ ; program representative,  $n = 1$ ) representing each geographical region (Northeast,  $n = 2$ ; South,  $n = 2$ ; Midwest,  $n = 2$ ; West,  $n = 2$ ) were used to examine programs' multicultural competency training content, program context and training processes. Five themes emerged from the data: 1) internal program dynamic, 2) external program factors, 3) stakeholders, 4) faculty recruitment, and 5) cross-program collaboration. General systems theory, process theory and the logic model were utilized to conceptualize the results (Kellogg, 2004; Rossi, Lipsey, & Freeman, 2004; White & Klein, 2002).

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## **Chapter 1 - Introduction**

### **Significance of the Problem: The Need for Multicultural Competency**

It is estimated that between 2010 and 2050, the U.S. population will become more ethnically and racially diverse, with the cumulative ethnic and racial minority population (Asians, Blacks and Latino/Latinas) projected to become the majority in 2042 (Vincent & Velkoff, 2010). It is projected that while the U.S. population ages, an estimated 1/5<sup>th</sup> of the population will be 65 years or older in 2030. Among those 65 years and older, it is estimated that all other ethnic minority populations will increase while Whites will be the only group to decrease by 10%. The growing diversity and changing population increases the opportunity for mental health practitioners in the U.S. to work with clients from different cultural backgrounds and value systems (Murphy, Park & Lonsdale, 2006; Tomlinson-Clarke, 2000). While mental health practitioners have historically worked with a largely monocultural and monolingual population, they are now faced with a multiracial, multicultural and multilingual society (Sue, Arredondo & McDavis, 1992). The changing national demographics place multicultural competency as a priority and necessity for mental health practitioners.

In addition to being a demographic reality, the need for multicultural competency is an ethical responsibility and expectation (Murphy et al., 2006). “Professionals without training or competence in working with clients from diverse cultural backgrounds are unethical and potentially harmful, which borders on a violation of human rights” (Sue et al., 1992, p. 480). In essence, the need to train mental health practitioners to be multiculturally competent is a not only a social need to meet the increasingly diverse population, it is also an ethical responsibility.

These two factors highlight the importance of training systems to prepare practitioners to be multiculturally competent.

The importance of multicultural competency is clearly reflected in the mandates and expectations of professional associations and accreditation bodies for mental health practitioners including marriage and family therapy and counseling psychology. Both professions have their own mandates and expectations regarding multicultural competency as described below. The importance for training systems to address the issue of multicultural competency becomes even more imperative when evaluating these mandates. Although the mandates clearly state the importance and need to train practitioners to be multicultural competent, training programs are given the freedom to develop their own goals and strategies to achieve the goals. It is unclear if training programs are meeting the requirements mandated of them. More specifically, there is a dearth of empirical evidence regarding MFT training programs' effectiveness in meeting the multicultural competency requirements (Constantine, Juby & Liang, 2001). Additionally, little is known about how the various MFT training programs meet the multicultural competency requirements, what challenges they face and what is needed to address training issues.

### ***Mandates from COAMFTE***

The Commission on Accreditation for Marriage and Family Therapy Education's (COAMFTE) manual states in the preamble that "the standards apply to the training of marriage and family therapists [and] are based on a relational view...in which an understanding and respect for diversity and non-discrimination are fundamentally addressed, practiced, and valued" (AAMFT, 2005, p. 3). COAMFTE asserts that programs need to describe the benchmarks for achieving diversity and for recognizing, understanding and respecting cultural diversity. While

mandates are directed from COAMFTE to achieve diversity, programs are held responsible to set and achieve multicultural competency goals.

### ***Mandates from AAMFT***

The AAMFT produced a set of marriage and family therapy (MFT) core competencies to improve the quality of services delivered by MFTs (AAMFT, 2004). AAMFT's 128 competencies, organized into six primary domains and five secondary domains represents the minimum that MFTs licensed to practice independently must possess. Multicultural issues are interwoven into these domains and competencies. For example, Domain one (admission to treatment), states that therapists should, "Recognize contextual and systemic dynamics (i.e. gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context" (AAMFT, 2004, p. 2). AAMFT directly states that part of being a competent therapist included the recognition of cultural factors. Again, programs are expected to create training environments to meet the competencies outlined.

### ***Counseling Psychology***

The American Psychological Association Commission on Accreditation (APACoA) has similar guidelines governing multicultural competency expectations (APA, 2007). APACoA defined "cultural and individual diversity" as including but not limited to, "age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status" (APA, 2007, p. 6). APACoA further requires that respect for diversity is "reflected in the program's policies for the recruitment, retention, and development of faculty and students, and in its curriculum and field placements" (APA, 2007, p. 6). Training programs are expected to implement "a thoughtful and coherent plan to provide students with relevant knowledge and experiences about the role of cultural and individual

diversity” (APA, 2007, p. 10). Similar to the standards for MFTs, APA programs are required to develop their own plans to achieve their multicultural competency goals.

In a similar vein, the Association of Counseling Center Training Agencies (ACCTA) that provides direction and guidance to Psychology internships has expectations for working with diverse populations. The ACCTA’s (2007) preamble states:

Fundamental to our values is appreciation of and support for diversity and the enrichment an inclusive multicultural community brings to the organization and to training generally. We dedicate ourselves to attending to the impact of oppression and privilege and are committed to addressing these issues within the organization, the training community and beyond. (p. 1)

ACCTA’s third organizational purpose expands on the preamble by stating the intention to promote sensitivity to the impact of oppression and privilege on various groups. Specific focuses include: affectional preference, age, cultural background, disabilities, ethnicity, gender, gender identity, language, race, religion and spirituality, sexual orientation, size and physical appearance, and socioeconomic status (ACCTA, 2007).

### ***Counseling Psychology: Values Statement***

The field of counseling psychology recently introduced a *Counseling Psychology Model Training Values Statement Addressing Diversity* (henceforth referred to as the “Values Statement”) (2009). It was endorsed by the Council of Counseling Psychology Training Programs (CCPTP), the ACCTA and the Society for Counseling Psychology (SCP). The Values Statement expects trainees to be knowledgeable in the effects of racism, sexism, ageism, heterosexism, religious intolerance, and other forms of prejudice. It further stated that, “Evidence of bias, stereotyped thinking, and prejudicial beliefs and attitudes will not go



unchallenged, even when such behavior is rationalized as being a function of ignorance, joking, cultural differences or substance abuse” (Values Statement, p. 643). Mintz and Bieschke (2009) explained that the Value Statement is “rooted in a social justice perspective where ‘different from the mainstream’ means less social and political power and privilege in our society” (p.635).

The Values Statement incorporated an aspect of the self-of-the trainer. Within the statement, trainers are expected to examine their own biases and prejudices within the interactions and training of the trainee that can include “discussion about personal life experiences, attitudes, beliefs, opinions, feelings, and personal histories” (Mintz & Bieschke, 2009, p. 642). The Values Statement is a current example of the higher expectations for multicultural competency training. Programs are expected to train practitioners to become more aware of various cultural issues and increase self-awareness of how they are culturally bound.

### ***Conclusion***

The U.S. population is changing and as a result mental health practitioners need to become more multiculturally competent to serve the needs of a growing and diverse population. Mental health practitioners, who are trained to help people, may actually participate in a harmful relationship if they are not multiculturally competent. Professional associations and accreditation bodies have specifically delineated clear expectations for training programs to address multicultural competencies. While there is the mandate to address and to train practitioners to be multiculturally competent, it is unclear if training programs are meeting the requirements mandated of them. Little is known about how the various MFT training programs meet the multicultural competency requirements, what challenges they face and what is needed to address training issues.

## **Theoretical Orientation**

General systems theory and process theory were utilized as theoretical orientations to conceptualize the study. The logic model was utilized as a tool that is guided by process theory. General systems theory provided the lens of viewing groups or programs as a whole. It also provided a theoretical viewpoint in which to conceptualize how systems adapt to change. Multicultural initiatives are important but require change to several training systems. Process theory provided a lens to understand the operation of programs. Process theory is operationalized using the logic model that provides a clear and practical picture of basic causal relationships starting with a program's priorities, or mission statements, and how it leads to the intended outcomes. While some research has begun to provide outcome data to multicultural initiatives, few have focused on factors that impact outcomes.

### ***General Systems Theory***

The theoretical orientation of general systems views groups or systems as interconnected. For the purpose of this study, the training system was the unit of analysis. Within the training system are the multiple systems that interact and that make the infusion of multicultural training possible. The multiple systems involved include sub-systems such as students, faculty and administrators, academic units, financial units, accreditation bodies that make up the whole system. Taking into account the systems involved as a whole is consistent with general systems theory's view of needing to understand systems by viewing groups or systems as a whole (White & Klein, 2002).

### ***Higher-Level Goals***

The general systems theoretical orientation views higher level goals as a point of managing change and disruption to homeostasis. Higher level goals define the priorities among

the lower level goals. A simple example of a higher level goal for a training system is to produce competent therapists. Then, a lower-level goal may be addressing the personal biases within a therapist. If the lower-level goals are only addressed, the disruption to homeostasis may produce several negative feedback loops to return back to homeostasis. However, if the higher-level goals are also addressed when dealing with the disruption it may decrease the number of negative feedback loops or help faculty members manage the negative feedback loops. For example, McDowell and colleagues (2007) discussed that when they first tried to introduce multicultural and social justice concepts to the family development course, it was met with resistance. The authors later realized that they had not provided a strong enough link to the family development priorities; which in this situation, would be more connected to the higher level goals. Administrators, faculty members and students may not desire to implement multicultural and social justice changes just for the sake of multicultural competency. However, if it is tied to higher-level goals that drive the system, it may help the system adjust to changes.

For example, if new multicultural training goals are proposed for trainees, it is probable that this will disrupt the homeostasis. Faculty and administration may question the necessity to put the time and energy for the systemic changes, while students may be resistant or uncomfortable. These actions may be viewed as negative feedback loops, or a systemic response to a desire to return to homeostasis. However, if the multicultural goal is strongly linked to the higher-level goals, this may help the system adjust to new environmental challenges. In other words, if the new multicultural training goal provides a strong link to the purpose of the course and the program, then this may help with the change.

### *Variety*

To address the necessity for supporting students and faculty through the implementation of systemic change, the general system's concept of variety will be utilized. Variety refers to the extent to which systems have resources to meet environmental demands or adapt to changes (White & Klein, 2002). General systems theory proposes that the greater number of channels for processing information, the less tension there will be among the subsystems. When applied theoretically to training systems, the more resources the MFT program has to deal with the changes the better they will be able to adapt. Or, the greater the number of opportunities to process the program changes, the less tension there will be between faculty, students and administrators.

Assessing the number of resources available to faculty and students is imperative in order to prepare a system for change. If there are a lack of resources and channels for processing information, this needs to be addressed before multicultural implementations. Faculty may need resources for either more training or forums to discuss the complexities of the proposed changes. A recent study examined the impact of a multicultural/social justice professional-organizational development project that was designed to assist faculty members, students and administrators in implementing multicultural and social justice changes (Zalaquett, Foley, Tillotson, Dinsmore & Hof, 2008). The project was a national tour in which new efforts and ideas were presented to administrators, faculty and students. Faculty members reported feeling more committed and willing to think more about how to implement the changes into classroom activities. Students also reported a positive impact by reporting increased awareness to multicultural and social justice issues. This study is indicative that additional resources that address the entire system may prove to be helpful in implementing changes. While meetings or additional trainings of this

nature may seem to be another source of time or additional stress for faculty and students, it appears to be helpful in helping systems adapt.

### *Process Theory*

Process theory is a broad theory that has been applied to numerous disciplines ranging from writing to the study of metaphysics (Flower Hayes, 1981; Rossi, Lipsey, & Freeman, 2004). The theory is based on the perspective of process philosophy. It is unclear who constructed process philosophy but it is often attributed to the philosopher Alfred North Whitehead. The major assumption that guides process philosophy, and resulting theories, is that existence consists of process and that it is best understood in the terms of process rather than things. Those that hold to this philosophy go beyond just recognizing the importance of process; the process philosopher views things as originating and sustained by process as well as characterized by process. When process philosophy is translated into a theoretical orientation that guides research, it focuses on the process rather than the outcome. If an outcome is desired to be achieved or replicated, process theory posits that the process must be duplicated (Rescher, 2009).

When process theory is applied to programs, it focuses on the operation of programs (Mancini, Huebner, McCollum, & Marek, 2005, p. 274). The operation of programs encompasses a service utilization plan, and an organizational plan. The service utilization plan addresses how people will engage with the program, which includes how they will be connected and how they will stay connected. The organizational plan address the assumptions about what must happen in order for the program to facilitate the interactions between the program and the target population that will produce the intended results (Mancini et al., 2005). In other words, the service utilization plan and organizational plan capitalize on the process and operation of the

program that affects the intended outcomes.

To operationalize the process of a program, the logic model is often used to organize the basic components of a program. The logic model is a pragmatic structure that lays out different parts (i.e. mission, resources, outcomes, etc.) of a program in order to organize how programs are operating. Process theory and the logic model have been paired for evaluative purposes to assess the processes within programs such as how responsive the process is to the needs of the target population (Rossi et al., 2004). Process theory informs the logic model that will guide the manner in which this study will examine MFT program's process with regards to meeting the multicultural competency need's of MFT students (i.e., the target population).

### *The Logic Model*

The logic model provides a clear and practical picture of basic causal relationships starting with a program's priorities, or mission statements, and how it leads to the intended outcomes. The logic model is a specific program evaluation tool used to critically analyze causal relationships and processes within programs and systems. It is:

A picture of how your organization does its work - the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program. (Kellogg, 2004, p. III)

The logic model illustrates how a sequence of activities and resources are related to the results a program is expected to achieve (Kellogg, 2004) (See Appendix A for an example). The major strength of the model is the conceptualization of the relationships between conditions, activities, outcomes and impacts (Julian, 1997). Logic models have been utilized to study and evaluate a wide variety of systems and programs (Julian, 1997; Miller, 2001).

### ***Causal Relationships Within Programs***

The logic model begins with the basic assumption that a program is driven by priorities. These can be found in mission statements, values, vision, and/or mandates. Consequently, this assumes that certain resources are needed to meet a program's priorities. The basic assumption leads to the next assumption: "If you have access to the resources, then you can use them to accomplish the planned activities." If a program accomplishes the planned activities, then hopefully it will deliver the service or product intended, also known as outputs. This second assumption then lead to the next assumption: "If a program accomplishes the planned activities to the extent that was intended, then the participants in the program will benefit in certain ways, otherwise known as outcomes." If the benefits to participants are achieved, then certain changes in organizations, communities or systems might be expected to occur, termed as the impact (Kellogg, 2004).

The majority of training research focusing on multicultural competency has focused on outcomes. Several scales have been constructed for trainee's to self-report their level of multicultural competency: 1) the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), 2) the Multicultural Awareness-Knowledge-Skills Survey (MAKSS; Kim, Cartwright, Asay, & D'Andrea, 2003), 3) the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), and 4) the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFramboise, Coleman, & Hernandez, 1991). These scales focus on the outcome of a program, or training system. Outcome data are important to informing trainers and educators; however, exploring the priorities, resources and inputs can provide a comprehensive and systemic viewpoint. For example, if outcome data demonstrate that very few MFT programs have ideal levels of multicultural competency outcomes, then exploring the priorities (i.e. training program mission

statements), available resources and activities may provide a more holistic picture that can explain programs' challenges. The logic model that supports the presupposition to examine all parts or sub-systems of a program will facilitate the process of understanding the intricacies within programs.

### ***Conclusion***

General systems theory will be utilized to guide this study by viewing the training program as a whole. This theory highlights that various sub-systems affect the entire system such as faculty, students, and administration. Homeostasis and feedback loops will be utilized to examine the response to multicultural initiatives. Variety will be used to analyze the support and resources available to the program for adaptation to changes. Overall, general systems theory will provide a holistic conceptualization of the training system. Process theory is the underlying principle of the logic model that will be utilized to conceptualize and organize program components and the relationships between them.

### **Significance and Purpose of the Study**

Numerous researchers have built a solid argument for the need to address multicultural issues within mental health training programs (Awosan, Sandberg and Hall, 2009; Constantine 2007; Constantine, Hage, Kindaichi, & Bryant, 2007; Constantine, Miville, and Kindaich, 2008; Constantine, Juby & Liang, 2001; Griner & Smith, 2006; Helms, 1995; Kosutic and McDowell, 2008; Mintz & Bieschke, 2009; Murphy et al., 2006; Sue, 2001; Sue et al., 1992; Ponterotto & Austin, 2005). Several researchers and educators have conceptualized multicultural models to utilize for training (Constantine et al., 2007; Helms, 1995; Sue et al., 1992).

It is unclear how mental health training programs are addressing this need and what still needs to be addressed in terms of training and education. Some research indicates that requiring



a single multicultural course is the most frequently utilized method (Abreu, Chung, & Atkinson, 2000; Pieterse, Evans, Risner-Butner, Collins & Mason, 2009; Ponterotto & Austin, 2005). The majority of this research and data has been in other disciplines; thus, it is even more ambiguous what is occurring within marriage and family therapy programs. This study will explore the field of marriage and family therapy and collect data that will address the issue of multicultural competency training.

Programs that have infused multicultural issues throughout training appear to be the exception rather than the standard approach (McDowell, Storm, & York, 2007; Taylor et al., 2002). However, little is known about what contributes to the ability of some MFT programs to address multicultural issues while others struggle to do the same. Programs that have successfully infused multicultural training into their curriculum have attributed their success to administration support or other external resources. One of the first steps to prepare our future MFTs for the needs of the changing demographics in the U.S. is to understand the mechanics of what facilitates and hinders the multicultural competency training success of programs. Understanding the mechanics involved can facilitate the development of more effective systems and strategies to meet our multicultural competency needs. This study examined what factors contributed to how marriage and family therapy (MFT) programs addressed multicultural competency training

### **Research Questions**

1. How are MFT programs addressing multicultural competency?
  - a. How do programs define multicultural competency?
  - b. What are the programs' multicultural competency goals?

- c. How are multicultural issues addressed in the curriculum, clinical practice, supervision, research, evaluations and physical environment?
    - d. What components do programs consider important in order to achieve multicultural goals?
- 2. How do stakeholders influence MFT programs' emphasis on multicultural training competency?
  - a. Who do programs consider as stakeholders of their multicultural competency training? For example, future employers, licensing boards, the training institution, students, and clients.
  - b. What are the expectations of stakeholders related to multicultural competency training?
  - c. How do stakeholders' expectations influence programs' role as related to multicultural competency training?
- 3. What resources are needed to infuse multicultural competency into the MFT training system?
  - a. What internal resources (from within the program such as, faculty and staff skill/training, student attitude, materials for teaching and student learning) are needed and available to meet programs' multicultural competency goals?
  - b. What external resources (from outside the program such as university and department support, funding, community partnerships) are needed and available to meet programs' multicultural competency goals?

4. How do MFT programs' assess their ability to meet their multicultural goals?
  - a. What benchmarks are used to measure programs' multicultural competency training effectiveness?
  - b. What are some standardized and non-standardized methods used to measure multicultural competency of students, faculty and staff?
  - c. What internal or external systems of the academic institution require assessment of multicultural competency?
  - d. How are assessments of multicultural competency training effectiveness used to facilitate the enhancement of training?
5. What is the context within which the MFT program is operating in?
  - a. How does the philosophy or mission statement of the program, department and university address multicultural issues?
  - b. How does any pertinent historical context influence programs' current contextual base?
  - c. What are the contextual issues that promote or hinder programs' multicultural competency goals?

### **Definition of Terms**

Several researchers and educators have referred to definitional variance as a barrier to progressing multicultural training issues (Kosutic & McDowell, 2008; Pieterse et al., 2009; Sue 2001; Tomlinson-Clarke, 2000). For example, terms like multicultural competency has elicited several opinions and debates. Relevant terms and its definition as referred to in this study are as follows.

*Multicultural refers to:* “A wide range of multiple groups (delineated according to race, ethnicity, gender, sex, financial and education status, physical and mental ability, religion, sexual orientation, marital status etc.) without grading, comparing, or ranking them better or worse than one another and without denying the very distinct and complementary or even contradictory perspectives that each group brings to it” (Pederson, 1991, p. 41).

*Social justice* refers to:

“A fundamental fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power in society because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical ability, or sexual orientation status groups” (Constantine et al., 2007, p. 24).

*Multicultural counseling* occurs when a therapist and client(s) are involved in a therapeutic relationship in which there is a cross between cultural factors beyond race and ethnicity (Pierterse et al., 2009).

*Multicultural competency* is the development of knowledge, awareness and skills to work effectively within a diverse society (Sue et al., 1992).

*Multiculturalism* focuses on ethnicity, race, and culture (Sue et al., 1992).

*Diversity* refers to characteristics by which someone may self-define (i.e. age gender, religion) (Sue et al., 1992).

*Racial identity* is defined as “one’s sense of collective identity with a given racial group, which informs cognitive and emotional processes about the self and racially different others over the course of time and circumstance” (Constantine et al., 2008, p. 08).

*Training* refers to the process of preparing and helping an individual to develop the requisite awareness, knowledge and skills to offer effective therapy. Marriage and family

therapy training would also include the focus of effective relational and family therapy (Imber-Black, 2005).

*General system theory* is a theoretical orientation that views groups or systems as interconnected. The main premise of general systems theory is that “understanding is only possible by viewing the whole” (White & Klein, 2002, pg. 122).

The major assumption underling *process theory* is that existence consists of process and that understanding comes from knowing the process. That is, understanding the process is more important than understanding the outcomes (Rescher, 2009).

*The logic model* is a “picture of how your organization does its work- the theory and assumptions underlying the program” (Kellogg, 2004, p. III). This picture provides a practical depiction of basic causal relationships within a program or organization.

## **Chapter 2 - Review of Literature**

### **Multicultural Influences on the Therapeutic Process**

Cultural factors from the client and therapist affect the therapeutic process beginning with the intake process and continuing through the development of the therapeutic relationship (Constantine et al., 2008). Therapists' biases associated with different cultural groups can affect the diagnoses, interventions and clients' perception of therapy. Without addressing these issues, therapy can become a place in which societal patterns of power and oppression are continued and possibly exacerbated. Studies that illustrate how therapists' biases and assumptions affect their clients' perceptions, and their clinical interventions and diagnoses will be discussed.

#### ***Client Perceptions***

Research demonstrates that multicultural issues can impact the clients' perception of their therapist. Constantine (2007) studied the relationships between African American clients' perception of racial microaggressions by White therapists. For example, African American clients reported colorblindness, over-identification with people of color or minimization of racial-cultural issues as racial microaggressions by their therapists. The participants reported that the perceived microaggressions were negatively associated with the perceptions of the therapeutic working alliance and the therapist's general and multicultural competence. In a similar vein, a recent study explored the experience of Black clients in marriage and family therapy (Awonsan et al., 2009). Results suggested that concerns related to a lack of family and cultural support for therapy are significant barriers for Black clients. Some participants reported feeling that therapy highlighted their weaknesses or portrayed them as being "crazy". Awosan et al. (2009) explained how these reports are supported by the literature of stigma of therapy in

Black culture. The authors concluded that the therapist must work towards becoming more multiculturally competent as well as addressing the issue of race in session. These studies demonstrate that cultural factors affect the clients' perception of their therapist and that the lack of attention to cultural issues can harm the therapeutic relationship.

### ***Clinician Diagnoses***

Disparities across different racial and ethnic groups seem to indicate a presence of clinician bias in the diagnoses process (Constantine et al., 2008). Garb (1997) found that African American and Latino/a clients were more likely to be diagnosed with schizophrenia than White clients. This occurred even when the clients did not meet the diagnostic criteria. Garb (1997) also found diagnosis disparities among children. The study indicated that clinicians were more likely to diagnose Black and Native Hawaiian children with conduct-related concerns and disruptive behavioral disorders than White children. Conversely, White children were more likely to be diagnosed with depression and dysthymia. Constantine et al. (2008) summarized that cultural considerations during the assessment process may be overlooked or overemphasized by clinicians. The racial and ethnic diagnosis disparities represent how cultural factors can affect the therapy.

### ***Clinician Interventions***

There are differences in perception in cultural groups pertaining to the nature of people, origin of disorders, standards of normality and abnormality, and therapeutic approach. Sue (2001) explained that most Euro-American psychotherapies have similar characteristics that are culturally bound, such as: 1) being in a one-to-one relationship, 2) the primary change mechanisms reside in the client, 2) insight is considered a value, 3) the medium of help is verbal, and 4) clients are expected to self-disclose private thoughts. Sue (2001) further stated that there

are several taboos within therapy that are considered the norm within other cultures. For example, accepting gifts is often viewed as a possibility of an ethical violation, while many Asian cultures incorporate gift-giving into helping relationships. African-Americans view self-disclosure of thoughts and feelings in a helping role as a mark of sincerity while therapists in a Euro-American culture may view expanded self-disclosure as inappropriate. Because clinical interventions are affected and shaped by the therapists' perception of what is culturally normal, interventions may be harmful and destructive when they are imposed on clients from different cultural groups than the therapist.

In a meta-analysis of quantitative studies studying culturally adapted Western mental health interventions, Griner and Smith (2006) concluded that the culturally adapted interventions had a positive effect and resulted in significant client improvement. The study also revealed that clients who were matched to therapists based on language had twice as effective outcomes as those who did not. The meta-analysis supports the assumption that if clinical interventions are culturally bound, adapting them to meet the culture of the client is important and helpful to the therapeutic process.

### ***Power and Privilege***

Social justice literature has contributed to discussions regarding the importance of addressing power and privilege in therapy. Research indicates that not addressing power, privilege and oppression in mental health education and practices has negative consequences (Hays, Dean, & Chang, 2007; Reynolds & Pope, 1991). Studies indicate that unawareness and obliviousness to the power dynamics within the therapeutic system can obstruct the therapeutic process and/or hurt the clients' identity. For example, not dealing appropriately with the power dynamic could lead to the therapist misunderstanding or misinterpreting the client's perspective



and actions (Reynolds & Pope, 1991). Practitioners need to be aware of their privileged status in their profession and the biases and assumptions that may be associated with that status (Liu, Pickett Jr. & Ivey, 2007). Lack of awareness could lead to viewing clients as lazy, deviant or unmotivated when it is likely that other cultural factors may be impinging on clients.

A study that analyzed how privilege and oppression is addressed in therapy found that when therapists discussed their clients in terms of power it was in terms of group membership such as, race, gender and social economic status (SES; Hays et al., 2007). Therapists generally saw clients who were White, male and belonging to a high SES with more power and clients who were primarily female, a racial minority, and belonging to a low SES reporting a theme of powerlessness and oppression. They found that when therapists worked with clients who were viewed as having more power and privilege, the therapists in this study reported being frustrated with the unawareness of power and privilege in the clients. On the other hand, therapists were more likely to provide interventions of empowerment to clients who were oppressed.

Overall, literature indicates that the mental health fields are aware of the impact of perpetuating oppression in a therapeutic system. Whether programs are addressing these issues is unclear. However, the desire for training program to address how issues of privilege and oppression impact the therapeutic system has been voiced by practitioners (Hays et al., 2007). The need to “maintain an awareness of how you own (practitioner’s) positions of power and privilege might inadvertently replicate experiences of injustice and oppression in interacting with stakeholders (e.g., clients, community organizations, and research participants)” was further documented in Constantine et al.’s (2007, p. 25) list of social justice competencies. Thus, training systems are becoming more aware of the need to appropriately address the dynamics of

power and privilege in the therapy system but appear to be unclear about how to incorporate it in training.

### ***Conclusion***

The critical importance of training mental health professions to work in a multicultural society is now unquestioned (Ponterotto & Austin, 2005). Studies have demonstrated how smaller forms of racism, even if the therapist was unaware of his or her actions, can negatively affect the therapeutic working alliance and the client's perceptions of the therapist's general and multicultural competence (Constantine, 2007). Research has further found that cultural issues affect the type and frequency of diagnoses for different cultural groups suggesting that clinician bias contributes to diagnoses (Constantine et al., 2008) and clinical interventions (Griner & Smith, 2006; Sue, 2001). The need for an awareness of the power, privilege and oppression dynamics that can occur in therapy is widely documented (Hays et al., 2007; Reynolds & Pope, 1991). In summary, research strongly indicated that multicultural issues affect the therapeutic process and when not addressed, can negatively affect the therapeutic process. This review not only emphasizes the need for training programs to fully address multicultural competency, but the complexity in which cultural factors affect the therapeutic process.

### **Multicultural Competency Models**

There are a variety of models to conceptualize multicultural competency that are intended to help training programs. The models as well as critiques of the models help define a multiculturally competent therapist and identify appropriate benchmarks for training programs. Five main models are described below: The Tripartite Model, Social Justice Model, Helm's Interactional Counseling Process Model, Ecological Model of Multicultural Counseling Processes and Marriage and Family Therapy Models and Contributions.

### *The Tripartite Model*

The most influential model to date is Sue et al.'s (1992) 31 multicultural competencies for therapy (See Appendix B for list of competencies). It was considered to be such a major contribution that both the *Journal for Multicultural Counseling and Development* and *The Journal of Counseling and Development* published it. The competencies have been referenced over 600 times since it has been published and it continues to be referenced in current research and publications (Chronister & Johnson, 2009; Leach, Aten, Boyer, Strain, & Bradshaw, 2010; McDonald, 2010).

Sue et al. (1992) focused on building a multicultural perspective within therapy and education and covered the areas of assessment, practice, training and research. The authors proposed specific multicultural standards and competencies that should define a multiculturally competent counselor. The model covers three main domains: 1) therapists' awareness of their culturally based beliefs, attitudes, and potential biases that might affect therapy and therapist, 2) knowledge of the unique dimensions of clients' worldview, historical backgrounds of different cultural groups, and sociopolitical influences on diverse groups, and 3) skills and the counselor's ability to implement prevention and interventions strategies that are relevant to their clients (Constantine et al., 2008). Hence it's name - the Tripartite Model. Considered the foundation for multicultural competency outcomes, the model has been a critical part of research, training and practice of multicultural therapy for the past 25 years

In 1996, the competencies were operationalized by the Association for Multicultural Counseling and Development (AMCD; Arredondo et al., 1996). This has not gone without criticism. A major criticism in utilizing the Sue et al. (1992) competencies is the narrow focus on race. Weinrach and Thomas (2002) argued that the focus on race within the competencies is

“an outmoded notion” (p. 24). The authors stated that race did not often provide an adequate explanation of the human condition. Weinrach and Thomas (2002) also critiqued the competencies for only considering minority group members. Sue et al. (1992) has defended this focus by arguing that widening the focus would create too broad an inclusion.

Weinrach and Thomas (2002) consider the most profound limitation in Sue’s et al. (1992) model to be the differentiation between multicultural and diversity. According to the competencies, multiculturalism focuses on ethnicity, race, and culture while diversity refers to characteristics by which someone may self-define (i.e. age, gender, religion). Weinrach and Thomas (2002) asserted that many of the characteristics Arredondo (1996) stated as self-defined may not be viewed as a matter of choice by most people. The authors concluded that the competencies fail to demonstrate an equal commitment to all populations. Vera and Speight (2003) criticized the operationalization of the competencies because they lacked grounding in social justice. The authors noted that although some competencies focused on power disparities, they did not specifically advocate for social justice.

### ***Social Justice Model***

Pieterse et al. (2009) observed that the term “multicultural” was often overlapped with social justice. Thus, it was proposed that social justice needed to be differentiated from multicultural issues. Kosutic and McDowell (2008) similarly proposed separate definitions for social justice and multicultural issues. They noted that cultural diversity had the underlying theme of respecting differences as well as recognizing that theories of family therapy should not be dominated by European American values. Additionally, therapists who were culturally diverse would be expected not to hold European American values as standards for evaluating and treating families from non-European backgrounds. Then, they defined social justice as a stance

that critically examined the sociopolitical context in which clients exist. This perspective includes the consideration of power differentials and systems of oppression. The majority of literature and training discussions that have focused on privilege, power, and oppression have come from social justice literature.

In their literature review of 5 family therapy journals from 1995-2005 regarding multicultural issues, Kosutic and McDowell (2008) found that two-thirds of all articles researching multicultural issues recognized or analyzed systems of power, privilege and oppression. However, they stated that, “It is important to note here that half of articles across all the categories we reviewed contained evident or very evident class for social justice, whereas less than one third of articles discussed ways for promoting social justice, and only one tenth of articles did so in a very evident manner” (Kosutic & McDowell, 2008, p. 156). This seems indicative that the field is still in beginning stages of addressing issues of privilege, power and oppression. This is apparent by the fact that the issues are being discussed yet the field still seems to be struggling with specific ways to implement them into training.

In what appeared to be an effort to parallel Sue et al.’s (1992) multicultural competencies, Constantine et al. (2007) proposed nine social justice competencies for therapy (See Appendix C for complete list). They noted that structural requirements and goals need to be modified to assist students to intervene at broader levels. Examples of training included integrating applied service delivery into the training material and including education, legal, and public policy institutions as experiential learning sites. The social justice perspective views practitioners’ roles as fluid and thus might include advocacy and consulting. Overall, the social justice competencies and complementary suggestions seem difficult to implement into training programs. Smith and Shin (2008) stated that although scholars have encouraged educators and

practitioners to adopt roles that address oppressive contextual factors that affect clients, the field of therapy is still struggling with the question of how to integrate social justice work into education, training and practice.

### ***Helms's Interactional Counseling Process Model***

Helms proposed an interactional counseling model that focused on the differences and similarities in racial consciousness and how they impact the therapy process (Constantine et al., 2008; Helms, 1995). The model considers the interaction between the therapists' and clients' racial identity development. Racial identity is defined as "one's sense of collective identity with a given racial group, which informs cognitive and emotional processes about the self and racially different others over the course of time and circumstance" (Constantine et al., 2008, p. 08).

Helms (1995) formed two different racial identity development models focusing on White people and people of color.

Helms posited that different types of interactional dyads between the client and counselor: 1) progressive, 2) regressive, 3) parallel-high, and 4) parallel-low. The progressive type is when a counselor demonstrates greater levels of racial-cultural awareness and other-awareness of the client. The regressive dyad is when the counselor exhibits less racial-cultural awareness than the client. The parallel-high dyad occurs when the counselor and client both demonstrate advanced levels of racial-cultural awareness. Finally, the parallel-low type is when the counselor and client have similarly low levels of racial-cultural awareness. Overall, the main assumption underlying the model is for culturally diverse clients to feel safe discussing racial and cultural issues and therapists benefit this by their own exploration of their racial identity (Constantine et al., 2008; Helms, 1995).

### ***Ecological Model of Multicultural Counseling Processes (EMMCCP)***

Neville and Mobley (2001) constructed the ecological model of multicultural counseling processes to conceptualize the sociocultural influences on the therapy process. The authors based their model and assumptions on Bronfenbrenner's ecological model. The EMMCCP is based on the assumption "that human behavior is multiply determined by a series of dynamic interactions between social systems" (Neville & Mobley, 2001, p. 472). Thus, individuals are viewed through the lens of systems that structure their daily life. The EMMCCP views the practitioner and client each as individuals that have sociocultural influences. The EMMCCP model assumes that multicultural competent benchmarks occur when mental health practitioners are able to have an informed appreciation for the influence of cultural dynamics and the sociocultural positions within the therapy dyad.

### ***Marriage and Family Therapy Models and Contributions***

Numerous MFT's have proposed ways to increase sensitivity to cultural issues in training. Hare-Mustin (1978) was one of the first to address the impact of gender on the treatment of clients within therapy. She highlighted that family therapists were intentionally or unintentionally reinforcing stereotypes by assuming that the traditional male and female roles were the basis for healthy functioning. In this contribution, feminist therapy was clearly delineated through different family therapy basics such as generational boundaries and therapeutic alliance.

Hardy and Laszloffy are perhaps the pioneers in the MFT field in addressing racial issues (Hardy & Laszloffy, 1992; Hardy & Laszloffy, 1998). They have analyzed MFT training programs regarding the inclusion of racial, ethnic and cultural factors into the curriculum, structural composition, and clinical components of practice. Their critiques called attention to

the underrepresentation of Black faculty and students within the MFT programs and how that affects the training environment. In an effort to increase cultural awareness and sensitivity in the MFT field, Hardy and Laszloffy (1995) developed and proposed the cultural genogram as a training tool.

In a similar vein, McGoldrick (1998) and contributing authors presented a call in *Re-Visioning Family Therapy* for family therapists to break out of the traditional monocultural viewpoint that was often restrained to white, heterosexual, and middle-class families. This resource addressed family therapy through a cultural lens. Topics included a specific focus on racism, White privilege, refugee families and social class issues. McGoldrick et al.'s book became a cornerstone for family therapy training beginning to change towards becoming more multicultural competent.

To provide a more encompassing approach to multicultural competency, McDowell and colleagues combined critical social theory, multicultural perspectives and feminist discourses to coin the term “critical multiculturalism” (Kosutic & McDowell, 2008; McDowell & Sherry Fang, 2007). Critical multiculturalism is defined as a position that will “reflect a perspective that values cultural diversity while promoting cultural democracy by interrogating societal forces that maintain social inequalities” (Kosutic & McDowell, 2008, p. 144). This broader perspective of multiculturalism is intended to reflect the “power relations associated with multiple identities that merge at the intersections of political, social, and historical realities” (Kosutic & McDowell, 2008, p. 144) that are constantly shifting and that shapes our life. Critical multiculturalism consists of six core constructs: 1) amplifying marginalized voices, 2) interrogating politics of knowledge production, 3) ensuring research benefits those who are at the center of analysis, 4) attending to culture and context, 5) holding the self accountable for personal multicultural



competence as researchers, and 6) using diverse methodologies to support social equity (McDowell & Sherry Fang, 2007). These constructs have been applied to better understand topics ranging from race to immigration (McDowell et al. 2005, Melendez & McDowell, 2008)

### ***Conclusion***

The variety of foci within the multicultural competency models illustrates the complexity of defining what is considered multicultural competent for training programs. The Tripartite Model is one of the most comprehensive multicultural competency models for mental health (Sue et al., 1992). The model proposes several competencies, or benchmarks for training systems, that cover the awareness, knowledge and skills components. The debate and criticism that has resulted from the tripartite model is representative of the complexity of setting benchmarks for training programs. The social justice model has contributed to highlighting systems of power and oppression. It has been a more recent development to the multicultural competency discussion. MFT researchers have made its contributions to the field by conceptualizing family therapy through the lens of feminist discourses or racial issues (Hardy & Laszloffy, 1992; Hardy & Laszloffy, 1998; Hare-Mustin, 1978). Helms (1995) expanded on the issue of race and ethnicity by conceptualizing the intersection between the client and therapist's racial identity while Neville and Mobley (2001) focused on the sociocultural dynamic. The multicultural competency models demonstrate the complexity in setting specific benchmarks for training programs.

### **Multicultural Competency Training**

The content and emphases on multicultural competency training vary greatly (Constantine et al., 2008). Ponterotto and Austin (2005) stated that despite the increasing commitment to the profession, there are a wide variety of procedures, mechanisms and methods

utilized to integrate multiculturalism into training programs. Multicultural competency training levels and multicultural training designs have been constructed to conceptualize the different approaches to multicultural training (D'Andrea & Daniels, 1991; Ponterotto & Austin, 2005). A multicultural competency list was constructed and utilized to measure the level of multicultural integration by mental health training programs (Ponterotto, Alexander and Grieger, 1995). These contributions illustrate that programs vary greatly in multicultural training approaches.

### ***Multicultural Training Levels***

D'Andrea and Daniels (1991) categorized training programs into two different levels. The first level is called Cultural Encapsulation. In this level there exists very little multicultural training and the faculty consists of mostly White, middle-class male faculty. There are two stages within the first level: 1) culturally entrenched, and 2) cross-cultural awakening. The culturally entrenched stage provides little to no training related to the needs of racial and ethnic minorities. The second stage, Cross-Cultural Awakening still integrates very little multicultural issues into training but are developing an awareness of multicultural issues.

The second level, Culturally Conscientious, has two different stages, 1) cultural integrity and 2) cultural infusion. This level is marked by the faculty acknowledging the role of multicultural issues and implementing institutional changes so that multicultural training is provided across the training system. The cultural integrity stage is characterized by more attention to multicultural issues and a specific course taught by a faculty member with multicultural expertise. The cultural infusion stage is marked by programs that systemically integrate multicultural issues into the entire curriculum. At this stage, these programs usually have a culturally diverse student and faculty population. Ponterotto (1997) reported that 89% of training programs required a multicultural course, 62% reported having multiple multicultural

courses, and 58% reported integrating multicultural issues into all of the coursework. Thus, the author concluded that most programs would be at stages 2 or 3 with some reaching stage 4. This study was limited by the only source of data being self-reported. Thus, it is difficult to know the implications of the results.

### ***Multicultural Training Designs***

Multicultural training designs were proposed by Ridley and colleagues (Ridley, Mendoza, & Kanitz, 1992, 1994). Their designs were an addition to Copeland's (1982) multicultural training design. The training design contains six training approaches: 1) traditional, 2) workshop, 3) separate course, 4) area of concentration, 5) interdisciplinary approach, 6) integration. Ponterotto and Austin (2005) compared the training designs to D'Andrea and Daniels' (1991) training levels highlighting several similarities.

The first approach, the traditional design does not acknowledge the importance of multicultural issues, which is similar to the culturally entrenched stage (Ponterotto & Austin, 2005). The second approach, the workshop design is similar to the traditional design but encourages the trainees to attend workshops on diversity. The third approach, the separate course design offers one to two courses integrating multicultural issues. This design has been found to be the most common approach for training programs (Ponterotto & Austin, 2005). The fourth approach requires trainees to complete several courses in multicultural counseling in areas like assessment and research. The fifth approach, the interdisciplinary design has trainees complete several multicultural courses in different disciplines (i.e. sociology, anthropology, and ethnic studies). The sixth approach, the integration design has multicultural issues infused throughout the entire curriculum.

There is limited research investigating the effectiveness of the different training designs described above. An analysis of 54 multicultural syllabi from counseling and counseling psychology programs revealed that most syllabi covered major sections devoted to different racial, ethnic, and cultural populations (Pierterse et al., 2009). Smaller portions focused on power, oppression and systemic inequalities. Most multicultural courses followed a “population specific” approach and content that focused on social justice issues with infrequent attention given to skills training and competency interventions.

### ***Multicultural Program Checklist***

In an effort to identify the multicultural competencies met most by APA training programs, Ponterotto et al. (1995) developed a multicultural competency program checklist containing 6 sections with 22 specific competencies. From the data collected from 63 APA accredited and 27 non-APA accredited doctoral programs, the 5 multicultural competencies most frequently met were identified by either the program director or program representative (i.e. a faculty member of the program) (Ponterotto, 1997). They were: 1) varied assessment methods used to evaluate students, 2) required a multicultural course, 3) diverse teaching strategies and procedures, 4) diverse research methodologies, and 5) faculty member whose primary research interest is in multicultural issues. The 5 competencies that were most infrequent were: 1) 30% of faculty bilingual, 2) multicultural resource center in the program area, 3) component of faculty teaching evaluations ability to integrate multicultural issues into course, 4) program containing an active multicultural affairs committee, and 5) program incorporates reliable and valid assessment of multicultural competency at some point in the program. The study concluded that the majority of programs appear to fit within the separate course training design, by having a required course (Ponterotto & Austin, 2005). The cultural integrity training level encompasses

programs that require a multicultural course and faculty member(s) with primary interests in multicultural issues. Few programs appear to have fully integrated multicultural issues into the training system. This was apparent by the lack of diversity among faculty, and time and resources allocated to multicultural training.

### ***Conclusion***

Mental health researchers and trainers have acknowledged the importance and necessity of training multiculturally competent practitioners. It appears that training programs are struggling to systemically infuse or integrate multicultural issues (Constantine et al., 2008). Training programs range greatly in level of integration. Ponterotto (1997) found that a large amount of programs have at least one multicultural course (89%) while about half of the programs (58%) have reported integrating multicultural issues into all of the programs. Pierterse et al. (2010) found within the multicultural course, “population specific” content often had large sections while social justice issues had less focus. The study also revealed that there was very little focus on providing skills training and competency interventions. In other words, most multicultural courses seem to stay within the knowledge and awareness domains. Ponterotto’s (1997) study found that most APA training programs provided diverse and varied assessment methods, teaching methods and research methodologies along with a required multicultural course. However, few training programs integrate multicultural issues into faculty teaching evaluations or provide a reliable and valid assessment of multicultural competency at some point during the program.

There is a general consensus that an integrated program design is seen as the most effective method for training mental health practitioners to be multicultural competent (Ponterotto & Austin, 2005). Although a program that has systemically integrated multicultural

issues is ideal, little is known about the barriers and difficulties programs face including larger systemic issues, in order to achieve this ideal stage.

### **Training Program Examples**

The mental health field has made a solid consensus that in order to meet the clinical needs of the increasingly diverse population, multicultural factors must be addressed within training programs. Various models have been conceptualized to address multicultural factors ranging from power and privilege to race and identity development. Mental health training programs have been found to vary widely in terms of methods and practices; although, it appears that most programs have established a required multicultural course in the training process. Mental health educators and researchers have suggested that fully integrating multicultural factors into the entire program is the most effective approach. However, this approach is complex and difficult. In this section, two different programs that are recognized for fully integrating multicultural issues will be illustrated.

#### ***Critical Multiculturalism in a Couple and Family Therapy Program***

McDowell et al. (2007) shared several challenges the program went through in implementing critical multiculturalism into the Couple and Family Therapy (CFT) master's program. The authors listed, 1) timing of critical multicultural learning, 2) dilemmas of privileging some ideas over others, 3) facilitating meaningful dialogue, 4) helping students transfer multicultural learning into practice, 5) privileging written and standard English, 6) opening doors to non-traditional students, 7) challenging social inequalities through education and 8) issues of inclusion. Despite the difficulties, the authors believed that it is an appropriate time right now in the field to implement changes into the program. They argued for a change in the training system rather than only changes in specific components. They wrote:

As we make progress toward more inclusive and equitable education, there are also new sets of questions that emerge. This creates an ongoing, recursive process by which change creates new awareness and challenges...staying with the process had deepened our appreciation for the complexities of systemic transformation. (p. 76)

An example of this recursive process is evident when the faculty discussed the difficulty in timing the critical multicultural learning. They described an incident in which they infused concepts of power and social identities near the beginning of a family development course. They were met with resistance from the students and recognized that they had failed to make a strong link to the family development literature.

### ***Multicultural Community Clinical Psychology (MCCP) Emphasis Area***

The MCCP Emphasis Area is a program at the California School of Professional Psychology of Alliant International University, Los Angeles (Taylor et al., 2002). There are several systemic factors which may contribute to the programs' ability to integrate and infuse multicultural competency factors into the training. The MCCP Emphasis Area has received strong administration support and is located in one of the most diverse counties in the United States (Taylor et al., 2002). The trainers of the program stated:

Clinical training programs across the country continue to struggle with these issues in defining how they will structure and implement programs that will attract and retain students and faculty from differing ethnic, racial, and personal backgrounds...and [implement] a thoughtful and coherent plan to provide students with relevant knowledge and experiences about the role of cultural and individual diversity. (p. 55)

When describing their training program, the authors emphasize the process and time it has taken to reach this point.

The training program is influenced by Pederson's, *Handbook for Developing Multicultural Awareness* (as cited in Taylor et al., 2002) and emphasizes the ecological perspective. The program has actively sought diverse faculty and students. The program reported that many students that enter the program have already had a lot of experience working with underserved populations. The program has a combination of separate course design and integration design. In the separate course, multicultural training is addressed in 1-2 specific courses with additional multicultural courses. Additionally, multicultural training is infused into all of the curriculum. For example, in the Psychopathology course, there is an in-depth focus on cultural factors and the influence on diagnostic considerations. The program emphasizes the importance of faculty mentoring to assist students in their development. Overall, "The hallmark of MCCP has been its responsiveness to the changing needs of diverse, underserved individuals and communities" (Taylor et al., 2002, p. 65).

### ***Conclusion***

Training programs that have infused and integrated multicultural issues into the entire program have reported the difficulty and the time and flexibility needed to create this systemic change. Programs that have reported this have also reported administrative and/or additional institutional support to infuse multicultural training factors. Integration has gone beyond the separate course training design towards diversifying faculty and student bodies. Programs have reported difficulties ranging from the timing of when to introduce multicultural concepts to working with students with non-traditional backgrounds.



## **The MFT Training System**

Multicultural initiatives often require that MFT training systems change or adopt new training goals. This requirement can be burdensome for programs given that the basic MFT training requirement is complex and multi-faceted requiring a variety of resources.

The overall objective of MFT training is to prepare and help an individual to develop the requisite awareness, knowledge and skills to offer effective relational and family therapy (Imber-Black, 2005). The awareness, knowledge and skills that a MFT training program should offer are comprehensive and varies within each program. The AAMFT Core Competencies have six primary domains of expected outcomes from a training system: 1) Admission to Treatment, 2) Clinical Assessment and Diagnosis, 3) Treatment Planning and Case Management, 4) Therapeutic Interventions, 5) Legal Issues, Ethics and Standards, 6) Research and Program Evaluation (Chenail, 2009). Within each primary domain are more specific competencies that direct training programs. These competencies need to be met within a program's training system that often encompasses: 1) required and elective coursework, 2) on- and off-site clinical/practicum experience, 3) supervision, and 4) research requirements. Each component has its own variance, complexity and controversy. For example, coursework can vary in level of content, epistemology, and philosophical emphasis.

Recently, more attention and discussion have focused on medical models and managed care (Nelson & Smock, 2005). This has impacted the importance of training therapists to be able to demonstrate the effectiveness of treatment. Empirical research and evidence-based therapy models is being used as benchmarks to address accountability in clinical practice. The incorporation of evidence-based models into training has not been fully embraced by educators who have expressed concern over the dominant values of those who define outcomes overriding

their own values (Nelson & Smock, 2005). It is unclear if the call to infuse multicultural content into MFT training has ‘stirred the pot’ yet again. The call for multicultural competency training is however clearly an additional component that requires resources and effort on the often already stressed training system.

MFT programs are today tasked with the responsibility to develop comprehensive training that meets the needs of all the stakeholders with an invested interest in MFT with the scarce availability of successful/effective models of multicultural competency training systems. To accomplish multicultural competency goals, it is not enough to know what to do and how to do but to know what this tasks means and where to start.

## **Chapter 3 - Methodology**

### **Mixed Methodology**

A sequential explanatory mixed-method design was utilized to evaluate MFT training programs. Quantitative data was collected first and then followed by the collection and analysis of qualitative data. Qualitative data was utilized to add rich detail and depth (see Appendix D for data collection flowchart).

Mixed-methodology has become more accepted and recommended for evaluation purposes (Greene, Caracelli, & Graham, 1989; Patton, 2002). Mixed-method evaluations have five purposes: 1) triangulation, 2) complementarity, 3) development, 4) initiative, and 5) expansion. Triangulation occurs when differing methodologies are utilized to support or confirm the results. For example, a qualitative methodological inquiry could be used to support the results from a quantitative methodological inquiry. Moreover, this type of triangulation is viewed as necessary in lending credibility for evaluation purposes as the process can be used to evaluate discriminate and convergent credibility.

Complementarity is the process of clarifying results from one method with another method. The process of complementarity capitalizes on a method's strength while counteracting biases within the method. Development utilizes the results from one method to help inform the other method and can increase the validity of results. Initiative is the discovery of paradox or new perspectives that expands the breadth and depth of inquiry results and interpretations. Expansion refers to the extension of breadth and range of inquiry that results from employing differing methods for different inquiry components (Green et al., 1989; Mancini et al., 2005).

This study first utilized a survey instrument composed of close-and open-ended questions, containing quantitative and qualitative data. Then, the survey was followed by a standardized open interview (Green et al., 1989). Snowball sampling technique was used after the initial interview participant request to gain more interview participants. The qualitative data gained from the interviews were utilized to expand on the quantitative data by adding more depth. The qualitative data enquired about similar components to the survey while also enquiring about different components. The mixed-methodology was still beneficial when the survey results did not overlap with the interview results. Although separate, the results can provide a complementarity perspective by expanding on the perspective of one method (Green et al., 1989).

## **Participants**

### ***Unit of Analysis***

For the purpose of studying MFT programs there was one unit of analysis: the program. The main focus was to gain a comprehensive understanding of the multicultural competency training in MFT programs.

### ***Sampling Strategy***

A sequential sampling method was utilized in this study. The first phase involved collecting quantitative data and the second phase involved collecting qualitative data. The specificity of the population for this study called for criterion sampling strategy (Patton, 2002). The criteria were: 1) a Masters' MFT program and 2) a program that is approved by the Commission of the Accreditation of MFT Education (COAMFTE). Approved programs were

located from the directory available at the American Association of MFT website:  
[www.aamft.org](http://www.aamft.org) (AAMFT, 2010).

As of August 17, 2010, there were 70 COAMFTE accredited master's MFT program directors (AAMFT, 2010). Due to the relatively small number of programs, a single-stage sampling process was utilized and every master's program director was contacted for the study. The following information was accessed from the AAMFT directory: 1) location, 2) name of institution, 3) program director's name and contact information, 5) department in which the MFT program is located, 6) program's website, 7) type of program (i.e. masters, doctoral, post-degree), 8) and renewal date for accreditation. The director from each program was contacted first by email to be informed of the study and to be invited to participate (See Appendix E) (Sue & Ritter, 2007). The goal was to have all regions of the U.S. represented. The regions were (U.S. Census Bureau, 2010): 1) Northeast (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania and New Jersey), 2) Midwest (Wisconsin, Michigan, Illinois, Indiana, Ohio, Missouri, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, and Iowa), 3) South (Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Mississippi, Alabama, Oklahoma, Texas, Arkansas, and Louisiana), and 4) West (Idaho, Montana, Wyoming, Nevada, Utah, Colorado, Arizona, New Mexico, Alaska, Washington, Oregon, California, and Hawaii) (U.S. Census Bureau, 2010).

Survey participants had the opportunity to volunteer for an interview at the end of the survey. In some cases the program director volunteered someone other than him/herself to represent the program and be interviewed. Program directors/representatives were contacted to interview following the completion of the survey. Program directors/representatives were

emailed a consent form and interview questions in advance. For practicality reasons, interviews were conducted via phone.

### **Data Collection**

Data collection began after approval was received from Kansas State University's Institutional Review Board. Quantitative and qualitative data were collected. Quantitative data were collected utilizing a modified version of the Multicultural Competency Checklist (Ponterotto et al., 1995; Appendix F). Programs were asked to volunteer identifying information to enable the researcher to contact program directors/representatives for a follow-up interview.

The purpose of utilizing a survey instrument was to make inferences about the multicultural competency training within COAMFTE accredited masters MFT programs (Babbie, 1990; Creswell, 2009). Survey was the preferred type of data collection procedure for this study for four reasons: 1) the current research in the field suggested that the area is in preliminary stages, 2) there was a lack of survey data for MFT programs, 2) the purpose of the study was to identify basic attributes and behaviors, 3) the design was economical, and 4) rapid turnaround was expected (Creswell, 2009; Fowler, 2002). The survey was cross-sectional and collected at only one point in time. The Multicultural Survey, after modified from the Multicultural Competency Checklist (Ponterotto et al., 1995) was sent to a panel of six MFT trainers and researchers that are known for their significant contributions to marriage and family therapy training and/or multicultural competency training (See Appendix G). Three individuals responded with suggested edits that were included in the final survey sent to participants.

The survey was administered online. Online surveys are advantageous when the sample size is fairly large and widely distributed geographically. Online surveys also have the potential for faster turnaround versus paper surveys that are mailed. Although a drawback to utilizing

online surveys required the sample to have access to the internet, this specific population was expected to have access (Creswell, 2009; Fowler, 2002).

Research has suggested that establishing trust with survey participants and increasing the benefits of participating in the survey can help increase response rate (Dillman, Smyth, & Christian, 2008). Specific examples to increase survey response rate in the research are to: 1) ask for help or advice, 2) show positive regard, 3) say thank you, 4) make it convenient to respond, and 5) avoid subordinate language (Dillman et al., 2008). Located in the email to survey participants, a request for help was communicated as well as positive regard (Appendix E). Participants were also thanked in advance for their time and experience. The introduction to the survey also provided an internet link that would direct them to the survey. The language of the introduction email was carefully constructed to avoid subordinate language or any other possibly negative connotations. Research has also suggested that tailoring the survey to ease participants into sensitive topics as well as beginning surveys with shorter sets of questions helps increase response rate (Dillman et al., 2008). Therefore, the online survey was tailored to introduce shorter sets of questions and topics that were perceived as less sensitive. Participants were emailed a reminder of the survey every 3 days, for 1 month. Survey participants were provided a link in the email to be taken off of the list and not receive any reminder emails.

Qualitative data was collected from program directors/representative to better understand the training context. The interview was guided by a set of standardized open-ended questions developed for this purpose (Refer to Appendix H).

The interview began with this introductory statement: *“Thank you for taking the time to talk with me. This interview is being conducted to understand the multicultural competency training component of your program. From what I understand, infusing multicultural*

*competency into training programs is extremely complex. The purpose of this interview is to better understand this complexity and identify how your program has met the multicultural competency goals.”*

At the end of the interview, participants were asked if they would like to review and provide feedback after the data is analyzed. If participants were interested in being involved at this stage of the study, contact method and information were gathered. Participants were also asked if they could be contacted for a further interview if after processing the data the researcher deemed it necessary to clarify participants’ responses.

### ***Measurement Instrument***

A modified version of the Multicultural Competency Checklist (MCC; Ponterotto, Alexander & Grieger, 1995) was utilized (See Appendix F). The checklist was modified by the addition of a new section, *Administration and Stakeholders*. This section inquired about the administration context and the stakeholders of the programs’ multicultural competency training. The following sections in the Multicultural Survey were extracted from the Multicultural Competency Checklist and were modified with additional questions to each of the following areas.

*Curriculum Issues* contained questions that were aimed towards gaining information about the presence of multicultural courses, integration of multicultural issues into the coursework and other curriculum factors. *Clinical Practice and Supervision* focused on the opportunities for students to be exposed to diverse clinical clients or clinical settings. *Research Considerations* contained questions pertaining to opportunities for multicultural research and the diversity in research methodologies. *Student and Faculty Evaluations* examined the integration of multicultural issues in the evaluation system. *Minority Representation* pertained to having



faculty, students and support staff that represented minority groups. The final section, *Physical Environment*, contained questions regarding the physical surroundings of the program.

The multicultural survey expanded multicultural competency beyond race/ethnicity (See Appendix I). Due to this expansion, some questions were altered. For example, the original checklist inquired if “30% faculty represent racial/ethnic minority populations.” This question was expanded into two questions: 1) “faculty in the program represents racial/ethnic minority population” and 2) “faculty in the program represents culturally diverse minority populations” in order to consider a wider range of diverse populations. Additionally, the 30% inquiry was not deemed imperative for this type of study.

The modified version is presented in Appendix I. Participants responded to each of the 48 items on the scale using a 5-point Likert scale from 1 = not true at all, to 5 = completely true. Scale items were factor analyzed. Items for each area above are presented together with the factor analysis results in Table I.1 to I.7.

### ***Data Protection***

Content from the data was kept confidential by keeping all electronic and hard copies in a secure place, the primary researcher’s home office. Participant confidentiality was protected by not reporting programs’ identity in the final report. Participants were assigned a number. This number was used to organize data before peer coding and any additional edits from the primary researcher. The researcher had two electronic copies of the survey data: 1) electronic copies of the survey through the survey online program and 2) electronic survey results. Both electronic copies were saved on three different electronic storage devices. The researcher had three copies of interview data: 1) electronic copies from the interview, 2) hard copies of the interviews typed out verbatim, and 3) hard copies from notes from the interview. One back-up copy was made of

all aforementioned materials. Electronic copies were stored on a hard drive and hard copies were stored in a locked drawer. Additional copies of the interview transcripts were made: 1) one for use during the analysis, 2) one for writing on, and 3) one for cutting and pasting (Patton, 2002)

## **Quantitative Data**

### ***Survey Participants***

All program directors in accredited COAMFTE masters programs were contacted ( $N = 70$ ). Out of the 70 program directors contacted, 39 (program directors: 76.92%,  $n = 30$ ; program representatives: 23.08%,  $n = 9$ ) responded to the survey (55.71% response). Survey respondents reported the region their program was located: 1) Northeast (20.51%;  $n = 8$ ), 2) Midwest (28.21%;  $n = 11$ ), 3) South (30.77%;  $n = 12$ ), and West (20.51%;  $n = 8$ ). The average length that a program had been established was around 24 years ( $M = 23.97$ ,  $SD = 9.65$ ). Respondents who were program directors (76.92%) reported being the director an average length of about 6 years ( $M = 6.41$ ,  $SD = 5.94$ ) and being a faculty member a little over 11 years ( $M = 11.15$ ,  $SD = 15.03$ ). The majority of the programs (74.36%;  $n = 29$ ) included in this study first began infusing multicultural competency training in an intentional way about 15 years ( $M = 15.03$ ,  $SD = 8.10$ ) ago while the remaining programs did not have that information.

It was difficult to indicate if the survey participants (55.71% of program directors/representatives) and non-participants (44.29%) significantly differed as identifying information was not solicited. The number of MFT programs by regions were: 1) Northeast (24.32%,  $n = 18$ ), 2) Midwest (28.38%,  $n = 21$ ), 3) South (20.27%,  $n = 15$ ) and 4) West (27.03%,  $n = 20$ ). Of this total, 8 of 18 or 44% of programs in the Northeast, 11 of 21 or 52% of programs in the Midwest, 12 of 15 or 80% of programs in the South, and 8 of 20 or 40% of programs in the West responded to the call to participate. Given that the South has a higher rate of racial diversity

compared to the Northeast and the Midwest and the highest rate of Blacks in the U.S. (Humes, Jones, & Ramirez, 2011), their participation could reflect their higher level of commitment and need to address issues pertaining to culture in their programs. It was somewhat surprising that the West that has the highest percentage of racial diversity in the U.S., attributed to the high numbers of Hispanics garnered the lowest number of participants. It is possible that the majority of Hispanic in the West might identify as Whites leading to less commitment and urgency to address issues pertaining to diversity compared to the reality in the South. It is thus possible that the majority of non-respondents resided in areas that are less diverse and populated by Blacks.

### ***Quantitative Data Analysis***

The response rate for the quantitative portion of this study was relatively high (55.71%); however, the small sample size ( $N = 39$ ) limited the extent of the data analyses (see Appendix J for analysis flowchart). Quantitative analyses were used to explore the data; moreover, any results were interpreted with caution. Analyses included principal component analyses (PCA) of scale items to identify factors that could form relevant subscales. The inter-relationships between subscales were examined using Bivariate correlations. Finally, differences in the areas measured by the subscales across geographical regions were examined using MANOVAs.

### ***Principal Component Analyses.***

Due to the small sample size, several criteria were considered for factors that were retained from the factor analysis based on recommendations in the literature. The first was Cook, Hepworth, Wall and Warr's (1981) reiteration that adequate internal consistency reliabilities could be obtained with as few as three items. Second, recommendations of factor loadings for small sample sizes ranged from .60 to .72 (e.g., Stevens, 2005). Third, item communality scores .6 and above are said to be acceptable for sample sizes of 100 and less (MacCallum, Widaman,

Zhang & Hong, 1999). Fourth, the Kaiser-Meyer-Okin (KMO) measure of sampling adequacy should be considered. KMO scores closest to 1.0 are considered superb while .5 to .7 are considered mediocre. Finally, Nunnally (1978) suggested that an alpha of .70 be the minimum acceptable standard for demonstrating internal consistency

Based on these recommendations, four criteria were developed to determine the retention of scale items. Items would be retained provided: 1) it had a minimum of three items loaded on the same factor, 2) items had factor loadings of .6 or more, 3) item communality scores were at least .6, 4) the KMO score was at least .5, and 5) coefficient alpha's were at least .70. Factors were excluded if they did not meet these five criteria. Factors were extracted using maximum likelihood analyses with varimax rotation separately for each area measured by the Multicultural Survey. The results of the factor analyses are presented in Tables 1 to 7 and elaborated below.

Administration and Stakeholders loaded on five factors labeled: 1) Administration Context, 2) Committee, 3) External Program Factors, 4) Larger Systems and 5) Administration Support (See Table 1). *Administration Context* was the only factor that met the aforementioned criteria and was retained. Administration context had five items with loadings ranging from .72 to .87 and together explained 32.85% of the variance in administration. The Cronbach alpha for these five items was .85. Committee, External Program Factors, Larger Systems and Administration Support were all excluded for not meeting at least the minimum number of loadings of three items.

Curriculum loaded on two factors labeled: 1) Teaching Methodology and 2) Program Coursework (See Table 2). *Teaching Methodology* was the only factor that met the aforementioned criteria and was retained. Teaching Methodology had five items with loadings ranging from .69 to .80 and together explained 32.11% of the variance in curriculum. The

Cronbach alpha for these five items was .76. Program Coursework did not have any items with the minimum loading of .6.

Clinical Practice and Supervision loaded on three factors labeled: 1) Clinician Exposure, 2) Supervision, and 3) Translator (See Table 3). *Clinician Exposure* was the only factor that met the aforementioned criteria and was retained; however, one item that loaded on this factor was extracted for having a loading lower than .60. Clinician Exposure had three items with loadings ranging from .64 to .94 and together explained 35.42% of the variance in clinical practice. The Cronbach alpha for these three items was .81. Supervision and Bilingual, were excluded for having less than three loadings each.

Research Considerations loaded on two factors labeled: 1) Faculty Research Priority, and 2) Research Methodology (See Table 4). *Faculty Research Priority* was the only factor that met the aforementioned criteria and was retained. Faculty Research Priority had three items with loadings ranging from .80 to .86 and together explained 46.30% of the variance in research considerations. The Cronbach alpha for these three items was .81. Research Methodology was excluded for having only two loadings. Student and Competency Evaluations yielded two factors labeled: 1) Faculty Evaluations and 2) Student Evaluations (See Table 5). Neither factor met the minimum required loadings and were excluded.

Minority Representation yielded two factors labeled: 1) Program Minority Representation and 2) Bilingual Faculty (See Table 6). *Program Minority Representation* was the only factor that met the aforementioned criteria and was retained; however, one item that loaded on this factor was extracted for having a loading lower than .60. Program Minority Representation had five items with loadings ranging from .73 to .86 and together explained 51.42% of the variance in minority representation. The Cronbach alpha for these five items was .86. Bilingual Faculty

was excluded as it only had one item. Finally, Physical Environment, yielded only one factor (See Table 7). Although Physical Environment had three loadings and an acceptable KMO, two loadings had communality scores below .60 causing its exclusion.

### ***Retained Factors***

The factors that were retained included: 1) *Administration Context*, 2) *Teaching Methodology*, 3) *Clinician Exposure*, 4) *Faculty Research Priority*, and 5) *Program Minority Representation*. *Administration Context* reflected the priorities of the university, department/college, and program as well as COAMFTE's and students' needs regarding the development of multicultural competency training. *Teaching Methodology* pertained to diverse assessment methods and teaching strategies. *Clinician Exposure* focused on students' exposure to multicultural clientele and supervision. *Faculty Research Priority* focused on faculty research productivity on multicultural issues and the availability for students to be mentored in multicultural research. *Program Minority Representation* related to support staff to faculty representing minority representations. The retained factors here forth referred to as multicultural subscales. The means and standard deviation scores are presented in Table 8 according to regions.

## **Qualitative Data**

### ***Interview Participants***

Several survey participants volunteered to be interviewed by disclosing their name and contact information in the Multicultural Survey ( $n = 8$ ). One participant was contacted for the interview but declined due to the increased demands in her schedule. Two participants were contacted several times but never responded. After this, more than half of the interview participants ( $n = 5$ ) were gained from the Multicultural Survey. At this point in the data

collection, the South and Northeast were not being represented in the sample. Thus, every program director in the South and Northeast were contacted personally through email requesting an interview. Four program directors responded to this; however, three program directors did not respond to several contact efforts after the initial email. One participant in the South responded and was interviewed. The remaining participant volunteered after being contacted to edit and revise and the Multicultural Survey.

The majority of the interview participants were program directors ( $n = 7$ ) with one program representative. However, one of the program directors is the director for the doctoral program, so the participant discussed the masters and doctoral programs. The majority of the participants completed their doctoral degree during the 1980's ( $n = 4$ ), followed by participants who completed their degree during the 1990's ( $n = 2$ ) and 2000's ( $n = 2$ ). Interview participants represented each geographic region: Northeast ( $n = 2$ ), South ( $n = 2$ ), Midwest ( $n = 2$ ), and West ( $n = 2$ ). Each participant was sent a thank-you card following the interview. The card contained a personalized message thanking the participant for their time, words and insights.

### ***Qualitative Data Analysis***

Thematic analysis was used to identify, analyze and report themes within the qualitative data. Thematic analysis is highly inductive, that is, the themes emerge from the data and are not imposed upon it by the researcher. A theme “captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (Braun, & Clarke, 2006, p. 82). This thematic analysis was guided by the literature reviewed, theoretical perspectives and research questions, and influenced by the researcher's standpoint.

In the second phase of this study, interview data was collected and analyzed simultaneously. Data consisted of taped interviews that were transcribed verbatim by the researcher who also checked the transcriptions for accuracy. Field notes made during the interview process by the researcher were also part of the qualitative data. Analysis began by organizing interview data into the topics (i.e., administration, research considerations) and were then analyzed separately to identify the themes that emerged from each topic. In the first reading of the first transcript, data was read through and notes were made in the margins about possible patterns and themes that emerged.

Themes were identified by "bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone" (Leininger, 1985, p. 60). Patton (2002) explained that patterns refer to a descriptive finding while themes are more categorical. Thus, the first reading found more patterns than themes. The analysis at this initial point was inductive. Patterns and themes were identified and prescribed from the perspective of the participants. The themes that emerged from this first transcript were used to code subsequent transcripts. The second and subsequent readings of the first transcript involved a more formal and systemic coding. Analysis at this point involved triangulating different data sources, such as interview transcripts and field notes. Data from these two sources were constantly compared against each other. The process of triangulation contributed to the reliability and credibility of the results (Merriam, 1988). Several readings were needed before coding was completed (Patton, 2002). The researcher color-coded each theme using a different color to facilitate future referencing.

After coding the first transcript, the themes and patterns that emerged were reviewed together with the interview questions. As the coding process progressed codes converged into



broader categories that formed the sub-themes of broader themes. Themes also were expanded or constricted with the addition of data from subsequent interviews. Convergence within the data was examined for recurring regularities of the themes. Thus, the researcher examined codes and categories for similarities to ensure that data did not overlap across categories. However, the researcher reported discrepant information that ran counter to the themes in the reporting of the current study's results. Reporting discrepant information lends to credibility as it reflects the reality of multiple perspectives.

The next step in the analysis was deductive using a theoretical thematic analysis. The theoretical thematic analysis was driven more by the researcher's interest of understanding the themes that emerged during the inductive analysis. Themes were interpreted based on the theoretical framework and relevant literature (Hsieh & Shannon, 2005). The goal of utilizing a deductive analysis at this phase of the analysis was to understand the themes from a theoretical perspective and provide the themes' context based on existing literature.

Throughout the analysis process, the researcher also utilized inter-coder agreement check to ensure reliability of the results. The researcher had a peer coder, who was trained in thematic analysis, cross-check (inter-coder agreement) codes, categories and themes and reached an 80% coding agreement, the recommend level of consistency for good qualitative reliability (Miles & Huberman, 1994). In addition, the researcher used program directors/representatives who volunteered to review and provide feedback on the results for member check. This process further enhanced the credibility of the analysis process. To lend to the credibility of the results, the researcher further provided rich, thick and detailed descriptions of the results to provide multiple perspectives of each theme (Merriam, 1998).

## **Potential Research Bias**

The researcher views multicultural infusion into training programs as an important goal. Thus, the researcher was liable to be biased towards programs that appear to be integrating multicultural issues effectively. This bias was also affected by the researcher's positive perspective of integrating multicultural issues into training. The purpose of this study was to remain neutral throughout the entire process. The aforementioned biases could have prevented the researcher from having discussions that might negate the value of multicultural competency training. In order to buffer these biases from potentially affecting the research, the researcher sought a peer researcher that was aware of these biases and requested feedback during the data collection and analysis.

## **Chapter 4 - Results**

### **Quantitative Results**

The multicultural subscales derived from the factor analysis were examined using Bivariate Pearson correlation (Appendix K, Table K.9). Results indicated a statistically significant linear relationship between administration context and teaching methodology ( $r = .735, p < .001$ ). Administration context was also found to have a linear relationship with faculty research priority ( $r = .453, p < .01$ ). Minority representation and clinical exposure were found to have a significant linear relationship ( $r = .727, p < .001$ ). Finally, teaching methodology was found to have a linear relationship with faculty research priority ( $r = .380, p < .05$ ).

An examination of the multicultural subscales across regions using MANOVAs indicated no differences across region (Wilks' Lambda=.53,  $F(3,30)=1.23, p=.27$ ). Results suggested that the administration context, teaching methodology, clinician exposure, faculty research priority and minority representation did not differ multicultural competency priority or exposure across the four regions included in this study. However, considering the sample size it is not possible to make this interpretation.

### **Qualitative Results**

Five themes emerged from the analysis of the interviews: internal program dynamics, external program factors, stakeholders, minority faculty representation and cross-program collaboration. Together the themes describe the components that influenced the multicultural (MCC) training process of COAMFTE programs that appeared to be rather complex and multifaceted. Each theme is elaborated below.

### ***Internal Program Dynamics***

Of the five themes that emerged from the interviews, the dynamics within the programs appeared to be the main factors that participants noted as key to their ability to provide the type of multicultural exposure that was considered necessary. Within this theme, five sub-themes emerged as salient: 1) faculty priority, 2) curriculum development, 3) self-of-the-trainer, 4) clinical practice, and 5) evaluation. Each of these sub-themes describes a feature that programs could to some extent control.

#### ***Faculty Priority***

It appeared that the degree to which MCC was addressed in training was influenced by the level in which faculty prioritized multicultural competency. When program faculty as a group viewed MCC training as a priority, the process of addressing multicultural issues in the curriculum, clinical practice and evaluation was less burdensome. In this instance, if a faculty member or program director chose to integrate multicultural issues into a particular part of the program there were minimal to no barriers. A participant described how having the support of the program director allowed her to introduce a new multicultural class into the program:

And so, what I did, I created a class called *Cross Cultural Perspectives on the Family*. It's a brand new class, had to design, hadn't had one like it before. We spent half the class on domestic diversity issues but then the other half is on global diversity issues -- how family therapy and family issues are experienced differently in the world. The reason why I brought the cross-cultural class up is our director was very open with me starting the class. (8)

A salient point in regards to faculty having a similar view regarding the importance of MCC training was that valuing such training as a group proved to be synergistic for the entire

program. Having similar values pertaining to MCC training provided a collaborative, unified stance regarding its integration into the program. A unified stance however, did not negate the presence of differing opinions or a wide variety of perspectives regarding the definition of multiculturalism. Differences among faculty were in fact accepted and respected as described by a participant:

We work really well. We're a very collaborative group. I think we have differences in opinion, what diversity is and things like that but those aren't argumentative. They're just more discussions that help us understand each other's perspectives. (8)

One participant attributed her faculty's ability to share similar values in regards to the importance of multiculturalism as being a product of the program's environment:

I would venture to say that it is because there is such a commitment on everyone's part, on all the faculty's part. So, everyone is immersed in the culture where we live and knows the importance of it. That's what I would say. Everyone has a vested interest in it. (20)

However, not all programs interviewed had faculty that shared similar values in regards to MCC training that sometimes caused tension and prevented programs from being creative and proactive. In such situations, program directors often found themselves intervening to manage the tension. In one such situation, although the program director viewed it as a high priority, in order to prevent disconcertion among faculty, the program director halted an opportunity to provide additional training on multicultural issues for the students:

And, I think there's a tension between trying to be respectful and...I'm trying to think of specific disagreements. One that was painful for me...this was presented at AAMFT a number of years ago now. [name of faculty] and some of her students did this really

wonderful presentation on how they...forgot the term...consciousness raising...where students could come together and it wasn't required. And I wanted to start these groups and it was really only one faculty member, but there was one faculty member who was very opposed to it. We didn't do that and we never have and I haven't raised it again. (9)

In another situation, the program director's own creative idea was blocked by faculty's differences regarding the importance of multicultural competency:

The composition of the faculty really plays a big role in diversity focus. At the time, not all the faculty members, the MFT faculty, were on board with focusing on diversity and so that frankly put up some roadblocks in my mind, because I wanted to do some diversity courses with Women's Studies and [some] members specifically said, "No, that's not a good idea". (7)

Despite the power that program directors have, when faced with barriers from faculty, program directors did not abuse their power by overriding faculty but worked with them to gradually elicit their support. An important factor to recognize here is that when faculty did not all prioritize MCC training, program directors did not give up nor allowed faculty to evade from discussing multicultural issues. It was a topic that was revisited continuously to ensure that it remained a focus of the program:

Because as I said, it's not that every single faculty member is totally on board but nobody is going to say, "Oh no that's not important" and so there's several of us who work, one other faculty member in particular [faculty name] you know, he and I we get together and we write these things that we've been really spending hours and hours, weeks and weeks...then we present to the other faculty, they'll offer suggestions about how do we word something, how do we really recognize it when we see it but we've been proactive

in...we're program directors...and so that's using our power in ways that ensure that our program as a whole is constantly forced to attend to these issues. (9)

Although overall the ability of program faculty to work together as a unit was noted as an important determinant of the extent MCC training was prioritized, one program director had a very different view. Despite being interested in addressing and learning about MCC training, one program noted that it currently had different priorities. Faculty in this program appeared to have different views regarding MCC training; and as such faculty members were free to integrate multicultural issues into their training and research as desired. Faculty members were also free to not to focus on multicultural competency.

In summary, programs that had faculty with similar values pertaining to MCC and saw such training as a priority reported having a unified stance and support system to address multicultural issues in their programs. Program directors that saw MCC as a priority but did not have faculty that also valued such training were still able to integrate MCC training into the program but with less faculty support.

### ***Curriculum Development***

The integration of MCC training into the different program curriculum was another component that was internally controlled by programs. The majority of participants shared that the extent and the manner in which MCC training was addressed in the program was reflected in the student learning outcomes and/or the competencies for the entire program. These competencies were the intended outcomes of the student graduating from the program. Participants utilized varying language such as “cultural competency”, “competency”, “student learning objective” or “outcomes” when referring to the overarching program outcome for their students.

The degree to which multicultural issues were integrated into each program and reflected in their outcomes varied. For example, one participant reported, “We have documented in every syllabus that we have some level of cultural competency” (1), while another explained, “...there are, again the core competencies that we use. Each of those core competencies have measures that coincide with them related to diversity” (2). The participant also described how each class tied in the core competencies. One participant described:

We have student-learning objectives that include cultural diversity statements. What we have to, part of accreditation, is attaching those Student Learning Objectives to actual activities and learning experiences they have in each class. So, each class is tied to these learning objectives, which helps us, first of all, make sure that we’re addressing cultural diversity in each course, but also it helps us look at the program as a whole, class by class, and what do we need to put where to help them have these experiences to gain these competencies. (8)

While most programs had multiple ways in which they included MCC training in their programs, two programs said that their one didactic course on diversity/multiculturalism was intended to address the needs of MCC training. The multiple ways of integration included having a didactic course on multicultural issues, integrating multicultural issues in other courses, and addressing diversity in research and in clinical practice. Having a didactic course on multicultural issues as the main avenue of training was cited by all programs. Programs that integrated diversity issues in research noted that the process was more complex and involved.

Programs that described their didactic courses identified components of the course that were pertinent to students’ training. Two most commonly cited components were addressing the self-awareness of the trainee and the exposure to different cultures. For example, one participant



discussed having students write an oppression paper that had students address their awareness of oppression and privilege.

A common assignment noted by participants to expose students to different cultures was having students attend some type of cultural experience outside of the classroom. One participant explained, “And the students are required to go to an event of their choice and in a 1 to 2 page paper, describe what they did, what they learned, and but spend the majority of their paper on how will this affect their therapy, working with that type of group” (1). The participant explained it was necessary due to the lack of diversity in the area while another participant that required the same type of experience reasoned, “It’s [the program’s diversity course] still my bias, it’s still my perspective on how to teach it, so they each had to attend at least 5 hours outside of the class of some kind lecture or presentation related to something on diversity” (2).

In addition to didactic courses, participants explained how they addressed MCC training in research. The complexity of this process was noted by participants as numerous factors had to be considered as stated by one participant, “What can I do...how can I conduct a study and look at...tie in the social piece...the cultural piece with the data that I have. That’s hard to do. And at the same time not stereotype people. That’s hard” (7). A similar concern of not propagating stereotypes and was expressed by another participant:

If you start actually studying things in this area [culture] then how to conceptualize your terms and how you deal with categories that are themselves social constructions and I do a lot with gender and I worry about that all the time. That even as I am talking about gender, you’re recreating the categories, sort of trying to not have us get locked into, so I think there’s just sort of ongoing issues that have to do with how to conceptualize and

practice in ways that are...at the same time challenging the establishment and being credible within the establishment. (9)

Another participant extended the issue to have more clarity regarding multiculturalism to be able to embark on research that truly addresses cultural factors beyond mere categorization of individuals, “Also just trying to figure out what is the underlying issue vs. what to attribute to multiculturalism vs. just each individual’s diverse, different ethnic backgrounds or not. Trying to define what’s multiculturalism and what isn’t...” (21).

Participants discussed how they had incorporated a multicultural stance into the research process that illustrates the extra steps that they took to ensure that their students were conducting culturally-informed research. One participant explained how being immersed in the sample’s community was a necessary step to ensuring research fidelity:

They have a project that they have to do where they’re able to identify how they would go into a community to even start a research plan. So, for example, rather than just saying I would like to have this percentage of my sample be representative of the community, they have to actually go in and learn about the community. They can’t just say, “I want to have 30% Hispanic”. They have to go into that community and make sure that they understand the needs and the living etc. of that community. So they have to think about sampling, they have to think about design, they have to think about the community needs rather than just their bias on what they want to study. They have to make sure it’s relevant to the community that they’re studying. (2)

This participant further explained that teaching research is the “hardest class” because it meant incorporating cultural competency that is a work-in-progress, “Trying to teach them

[students] about cultural competence and awareness and understanding. To me competence is not a destination. I mean you're always working on that.” (2)

Another participant spoke of how it was important for students to be conscious of how their privileged stance can influence their research agenda and the need to be a responsible researcher:

Really paying attention to the source of the question, you know, whose interests do our research questions serve? Where are they generated from? What way of thinking and understanding is being privileged? But I really think it's primarily having an awareness about what, as well as where the questions come from there, what the research is going to use to promote or and how we present it and we research and that sort of thing. (9)

To summarize, participants appeared to make a distinction between disseminating content and entering a process that embodies being aware of how one makes sense of the content. Thus the pertinence of the different components in the curriculum – being self-aware of one's own culture and its implication for practice and research, immersion into a culture that is unfamiliar to develop a better understanding of the experience of “the other,” and how to conduct research in a culturally-informed manner whereby culture is used to frame one's research opposed to categorizing individuals that can perpetuate stereotyping.

### ***Clinical Practice***

Clinical practice and supervision was noted as one component of programs whereby MCC training occurred. Participants often referred to clinical supervision when describing the process of MCC training. It often began with the student having to identify at the clinical intake session ways in which diversity and cultural issues might be an area of focus for clients.

Participants noted that this requirement provided the opportunity for the supervisor to initiate a discussion on cultural issues even if students do not identify relevant cultural issues.

Another participant explained that students often fail to raise cultural issues during supervision and that supervisors can encourage and guide students as needed, “They’re [students] kind of shy about addressing multicultural issues. A lot of times they’ll say, ‘I don’t see any cultural issues’, and we encourage them to think about it, dig deeper” (5). A similar process was noted as useful during students’ case presentations.

In addition, participants relied on internship sites that serve a diverse clientele to provide students with the experience in working with clients from a wide variety of cultural backgrounds. One participant noted:

They [previous graduates] open up their locations for internship sites. There’s one in particular I’m thinking that has a therapist that speaks Japanese, therapist speaks Chinese, there’s a Muslim therapist, therapist that works with clients from India. It’s all in the same location. We [faculty] go and do visits to get feedback. We talked about diversity there too, about different things that they do there to address different diversity issues. (8)

Participants concurred that supervision should focus on cultural issues to help students to apply and put into practice their MCC training skills. It makes sense MCC is emphasized in clinical practice, being the culmination of students’ training as a clinician.

### ***Self-of-the-Trainer***

Although self-of-the-trainer was not a standard program component, participants that considered MCC training as a high priority were in-tune to self-of-the trainer issues. This was evident in their personality that reflected openness to having candid discussions and

disagreements. For these participants, MCC training was not described as a specific goal to reach but a task that when addressed, seemed to open up even more complexities:

So I think if you're doing a good job, and sometimes, as people start saying what they really think, and even me, I mean I've said things that have hurt people sometimes and probably more often than I know. So the challenge is to be open to being confronted and making it safe for people. (9)

Another participant provided an example of how she continues to learn from her role as a trainer who is invested and committed in addressing multicultural competency:

Personally, it's incredibly humbling to me because I think that we've all been all raised in different ways that in some areas a particular word or behavior may be acceptable and for others it's absolutely not. I think what's really been difficult to observe this year in particular is that you can spend a lot of time clinically helping to train cultural awareness and that still may lead to some very damaging scenarios. (2)

It appeared that for these participants, training students in MCC meant being continually aware of self-of-the-trainer issues -- a process that seems parallel to the self-of-the-therapist process that students' are engaged in. Again, although this sub-theme was not robust across all participants, the transparency of these participants was germane to our ability to understand the intricacies involved in providing MCC training.

### ***Evaluation***

The final sub-theme within internal program dynamics was evaluation. Evaluation included the assessment of students' competency levels by faculty as well as students' assessment of the programs in the form of feedback to the programs. This will be described below separately.

### *Assessing the Students*

For some programs, the evaluation of students' MCC training began at the interview process of applicants into the program: "We're able to pick this up in the interview process. We assess for the ability to at least be open to cultural competence and if they're not open to that than we just don't accept them into the program" (1). After admission into the program, students are assessed on their competencies that includes MCC training each semester and during their clinical practicums and internships. These multiple evaluation procedures were a standard feature for programs, however, the manner of the evaluation differed across programs. One evaluation system integrated student's self-evaluation of the multicultural competencies:

There are about fourteen of them [competencies] that are aligned with that particular class and then they'll rate from 1 to 5 how competent they feel they are on that particular competency and then they'll say and you know, I feel this competency is at this level because of the readings on a, b, and c. They have to be able to specifically align their growth with where they learned it from. So they have to be accountable for their competency. We just don't graduate them and say, "Well they got an A and so they must be good". They have to actually say how they got that competency. (2)

Evaluating for MCC training appeared to be one of the most difficult aspects of the training process. Programs either spoke of how lengthy and involved the process of deciphering what and how to evaluate for MCC training, or that it was still a work-in-progress as stated by a participant:

I think that is an area of the most potential for growth in my opinion in my program. And that is what we are working on as you and I are speaking is tailoring some parts of the evaluations to include issues of multicultural issues. (20)

Another program spoke of the enormity of the task, “This is in the works and we’re trying to design how to measure progress. It’s turned out to be a pretty monumental task” (5).

One participant noted how they had just transitioned from the evaluation system being based on grades and how each instructor evaluated students to a more unified approach. The participant described creating a portfolio for each student that included comprehensive data on the student. Whatever the method, it appeared that the task of evaluating for MCC training was relatively new for programs, “This is all fairly new, so it’s a little hard to judge. We haven’t even...this new instrument...we’re just starting this fall” (9). Although there seemed to be consensus that the process of evaluation was difficult and lengthy, thus daunting, it was important because students too found it important:

She [student] says, ‘Well, I know that these are important issues because it’s what you grade us on.’ So the students are aware that they have to pay attention to this because they know that they can’t pass their qualifying exam if they don’t do it. So, in that sense, it’s effective in holding this all accountable to at least think about. (9)

An aspect of the evaluation that programs noted was remediation for students who failed to achieve satisfactory competency levels. For some programs, clinical supervision was utilized to evaluate and detect if remedial action was necessary:

We watch in students in all realms I should say, and so if they’re having a hard time with that in supervision then they’re probably having a hard with that amongst their cohort or the faculty members or instructors. So, there needs to be a place to bring that up and usually it comes out in supervision. (7)

Other programs reported utilizing semester reviews to detect if remedial action was necessary. One participant stated, “We have a semester reviews and if they aren’t reaching a

certain competency then we make goals for them. We give them feedback on how to accomplish those goals and we follow up” (8). Several participants noted that while remedial action for MCC training was important, it was only part of being a competent clinician:

I can remember one student failed his qualifying clinical demonstration primarily because his cases seem inattentive to gender in cultural context and then when we asked him questions he dug himself even deeper and so he had to re-do. He got feedback about what the problem was and he had to re-do that. I would say that that was possible in part because there being clear consensus amongst the faculty on that. We were all in agreement. In other cases I think they’re not so strong on that but they were pretty good on everything else and if I accept what might not be enough. It’s a benchmark but not the only benchmark. (9)

### ***Program Feedback***

Programs that reported a high level of MCC training integration noted the utilization of a feedback mechanism within the program. Several programs discussed creating an atmosphere and opportunity for students to provide feedback regarding MCC training. This opportunity was usually also extended to alumni to gain feedback regarding their experience. The feedback was often integrated into the training process that resulted in changing the training approach in a positive and more effective manner.

One participant explained how feedback from students was very helpful especially when the faculty was all White and the students providing the feedback were not. It allowed the participant to better understand a perspective that she was not privy to:

We had some students who have been really been so wonderful but have opened up to us about that. I think that it has been hard for some of our racially diverse students to have



all White faculty...and you know for them to feel vulnerable enough to address where they feel concerned. So I guess what I'm saying is I may not have any, any, any, ever kind of understanding of what students have gone through but try to make a point to say that and to say, be a person that you can trust even if there've been other people that haven't been able to understand you. (2)

Programs spoke of how they relied on feedback from students to allow them to know how best to integrate MCC training. Although the process was often referred to as slow and lengthy, programs continue to elicit feedback and use it the best they can:

It was a long, slow process to figure out, how are we going to do this? We do an exit interview with the students. We thought it works better if it's a group process. We have them talk about the things that they really liked about the program and the things that they wished they could change. And we ask specifically about cultural diversity: Was it effective? What do you feel you've learned? Are there ways we could do this better? And so we try to get feedback from multiple sources. Falls on how we get information from the students but as well as how well we think the student's are getting it. (1)

One participant discussed a lengthy feedback process that included obtaining feedback from students, alumni, supervisors, and internship supervisors. Feedback that was elicited from alumni included qualitative and quantitative data. The program also gained feedback from internships and internship supervisors. The feedback mechanism utilized by this program was unique compared to others as it elicited feedback from multiple sources:

We have a lot of internship sites. We have 12 to 14 supervisors that are outside of our program. It's a part of who we are so we get feedback from them. They have a full year of internships so that whole year, they're not on campus, so getting feedback from them

is really important. I mean I just got done yesterday with doing a visit. We go and do visits to get feedback. Yesterday we talked about diversity there too, about different things that they do there to address different diversity issues. (8)

This program also analyzed program structure, classes and student experiences each year and provided a mechanism and opportunity for faculty to provide and receive feedback about their culturally diverse experiences in research, teaching and service. The participant discussed two points of feedback for the faculty: 1) a formal mechanism that was used to set up goals and what it would take to accomplish them and 2) an informal mechanism that provided a place for faculty to discuss what can be done to improve. It was evident that this program valued feedback and the process of gaining and using feedback was an integral part of their MCC training.

In summary, the feedback mechanism utilized to gain information from students – current and former -- appeared to be two-fold: 1) to provide a safe atmosphere where students can provide negative and positive feedback and 2) to provide an opportunity and structure for feedback to be gathered and to be utilized to enhance the overall program.

### ***Summary***

Participants identified the priority placed on MCC by faculty as an important determinant of the extent the program focused on such training. While program directors held much power to address multicultural competency, a unified stance amongst faculty members appeared to have more power. Several programs reported integrating MCC training across their curriculum and identifying such competency as an important intended program outcome for their students. Research was described as one of the more complex training processes, while the evaluation process was described as the most difficult. Integrating MCC training into the evaluation system was described as a lengthy process.

### ***External Program Factors***

External program factors were factors outside of the program that influenced the programs' MCC training of which programs had no control. Two sub-themes to emerge from the data: 1) geographical location which was the most robust, and 2) universities' priority in regards to MCC training.

#### ***Geographical Location***

Participants described geographical location as the main factor that influences the programs' resources, clientele, curriculum, evaluations, research and minority representation. Programs that were located in rural and/or areas with a dominant culture and lack of racial/ethnic diversity reported having difficulty in all training areas. They felt limited in providing students with a broad application of cultural diversity. However, despite the difficulties due to location, participants described addressing MCC training needs in creative and purposeful ways. Programs that were located in highly diverse locations reported having access to ample resources in almost every area of their training needs. Examples of how geographical location affected the different training components are illustrated below.

The importance of geographical location pertaining to clientele was a major factor that participants referred to as influencing their clientele. One participant explained how being in a rural setting made access to services difficult despite the high needs in the community. The make-up and resources available in the community determined the type of exposure their students had to issues pertaining to diversity:

It's very rural. It's surrounded by a lot of low-income areas. The other complicating factor of [location] is that we have a very high obesity rate, very high diabetes rate, a very high heart disease rate. In fact 2/3<sup>rds</sup> of our school age children are overweight or obese.

So, geographically, you know it may be very difficult to get access to care. It's not uncommon for people to drive 2 to 2 ½ to come to our clinic for mental health services.

(2)

Programs located in more racially diverse locations had the opportunity to integrate different forms of culture in their training. One program in particular spoke of how they were able to utilize their students' language skills to serve the needs of the community:

We live in an area where that's [Spanish-speaking clients] a high need and we're able to provide that because some our student's ability to speak different languages. We have some Spanish-speaking therapists. We have a Chinese-speaking therapist. We have an Indian-speaking therapist (8).

The same participant said the diversity in the location and connections through alumni of the program provided the program with more resources to draw from:

Because of our alumni that [clinical] work, we receive a lot of help from the community with regards to workshops and trainings and events that you [students] can attend that address cultural diversity. Where we're located is very diverse, it's extremely diverse and we have a number of past graduates that work in very interesting places. They work with very diverse populations. (8)

Participants located in highly diverse locations discussed not only having the opportunity and resources to address MCC training but also the direct necessity it presented. One participant stated, "I want to say more than 60% population is a multicultural population so it's in fiber that we need to work with these issues" (20).

An interesting point that was raised by one program that was located in a racially homogeneous area with homogenous students that represented the same race was the sentiments

that students had in regards to immigrants. While having immigrant groups in the area afforded MCC training opportunities for students, the dynamics of the dominant culture and immigrant groups proved to be a challenge:

The largest minority group in our area come from two specific places in Mexico. The majority of them and are from the ghettos of Mexico City...the bigger problem that this causes is our students, who have grown up in [location], the perception of a lot of these are they are coming to work in a manufacturing company but they are on opposite ends of the [location]. There's really a lot of bias. And so for our students who grew up here, it's really a challenge to help them to begin to recognize strengths. (1)

Participants also noted curriculum being affected by the location. However, one participant who identified location as impeding the programs' MCC training opportunities described adding various training components to compensate for what was missing with being located in a location that lacked diversity. The participant explained, "We've also had something that I've not seen other programs do, and mostly because other programs don't need to do it and that is because we have a relatively lack of diversity in our area. Our students are required to do a cultural competency experience every semester" (1). Contrarily, a participant located in a diverse location discussed how MCC training occurred even when it was not overtly structured into the curriculum:

If there's an openness to cultural diversity, conversations will naturally arise in class in addition to the activities and learning experiences they have. It happens all the time. I don't know, maybe it's just because we have more diverse students and faculty than some places. I don't know what it is, but, we do plan things but honestly, a lot of its not planned. (8)

A participant discussed how the location also affected the evaluation system. The participant noted that without the diverse clientele, it was often difficult to evaluate students on working with diverse clientele. The participant explained:

That's one of the issues we evaluate in our supervisees is multicultural competence and see their clinical work and if they've not even had any clients just like them, it's really hard to evaluate and if they have had a client that you know, represents something more diverse than them, but if they're doing fine with them, they're doing fine with their [State] clients. (21)

Participants noted that geographic location affected their research. One participant in a location with less diversity discussed how it impacted the research sample:

It's really hard in [geographic location] to have a diverse sample. So, that's a challenge. So, and then if you want to do quantitative analyses, how do you come up with a category that has enough people that you can do something with. And that's been challenging. So, especially in an environment, a research university where quantitative research is valued and it's a challenge. And value can mean, you know, is it publishable in a journal or is it fundable. (7)

Another participant noted that for studies including their local community, the extent of the diversity in their sample is limited to the diversity in their community, "When you talk about the largest minority group we're still talking about 20% ...it's still a relatively...it's fairly small" (1).

Participants also noted the impact of geographic location on minority representation in the student population. One participant located in a less diverse area discussed the difficulty of recruiting a racially diverse student body, "In the 18 years we've had the program in place, we

have probably had slightly less than a third of our students who are not part of the dominant religion” (1). This program continued by sharing the various recruiting mechanisms it implemented in an effort to increase the program’s diversity. Another participant in a less diverse area discussed the difficulty of recruitment, “It’s been tough here in [location]. We get a lot of applications to the program from our child, adult and family services major, as well as psychology and sociology, and so there’s a lot of young, White women interested” (7).

As anticipated, participants located in more diverse locations on the other hand spoke of the ease of having a racially diverse student body. One participant explained,

This past year we had probably close to 40% that we’d consider minority. We have African American or Black American. We have Hispanic. We have Asian American. We have someone from India. We have various religious representations who would be a minority. I think we’ve been trying to get more African American male ... a part of this is because where we’re at; it’s just a very diverse place. (8)

Another participant located in a racially diverse area did not have problems with recruiting a racially diversity student body but struggled with representing economically diverse backgrounds:

We’ve passed the threshold where we are diverse and so students come and they see diversity and I think it’s welcoming to them. I suppose economics as an issue. We’re a private school and so another kind of diversity that we would really want are people who come from backgrounds that are not so affluent and most of our students are not but how they pay for school is a real challenge. And some who come from poorer backgrounds are really reluctant to take out loans. I think that’s a huge challenge. (9)

Programs generally agreed that geographical location was pertinent to their ability to provide their students with the resources to develop multicultural competency. Recruitment of students from diverse backgrounds and opportunities to serve a diverse clientele as well as to include under-represented groups in research were some of the main training components that were affected by the diversity in the community where programs were located.

### ***University's Priority***

Participants concur that the level of emphasis the university placed on multicultural and diversity issues affected the level of support for MCC training programs received from the university administration. Programs described the level of university priority as low, moderate and high. Universities where the priority was low had few if any resources available for programs to enhance their MCC training. As university priority increased so did the support and resources received by programs.

A program that was in a university that had a low priority for multicultural issues discussed how university priority impacted their ability to address multicultural competency. The participant believed that if the university had MCC training as a priority, the process of addressing diversity issues would be more tenable:

I would say that I would love to have some sort of formal recognition in the promotion and tenure process, of the work, whether it's with students in the program, addressing diversity content in classes or addressing diversity in my research. I don't think it's possible for one program to really effectively focus on diversity and culture without having that be infused as well in the department and then up the ladder so to speak to the college and the university. (7)



I don't think... integration of diversity [is] essentially focused or essentially valued. That makes it an uphill battle for our program to really focus on that [diversity training] and also to be rewarded or seen as valued. (7)

Programs housed in a university with moderate priority for MCC training reported having resources in the university, though not all resources were described as helpful or applicable to the program. One participant described how the university's definition of diversity was narrower than the program's thus limiting the access to relevant resources:

They have university awards for diversity in terms of students, faculty, advisors, research, but we really haven't tapped into that. They're more narrowly focused in terms of diversity. We prefer the terms of cultural competence. The university has a number of long-standing programs. They've provided a lot of services to students but programmatically there's not been a lot of programs or resources to draw from. (1)

Programs in universities that deemed addressing multicultural issues as a high level of priority described having access to multiple resources and an overt focus on a broad range of multicultural issues. University priority included not only diversifying the student body but successfully graduating under-represented students. One such program described the priority as, "My university is overtly committed to issues of culture and diversity in that they have a university wide administrator, for issues of what they call diversity and inclusion" (20). Another program elaborated on how the university's mission influenced their program:

Over probably the last 3 years and I think very specifically this year, an incredible increase and focus on diversity at our university. And it's been in a variety of cultures. We've had an incredible increase in recognition for same-sex relationships and support groups and focus on just treatment of diverse couples and individuals. (2)

One participant described an incredibly supportive university environment regarding multicultural issues but added that the structure of the university also supported multicultural initiatives:

The dean basically tells each program to do things and so I think in all honestly that's probably one of the biggest reasons why we do really well in the area because we don't have to jump through so many hoops. We are in a situation here that the university in general, if it will help your program, do it. There's not a lot of bureaucracy. So, that's really helpful. That stance of autonomy really has opened the door for what we want to do. (8)

For some programs, this flexibility included having admission policies especially with the GRE scores that facilitated recruiting a diverse student body as explained by one participant:

So, what that's done is it's really invited a lot of people to come to our program who maybe wouldn't even consider applying to another program because of prohibited admission policies and procedures. So, our ratio of Caucasian to other is consistently, well, I should say other Caucasians, about 20 to 25%. (5)

Another program with similarly flexible admission policies, received support to ensure that they successful trained and graduated under-represented students that were admitted:

What's helpful though is the former dean really worked with us to make our admissions criteria not so focused on the GRE scores and the whole purpose of that is he was very interested in working with us so we could have as a program objective to graduate a multicultural set of students so we don't want to just accept them, we want to graduate them. (9)

Programs also felt that if multicultural issues were a priority at the university level, the program director had more power and autonomy to address these issues. This included mandating faculty to receive continued education in MCC training. A participant explained, “All faculty are also required to attend a certain number of classes on diversity so not just our students required but so are faculty” (2). Although these programs reported having multiple resources to draw from at the university level, some programs funding remained scarce. Funding to assist students financially who were attending a mandated cultural experience outside of the program or to cover the costs of bringing outside speakers on multicultural issues were lacking.

While the universities’ priority did not always impede programs’ ability to provide the type of MCC training, programs spoke of how it would help if their universities were overt about their stance on multicultural issues. These programs did not experience barriers to implementing MCC training by their universities nor did they receive any support or additional resources for doing so. However, on the whole, programs where their universities saw addressing multicultural issues as important had the most support to go the extra mile to provide students with the training they need.

### ***Summary***

External program factors that affected programs’ MCC training were the geographical location of the program and the university’s stance on multicultural issues. Geographical location was an external factor that widely affected the training process as it determined access to diverse and under-represented groups that were deemed essential to students’ MCC needs. Programs located in a university with no overt multicultural mission and no resources struggled to integrate MCC training into their programs. However, programs housed in a university with

an overt multicultural mission and relevant resources and support, often reported having more power to address multicultural issues in areas such as admissions or faculty development.

### *Stakeholders*

A factor that appeared to have a considerable role in programs' MCC training was the needs of stakeholders. Three main groups of stakeholders were identified that formed the sub-themes of stakeholders: 1) students, 2) the AAMFT accreditation body, COAMFTE, and 3) community and client. Students' needs and the COAMFTE stipulations determined the extent MCC training had to be integrated into the program while the needs of the community including clients determined the extent to which programs could integrate MCC training.

### *Students*

Students emerged as the most robust stakeholder theme noted by every participant. Participants often elaborated and discussed the complexity of training students. This included participants noting the necessity to consider the students' learning process. One participant described the students' process, stating:

Once they begin to understand it's not just about giving people special recognition, it's about recognizing people, who they are, where they are and what do we need to understand about them to most effectively provide services. And that's been a real eye-opening experience. (21)

Participants often emphasized the process and time it took to work with students. A participant explained:

It's a huge learning curve for most of our students. I mean some walk in just with that, they just look at the world that way, but most don't and so, I keep bringing it up and keep saying this is important...but then to think more broadly of our society as part of the

systemic context. That's hard for people. I think privilege plays a role too. A lot of our students come from privileged backgrounds. They just don't see it. (7)

Participants further noted that it was important to be aware of students' multicultural experiences outside of the classroom and program's clinic to gauge the level of support they might need. One participant shared how she had observed her students face resistance when they attempted to apply aspects of their MCC training in an offsite internship. This example of a student's need for support demonstrates the complexity and wide range of needs for this particular stakeholder.

Participants further felt that being aware of students' interest and level of MCC development can be helpful in stirring students who were interested in research on multicultural issues. As one participant elaborated:

There's the student interest where they're just saying, "Huh...we're really curious about same-sex clients and how therapists treat them or what do they think of them" and so it's just easy to play off of their enthusiasm for a topic and just go with it. (7)

Programs however did not always have students who were motivated or able to recognize issues of diversity and will need more guidance and encouragement. How programs deal with the vast array of MCC among students has implications for the design and execution of their MCC training.

### ***COAMFTE***

The role of COAMFTE as a stakeholder of programs' MCC training was recognized by all programs but discussions were often accompanied with mixed-emotions and perspectives. Programs' accreditation by COAMFTE was the main factor that influenced MCC training. Programs referenced COAMFTE's core competencies as the main driving force behind their

MCC training. When asked about the program's MCC training stakeholders, one participant replied, "Accreditation standards of course. So, it's kind of a requirement that we address it...helps us shift into justification mode, kind of evidence based, output or outcome based" (5). Another program had rather mixed emotions about the accreditation process that he felt was not full proof:

It really depends on who you get on your site visit, how open they are to the idea of cultural diversity. In some ways I appreciate what AAMFT is doing but in other ways, I think they are contributing to the problem. Because if you get a site visit team or even a member on the site visit team that really doesn't like the way a program...(1)

Some programs had a different view and found the COAMFTE standards to be helpful and foundational for their program, "Historically speaking that [COAMFTE accreditation process] helped the program re-evaluate and ultimately establish more of an overt philosophy of multiculturalism" (21). Another program recognized that accreditation helps build community confidence:

We still want to maintain accreditation because it's really important in the community. AAMFT over the years has had tradition in expanding nationally. We're not really sure where AAMFT is right now but we still want to maintain accreditation. It's very important but in terms of actually seeking out resources and dollars and support and things like that, a lot of us go to other associations. (8)

This perspective was not shared by the other programs, "I guess I think AAMFT is not a leader in this [multicultural competency training] and so I don't see AAMFT serving much of a function at all" (9).

### ***Community and Clients***

The community and clients emerged as stakeholders as a salient theme. Participants noted that it was important that they were responsible in how they served the needs of their community and that this goal was a strong influence in their wanting to train multiculturally competent therapists. A participant explained, “Because I really truly believe that if therapists don’t attend to culture, their client’s culture broadly defined, then they’re not going to help them as best they can. In fact they might do damage” (7). In order to effectively serve their communities, participants felt that it was first necessary to understand the needs well. However, the lack of resources – time and money – did not always permit thorough needs assessments:

Often times at the university level that we function based on what we think is best and many times we completely miss the mark on what our community needs are and so our greatest investment is to hear from the community to make sure we are on the right track. Unfortunately, in the community there’s often times not the time or the money to be able to spend so we have a strong relationship for a way to be able to honor the time that’s needed to grow services or to grow research. (2)

The community was also integral to the services that programs could offer to the communities. Programs in more diverse locations that drew students with diverse backgrounds also had the resources needed to serve the community, especially in terms of meeting the language needs of clients:

We’re right in the middle of building a new clinic and one of the components of the clinic is going to be being able to have Spanish-speaking clients. We live in an area where that’s a high need and we’re able to provide that because of some our student’s ability to speak different languages” (8).

### ***Summary***

Students and COAMFTE were identified as the primary stakeholders that influenced programs' MCC training. MCC trainings were designed to meet the training needs of students as well as the training requirements stipulated by COAMFTE. The needs in the community and needs of clients presented programs with varying MCC training opportunities and resources. The more diverse the community and needs of clients, the more varied the MCC training. The needs of the community, including clients, determined the extent to which programs could integrate MCC training.

### ***Minority Faculty Representation***

Minority faculty representation emerged as a unique theme that was considered important for effective MCC training regardless of contextual factors such as faculty or university priority. A common problem in regards to having minority faculty representation was the difficulty in recruiting qualified candidates:

It's much more difficult to get faculty with the appropriate credentials that are from different cultures or interested in different cultural issues. So that is more of a challenge and it is a priority. Not just on our program level but the department level and the university level. (20)

Having minority faculty was noted not only as a means of increasing the diversity of the field but also for minority students to have familiarity and feel welcome within the program: "I think that it's amazingly helpful to have minority representation in the faculty body. I think it will help us increase diversity of the field by being able to help students feel supported and feel like this is a place where people look like me" (21).



Programs also recognized that minority representation was broader than just race and ethnicity but included other factors that set people apart, “I think minority representation is important but I think we’ve also recognized that in terms of diversity and culture that it goes beyond sort of a racial diversity or culture. That we all bring different things to the table” (7). Another participant reported what she considered relevant minority representation: “We do have our clinic director who is female. We do have pretty good diversity with regard to age but we don’t with ability or race” (2). One trainer highlighted the need to represent socioeconomic status: “I would say it’s important to have people that represent the nature of the community. upper SES, middle SES, lower SES” (5).

Although minority faculty representation was viewed as important for MCC training, participants noted that the lack of minority representation in marriage and family therapy Ph.D. programs limited hiring choices:

We have been very active and we did some very unique things in our last search which was 4 years ago now, to try and increase diversity in the faculty. But yes, I would say it’s difficult. We were trying to recruit for the doctoral program, which there aren’t many that really could have taught at that level.” (2)

One participant described the need to strike a balance between having a diverse faculty and faculty with specific research qualifications:

Very limited number of diverse people...we didn’t end up interviewing anybody even though we say we value diversity. We only interviewed people who had publications and that had strong publications. So, that sounds like I don’t value diversity but it’s a balance between finding the people that are going to lead our students so that they can get jobs

they want and be competitive in the field when they graduate and having diversity without a strong enough credentials. (21)

Another factor that influenced recruitment of faculty appeared to be beyond programs' control. As one participant explained, at the end of the day the applicant and program "fit" matters:

I think the most obvious would be that there are not very many racially diverse Ph.D.'s in MFT. Then you have to have an alignment with what our mission is and our program, you as a graduate would have to also feel like it is a fit. So, you have to be able to say that this job and this place, is at a university that you want to own to. There are a lot of factors I guess that go into that fit. (2)

Amidst the array of perspective regarding having a diverse faculty body, programs that lacked a diverse faculty body recognized that it was a weakness with no clear or immediate solution. One such program that had faculty that valued MCC training expressed their views on the matter, "It plays a positive role in that you have three Caucasian instructors that are all talking about how important it is to understand this stuff. So, I think it's been an advantage in some ways. It's a huge disadvantage in other ways" (1).

To summarize, viewing minority faculty representation as important emerged as a salient theme. Participants often highlighted the additional familiarity and support it would provide for the students; moreover, it was highlighted that having minority faculty representation would facilitate MCC training. However, programs were challenged in ensuring minority faculty representation as the pool of qualified candidates was often small.

### ***Cross-Program Collaboration***

The final theme that emerged from the data was cross-program collaboration. This theme arose from conversations regarding the difficulty with constructing MCC for MFT and measuring its achievement. This process was often described as difficult due to the lack of literature on MCC in MFT. The need for more cross-program collaboration was identified as a means to develop a standard set of competencies on MCC training and ways to measure its achievement. Thus, two sub-themes emerged for cross-program collaboration: 1) the need for MCC for MFT and 2) the need to collaborate.

### ***MFT Multicultural Competencies***

Participants often linked MCC and evaluations stating that they had major difficulties in evaluating MCC in their programs. These difficulties arose in the process of defining multiculturalism and MCC, in measuring and operationalizing MCC, and in constructing valid measures, all of which were inter-related. Although most participants described multiculturalism in broad terms and appeared to have a working definition of the term, the lack of a standard and perhaps an official definition of multiculturalism made identifying MCC a challenge. Ways in which participants described multiculturalism included, “We see diversity broader than just racial or ethnic” (5), “I think cultural competency ties into all areas of race, age, ability, gender, sexual orientation, etc.” (2), and “When I talk about multiculturalism I’m speaking about race, gender, sexual orientation, spiritual belief and things like that...the whole gamut” (20). The lack of a standard definition of multiculturalism further made it difficult to identify clear MCC and to know when programs had achieved their training goals as described by one participant, “Trying to define what’s multiculturalism and what isn’t...how do we know when we’ve reached that standard and what does it mean?” (21).

The difficulty of operationalizing MCC and measuring its achievement was unanimously echoed by all participants. Participants believed that it was important that they knew if their program had accomplished the goals for MCC training. One participant stated, “I know that there are a lot of us that are in this position. How do we again, operationalize some of what we want to do and how do we measure to say that we’re doing it?” (20). Participants further noted that the subjectivity involved in gauging MCC on a personal level complicated the task of measuring the program’s progress: “It’s really hard to set a benchmark for the fabric of a person. You know, how they view other people, clinical observation of their work, how they behave in a classroom, attitudes that they express” (5). Another participant noted that there were multiple stages of development in developing MCC each of which were important:

I think even for some people, that the awareness is the first step. I don’t know that we do a very good job of measuring awareness and again, it depends on the issue. They should be aware of these things in themselves and their clients, if nothing else. But I certainly hope it’s more than that; I hope there’s knowledge and skills too. (7)

Related to measuring MCC was the need for set criteria to enable the development of measurement instruments. The lack of clear MCC guidelines for MFT was identified as a main barrier to this process of measuring competency:

I think that it would be great to ultimately come up with a set of competencies type criteria training and I know that it is somewhat available in some other fields so I think it would be great to have that in our field. I think the biggest challenge is um, that they are, our field doesn’t have kind of guidelines for that. Other fields of course have much more concrete ideas about competency but that’s probably the biggest challenge is sometimes

you feel like you're inventing something, an important tool, a primitive tool that should be out there already. (20)

An important issue that was raised by participants was the ability to accurately measure MCC. As described by one participant, "I guess the biggest question mark would be is this really assessing what we're hoping it's assessing? And that's why there have been so many iterations of the evaluation progress" (2). Another participant alluded to the difficulty measuring MCC as culture in itself is such as broad concept:

How do we know that what we're measuring is effective? And it's so hard with culture because it's so broad and a student might be very skilled at working with a client who is a lesbian, even they're not...the therapist or student isn't a lesbian, and that's fine but they might really miss things like class or race so oh I don't know that we have any sort of good handle on that here...how effective that is...that's a work in progress. (7)

### ***The Need to Collaborate***

Amidst their struggles to get a handle on MCC training, participants appeared to have a potential solution that could help ease the process of forming clear standards for MCC. Several programs raised the idea and need for a cross-program collaboration to get feedback and to share resources. This was continuously discussed as a mechanism that was needed for MCC training, especially in regards to developing measures for MCC. One participant discussed the need for more discussions and accountability:

I would say the thing that I personally need more than anything is opportunities to talk with other colleagues about how they do this. People who are actually struggling with this because I think the more you get into it the more you're aware of how really hard this

is and so, I don't need a sample syllabus necessarily or something like that but just to be held accountable by other people who help see things that I might not see. (9)

Other participants specifically referred to this mechanism being constructed at the national level. A participant suggested:

I think it would very good to have a, like we do a faculty retreat every year, I think it would be great if we had a retreat or even a pre-conference at AAMFT that specifically focused on how other folks were integrating MCC training into curriculum and how they're doing with regard to recruiting diversity. I think, yes, specifically information but, I think there could be sharing what we have researched, conferences with AAMFT sponsors. I think we could have a conference or some activity like that that would help us focus on how people are being successful and what they're doing or learn from each other or bring in experts. (21)

Another participant stated, "We need to have a dialogue, amongst all of us. I know that there are a lot of us that are in this position. How do we again, operationalize some of what we want to do and how do we measure to say that we're doing it?" (20). Specifically focusing on evaluations, an additional participant noted the need for cross-program feedback: "I'm not sure what other methods people are using. I'd love to learn more about different ways of evaluating and know when people increased in multicultural competency" (21).

Despite what appeared to be a feasible idea -- collaborating with other programs to develop standard measurable competencies for MCC -- the programs had yet to initiate such an effort. One participant who had been a site visitor for COAMFTE that the opportunity to learn from other programs through his role and shared that process:

All three of the faculty had been site visitors. I'm the only one who is still an active site visitor. But, while we were working on this, we visited...we have contacts with most of the programs across the country in some form or another. And we've tried to find out what other people are doing, how well it's working, so we could pick and choose what would work best for us. We've had contacts with people in other disciplines to try and gather the same kind of information. (1)

### ***Summary***

It appeared that a clear standard and official definition of multiculturalism was paramount to enable accurate benchmarks for determining MCC training and inform its measurement. The need for clarification of MCC training needs and protocols appeared to be closely related to COAMFTE's accreditation standards. Participants' concerns reflected their commitment to achieving acceptable standards for MCC training. Their desire to collaborate and learn from other MFT programs was commendable and reflected a spirit of collegiality.

### ***Conclusion***

The five themes described above -- internal program dynamics, external program factors, stakeholders, minority faculty representation and cross-program collaboration -- are inter-related and together they describe the components that are integral to the ability of programs to offer effectively MCC training to MFT students. The following section will describe the inter-relatedness of these themes as conceptualized using systems and process theory, the logic model and current literature.

## **Chapter 5 - Discussion**

In this section, the findings of this study will be conceptualized based on the theoretical frameworks that guided this study – systems and process theory, and current literature. The logic model will be used as a tool that was guided by the process theory. This section also includes the limitations of the study and discusses the implications for multicultural competency (MCC) training for marriage and family therapy (MFT) programs and research pertaining to MCC training.

### **Discussion of Research Findings**

The purpose of the current study was to examine the factors that contributed to how MFT programs addressed MCC training requirements and to understand the challenges faced and the resources needed to address training needs. The themes and sub-themes from the qualitative interviews reflected the components that were deemed essential in MCC training. More specifically, the themes illustrated the activities and resources were related to the MCC training outcomes expected by the different programs. The interrelationships between the different themes reflected the process often utilized in program development as described by the Logic Model (Kellogg, 2004). This is illustrated in Appendix L. Each theme fit at least one component of the logic model. The themes further illustrated the relationship between the programs' internal systems and the systems external to programs that influenced how programs offered MCC training.

One of the main features highlighted by programs was the importance of prioritizing MCC training at the faculty level as well as at the university level. The prioritization of MCC training directly affected the outputs and outcomes of the program. This was a key determining



factor of the ability for programs to offer MCC training. When MCC training was a priority at the program faculty and university level, the enthusiasm and support permeated throughout the program and facilitated the achievement of program's MCC training goals. The importance of this prioritization by faculty and the university is consistent with the logic model's idea that programs are driven by priorities (Kellogg, 2004). These priorities set the stage for programs to obtain the resources needed to meet their training needs.

The priorities set by the university and/or program were akin to the higher level goals described by systems theory; higher level goals, when set in motion can inform lower level goals at the student and faculty level. When MCC is part of higher-level goals (i.e., part of the university's mission) changes to a system can be addressed more effectively than when it is just addressed in lower-level goals (i.e. only at the faculty or student level) (White & Klein, 2002). The current study's results indicate that when higher-level goals or program goals addressed MCC, the training system often had one to two required multicultural courses, as well as MCC learning objectives integrated into other courses in the program. This training structure fits the cultural infusion (D'Andrea & Daniels, 1991) or the integration approach of MCC training (Ridley, Mendoza, & Kanitz, 1992, 1994). Results further suggested that if there was a unified stance among faculty (i.e., the executive subsystem) that prioritized MCC, MCC goals would be integrated into the program's higher-level goals. These higher-level goals were then related to lower-level goals, course objectives and assignments.

Only one program where MCC was clearly a part of their higher-level goals described a rather comprehensive method of infusing MCC training into their entire program. The program utilized the metaframework model (Breunlin, Schwartz & Kune-Karrer, 1997) to conceptualize MCC training and infuse aspects of multiculturalism in all areas of their program. Although

programs as a whole agreed that students had a steep learning curve when it came to developing MCC, few had a systematic way of training their students. Programs that did began with raising the awareness of students' cultural perceptions and self-awareness of their own privilege – a process that was described as difficult. However, when addressed consistently throughout the training program, students were found to become more candid with discussing multicultural issues. Students were described as needing time, encouragement, support and some challenging before they reached a level of multicultural awareness and self-awareness. Most programs found addressing MCC in a specific course and incorporating aspects of MCC in other courses in the program was an effective means of achieving their students' learning goals.

It appears that when a program overtly prioritized MCC training, resources including time and effort were channeled towards ensuring that identified goals were met. These resources were available within the program and from outside the program. They formed the inputs as identified in the logic model. Additionally, when guided by faculty and university priority, inputs were supported by the whole training system. Resources that were needed for MCC training were however not always available despite the high priority for such training. Factors that were beyond the control of programs limited the scope of MCC training. This included the lack of representation from under-represented groups among students and faculty, and the lack of opportunity for clinical practice with diverse and under-represented clients. These shortfalls were determined by systems external to the program highlighting how systems internal to programs such as faculty and students were influenced by factors that may be beyond programs' control. It is important to emphasize the results did not indicate that minority representation was needed due to White faculty members not addressing MCC. Minority representation was viewed important to support a diverse student body, not to address any deficiencies in the faculty.

The most prevalent external program factor that directly impacted MCC training was geographical location. This external factor, while significant, was uncontrollable and programs reported having to adjust their training system to the location. Geographical location was described as either providing much support for addressing MCC training or creating more difficulty. Programs located in more diverse areas were supported with access to resources that met various MCC training needs. Being immersed in diverse cultures also meant that programs were continually having to deal with issues related to culture thus a large portion of MCC training was unplanned and emerged naturally as a default of the makeup of the community. Such programs can further be described as having the most advanced MCC training level (D'Andrea & Daniels, 1991) whereby MCC is infused in the program.

In contrast, programs in areas that lacked diversity had to find creative means in order to meet their MCC training needs. These programs had to make conscientious efforts to build a solid and persuasive foundation of the importance of MCC training and were particularly concerned with their ability to achieve their MCC goals and outcomes. Internal program factors that buffered this external factor were the presence of shared MCC values among faculty and having active feedback mechanisms. The unified stance amongst the faculty created a training system that consistently addressed multicultural issues throughout the program. As such, controllable features in the program's internal system proved effective in buffering the program from any negative environmental consequences. Once again programs were intricately connected and influenced by systems external to it. More specifically, external factors directly impacted the outcomes of programs as highlighted by the logic model.

Program outcomes appeared to be the main factor that informed programs' MCC training. The lack of clear outcomes due to the lack of a standard and clear and operationable

definition of MCC was a major obstacle faced by programs. Programs thus relied heavily on feedback from stakeholders to measure and evaluate their progress. Obtaining feedback from stakeholders allowed programs to determine if they were meeting stakeholders' needs. In the absence of clear guidelines from COAMFTE to which programs were accountable for accreditation (i.e., credibility), programs relied on their other stakeholders for direction. The process of obtaining candid feedback entailed creating an environment that was safe for informants and having a structure that could receive the feedback and implement changes that were deemed necessary as a result of the feedback. In systems language, this would be the feedback loop into the system. Changes that were made as a result of feedback would be the positive feedback loop. Programs generally relied on multiple sources for feedback or had multiple feedback channels. The majority of the feedback channels that emerged from the data were between faculty and students. Other feedback channels that were reported were between faculty and alumni and faculty and internship supervisors. The feedback received by programs was to a large extent treated as a resource to improve and redirect the programs' MCC training and priorities. Thus the variety of channels accessed to gather and process feedback (i.e., or access resources) reflected the commitment to meet the changes and demands in the environment (White & Klein, 2002). Feedback was also sourced at multiple points throughout the year the practice of which provided multiple opportunities to evaluate progress and ensure continuous accountability.

Programs were also very keen to obtain feedback from other similar programs across the country. Programs believed that resourcing from other MFT programs could create the synergy needed to effectively address MCC as well as to keep them accountable. Cross-program collaboration was identified as potentially meeting two different purposes. The first was to

facilitate the development of clearer expectations of MFT MCC, and the second was to create opportunities to discuss and brainstorm ways to operationalize MCC training. Participants consistently discussed the difficulty of creating clear MFT MCC. Several noted that there were clear competencies or expected outcomes for other fields, but for MFT, it often felt like starting from square one. This was consistent with the literature. The most referenced list of MCC found was Sue's et al. Tripartite Model (1992). However, this list was referenced more with other mental health fields. Other competencies like the social justice competencies for therapy have been described as broad and difficult to integrate into training in specific and concrete competencies (Constantine et al., 2007). Other models have highlighted multicultural issues like race (Helms, 1995) or sociocultural influences (Neville & Mobley, 2001) on the therapy process but have not been comprehensive or specifically aimed at the MFT field. There is a need for MFT competencies that specifically addressed systemic competencies. Without this list of clear MFT competencies, programs struggled with specifically delineating the expectations for their students.

Programs found the broad definition of MCC problematic as the ambiguous definition made the training process rather complex. Pierterse et al. (2009) observed that multicultural issues were often overlapped with social justice. Literature also suggested that social justice and multicultural be differentiated (Kosutic & McDowell, 2008). In this current study, several participants also noted a social justice perspective with MCC training while other participants did not. So, while participants viewed MCC encompassing a wide range of groups of people as well as a wide range of desired awareness, knowledge and behavior in clinicians, it is that wide range that makes operationalizing competencies difficult. Programs also appeared to define MCC differently, complicating the construction of operationalizing MCC. The construction of

clear MCC for MFT emerged as a recent development that programs were trying to address or planning to address. Programs believed that a formal mechanism whereby programs can collaborate would help to de-mystify the process of developing MCC training and hold programs accountable. This same resource would help determine outcomes that were measurable.

Of the components delineated in the logic model that are integral to program development, programs appeared to already consider most if not all components. The one component that was seldom if at all considered was the assumption that programs held pertaining to MCC. The self-of-the-trainer influence was one such example that did not appear to be at the forefront of programs' consciousness. This type of influence was not noted as a particular program outcome or goal. That is, participants did not discuss this influence as an overt training mechanism. The self-of-the-trainer influence emerged as characteristics identified in participants. Programs were preoccupied with measuring outcomes that appeared to be a monumental task. Defining outcomes piecemeal -- short, medium and long term -- may facilitate and make the process less daunting and manageable.

### **Implications for MCC Training**

The issues pertaining to the lack of and challenge with recruiting minority faculty is a topic that warrants attention. Participants noted the lack of diversity, especially racial diversity, in the MFT field as well as the lack of qualified minority faculty candidates. Perhaps recruitment, training and retention of minority graduate students may need to be addressed in MFT programs to ensure a steady pool of qualified minority faculty. Programs could identify promising minority graduate students interested in a career in academia and invest in their training to help them improve their competitiveness for faculty positions. Examining current recruitment methods used to attract qualified candidates from a wide range of under-represented

groups is further warranted. Participants did not elaborate on specific under-represented groups that were already being targeted in their recruitment methods. Further examination is needed to identify what under-represented groups may need more recruitment efforts.

The findings from this study suggest that forming a cross-program collaboration mechanism would assist in MCC training. Creating a networking system to facilitate the exchange and sharing of ideas for MCC training beginning with developing clearer and operationalizable standards for training would assist MFT programs. Such collaboration would further facilitate accountability by programs. These networking systems may be organized through regions or across all states in the U.S. Programs with geographical challenges such as being located in areas that lack diversity and multicultural resources may benefit networking with other program in similarly situated contexts. Groups that may be able to assist in networking could range from the national level (AAMFT) to the state level associations.

While the results of the current study imply that creating operational MFT MCC standards would be a training support mechanism, the results also indicate that conceptualizing the training program as a system, affected by internal and external factors, might lend more flexibility to understanding the uniqueness of each MFT program. This study identified numerous internal and external components that were essential to understanding the process and implications of MCC training. External factors like the location, stakeholders' needs and university priority should be considered as significant components. Considering these components when constructing goals and outcomes, may assist programs in developing feasible goals for their programs. While standardized MCC measures can be advantageous, it would be important that programs also recognize their unique strengths and resources (or lack of) and develop goals that meet their stakeholders' needs. A framework or template such as the logic

model (Kellogg, 2004) could be a useful tool for conceptualizing the entire process involved in MCC training development.

### **Implications for MCC Research**

Considering that there is a lack of literature on MCC in MFT programs, research is needed in all areas pertaining to MCC training. There appears to be a particular need for a more unified definition of MCC, a method of operationalizing the training and means of measurement. A Delphi study may be warranted whereby experts in the field who have extensive experience in providing MCC training can be consulted.

Considering the challenges faced by programs situated in areas that lack diversity, in-depth studies that examine how such programs have successfully offered MCC training are warranted. Such programs could serve as models for other similar programs. Future research endeavors may benefit from COAMFTE-sponsored pilot programs of MCC training in diverse and non-diverse locations. It is further evident that more research needs to be conducted to develop measurements for MFT MCC training effectiveness. Such instruments should take into account the needs of the stakeholders such as COAMFTE, the community, clients and students.

### **Limitations of the Study**

Although the response rate for the Multicultural Survey was promising (55.71%), the small sample size limits the interpretation of the quantitative data. Another possible limitation is that the majority of the participants volunteered to either complete the survey or to be interviewed. Such self-reported data limits generalizability. It is likely that these participants volunteered based on their previous investment in MCC training. This may explain the number of interview participants that considered MCC training a high priority. The small sample size and sampling technique make it difficult to identify factors that differentiate programs or the



existence of sub-groups among the different programs and if saturation was reached. In addition, the majority of the interview participants were located in fairly diverse locations that may again be reflected in the high prioritization of MCC training. The data collected from program directors might not fully represent the programs' MCC training as it provides only one perspective. Future studies should elicit the perspectives of multiple stakeholders including students, alumni and clients if possible.

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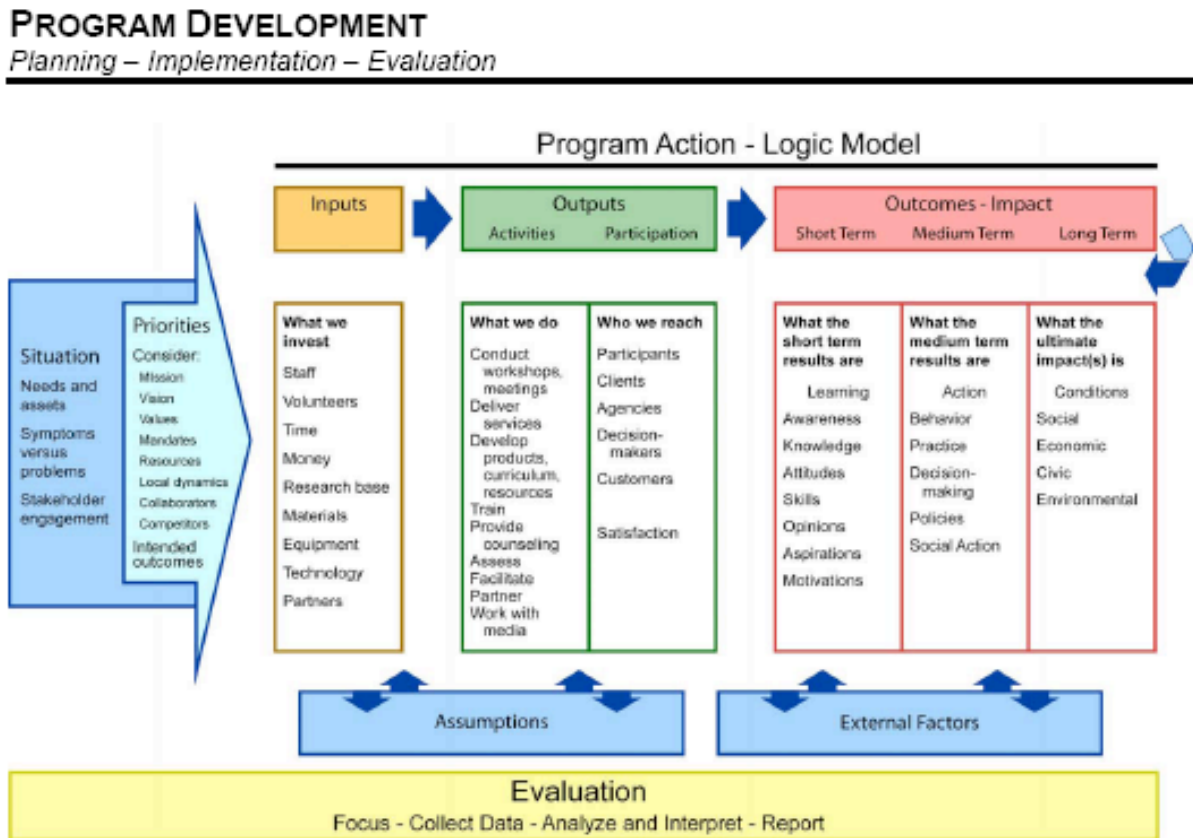
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# Appendix A - Logic Model

Figure A.1 Program Development Logic Model



## Appendix B - Multicultural Counseling Competencies and Standards

**Table B.1 Tripartite Model**

	<b>Beliefs and Attitudes</b>	<b>Knowledge</b>	<b>Skills</b>
<b>Counselor Awareness of own Assumptions, Values, and Biases</b>	1) Aware & sensitive to own cultural heritage. Values and respects differences 2) Aware of own cultural background and experiences, attitudes, and values and biases that influence psych. processes 3) Recognize the limits of expertise 4) Comfortable with differences	1) Specific knowledge of own cultural heritage and effects on process of counseling 2) Possess knowledge, understanding of oppression 3) Knowledge about their social impact on others (i.e. communication style differences)	1) Seek out education, training, consultation to enrich understanding with culturally different populations 2) Constantly seeking to understand themselves as racial/cultural beings
<b>Understanding the Worldview of the Culturally Different Client</b>	1) Aware of negative emotional reactions to other cultural groups 2) Aware of stereotypes and preconceived notions toward other cultural groups	1) Possess specific knowledge about particular group they are working with 2) Aware of how culture affects factors like manifestation of psychological disorders, help-seeking behavior, appropriateness of counseling approaches	1) Familiarize with relevant research and latest findings 2) Become involved with minority individuals outside of counseling setting
<b>Developing Appropriate Intervention Strategies and Techniques</b>	1) Respect clients' religious/spiritual beliefs and values about physical/mental functioning 2) Respect indigenous helping practices and community intrinsic help-giving networks	1) Clear knowledge/understanding of generic characteristics of therapy and potential to clash with values of minority groups 2) Aware of institutional barriers that prevent minorities from using mental health services 3) Knowledge of potential bias in assessment instructions/interpret	1) Recognize that helping styles and approaches may be culture bound. Able to send and receive verbal/nonverbal messages accurately and appropriately 2) Able to exercise institutional intervention skills on behalf of clients 3) Not averse to seeking consultation from traditional healers or

		findings with cultural characteristics in mind 4) Knowledge of minority family structures, hierarchies, values and beliefs. Knowledge of community resources 5) Be aware of relevant discriminatory practices at the social and community level	religious/spiritual leaders 4) Take responsibility for interacting in the language requested by client 5) Use test instruments for welfare of diverse clients 6) Work to eliminate biases; develop sensitivity to oppression 7) Educate clients in counseling process, legal rights, counselor's orientation
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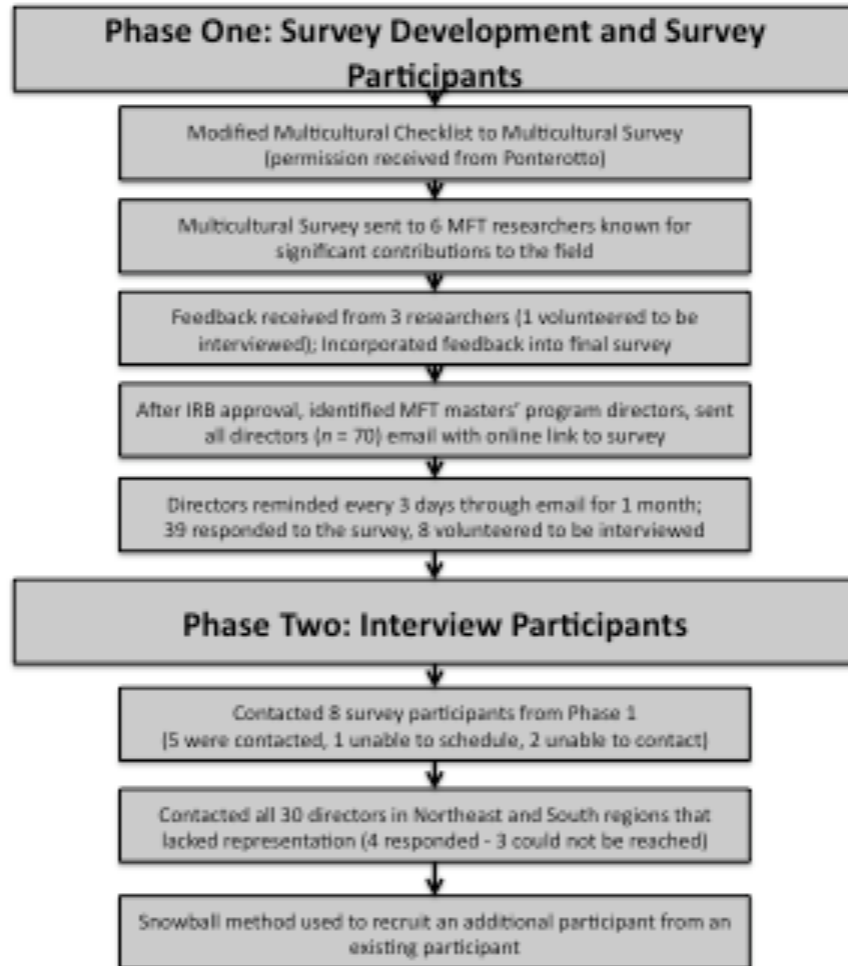
Adapted from Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 1992, 477-486.

## **Appendix C - Social Justice Counseling Competencies**

(Constantine, Hage, Kindaichi, & Bryant, 2007)

- 1) Become knowledgeable about the various ways oppression and social inequalities can be manifested at the individual, cultural, and societal levels, along with the ways such inequities might be experienced by various individuals, groups, organizations, and macrosystems.
- 2) Participate in ongoing critical reflection on issues of race, ethnicity, oppression, power and privilege in your own life.
- 3) Maintain an awareness of how your own positions of power and privilege might inadvertently replicate experiences of injustice and oppression in interacting with stakeholders (e.g., clients, community organizations, and research participants).
- 4) Question and challenge therapeutic or other intervention practices that appear inappropriate or exploitative and intervene preemptively, or as early as feasibly, to promote the positive well-being of individuals or groups who might be affected.
- 5) Possess knowledge about indigenous models of health and healing and actively collaborate with such entities, when appropriate, in order to conceptualize and implement culturally relevant and holistic interventions.
- 6) Cultivate on ongoing awareness of the various types of social injustices that occur within international contexts; such injustices frequently have global implications.
- 7) Conceptualize, implement, and evaluate comprehensive preventative and remedial mental health intervention programs that are aimed at addressing the needs of marginalized populations.
- 8) Collaborate with community organizations in democratic partnerships to promote trust, minimize perceived power differentials, and provide culturally relevant services to identified groups.
- 9) Develop system interventions and advocacy skills to promote social change processes within institutional settings, neighborhoods, and communities

## Appendix D - Data Collection Flowchart



## **Appendix E - Email to Participate in Survey**

Dear [Insert program director's name]:

I am a doctoral candidate at Kansas State University and I am conducting a dissertation study to shed light on the complexity of integrating multicultural training in MFT programs. I am hoping that this project will help prepare me for a career in multicultural training. I would eventually like to construct a multicultural competency training model and/or manual. I am seeking to learn from your experience and expertise.

I would like to invite you to complete a survey that I have developed for this study. It is intended for program directors or program representatives of MFT masters programs. Participation is voluntary and anonymous. It will take approximately 15 to 20 minutes to complete. You can access the survey using the link provided below. I am also inviting any participant to volunteer for an interview. The interview data will be utilized to expand the survey data to provide explanation and contextual information. If you are interested in participating you will have the opportunity to provide your contact information during the survey.

If you have any question regarding the survey or study please feel free to contact me or my dissertation chair, Dr. Joyce Baptist.

Thanks in advance for your sharing your time and experience

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## Appendix F - Multicultural Competency Checklist

Figure F.1 Multicultural Competency Checklist

**Directions:** Indicate which of the following competencies are either Met or Not Met by your training program (check appropriate category); If Not Met, indicate How Close each competency is to being met (i.e., Not at All, Close, Very Close—write in).

	<u>Competency</u>		
	<u>Met</u>	<u>Not Met</u>	<u>How Close</u>
<u>Minority Representation</u>			
1. 30%+ faculty represent racial/ethnic minority populations.	—	—	_____
2. 30%+ faculty are bilingual.	—	—	_____
3. 30%+ students in the program represent racial/ethnic minority populations.	—	—	_____
4. 30%+ support staff (secretaries, graduate assistants) represent minority populations.	—	—	_____
<u>Curriculum Issues</u>			
5. Program has a required multicultural course.	—	—	_____
6. Program has one or more additional multicultural courses that are required or recommended.	—	—	_____
7. Multicultural issues are integrated into all coursework. Faculty can specify <i>how</i> this is done and syllabi clearly reflect this inclusion.	—	—	_____
8. A diversity of teaching strategies and procedures employed in class, e.g., individual achievement <u>and</u> cooperative learning models are utilized.	—	—	_____
9. Varied assessment methods used to evaluate student performance and learning, e.g., written assignments and oral presentations.	—	—	_____
<u>Clinical Practice and Supervision</u>			
10. Students are exposed to 30%+ multicultural clientele.	—	—	_____
11. Multicultural issues are integral to on-site and on-campus clinical supervision.	—	—	_____
12. Students have supervised access to a cultural immersion experience such as study abroad for at least one semester, or an ethnographic immersion in a community culturally different from that of the campus or the student's own upbringing.	—	—	_____
13. Program has an active "Multicultural Affairs Committee" composed of faculty and students. Committee provides leadership and support with regard to multicultural initiatives.	—	—	_____
<u>Research Considerations</u>			
14. The program has a faculty member whose primary research interest is in multicultural issues.	—	—	_____
15. There is clear faculty research productivity in multicultural issues. This is evidenced by faculty publications and presentations on multicultural issues.	—	—	_____
16. Students are actively mentored in multicultural research. This is evidenced by student-faculty co-authored work on multicultural issues and completed dissertations on these issues.	—	—	_____
17. Diverse research methodologies are apparent in faculty and student research. Both quantitative and qualitative research methods are utilized.	—	—	_____

Student and Faculty Competency Evaluation

- |   |     |     |       |
|---|-----|-----|-------|
| 18. One component of students' yearly (and end of program) evaluations is sensitivity to and knowledge of multicultural issues. The program has a mechanism for assessing this competency.  | ___ | ___ | _____ |
| 19. One component of faculty teaching evaluations is the ability to integrate multicultural issues into the course. Faculty are also assessed on their ability to make all students, regardless of cultural background, feel equally comfortable in class. The program has a mechanism to assess this competency. | ___ | ___ | _____ |
| 20. Multicultural issues are reflected in comprehensive examinations completed by all students.   | ___ | ___ | _____ |
| 21. The program incorporates a reliable and valid paper-and-pencil self-report assessment of student multicultural competency at some point in the program.   | ___ | ___ | _____ |
| 22. The program incorporates a content-validated portfolio assessment of student multicultural competency at some point in the program.   | ___ | ___ | _____ |

Physical Environment

Met   Not Met   How Close

- |   |     |     |       |
|---|-----|-----|-------|
| 23. The physical surroundings of the Program Area reflect an appreciation of cultural diversity (e.g., artwork, posters, paintings, languages heard).   | ___ | ___ | _____ |
| 24. There is a "Multicultural Resource Center" of some form in the Program Area (or within the Department or Academic Unit) where students can convene. Cultural diversity is reflected in the décor of the room and in the resources available (e.g., books, journals, films, etc.). | ___ | ___ | _____ |
| 25. What steps have been taken to improve multicultural training in your program? (continue on back if necessary)   |     |     |       |

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## **Appendix G - Request to Revise Multicultural Survey**

Dear [Insert program director's name]:

I am a doctoral candidate at Kansas State University. For years I have been interested in the impact of multicultural and social justice issues on the therapeutic process. Personally, as I have continuously come face- to-face with my own biases and culture-bound values, I have developed a deep appreciation for how complex and difficult it is to learn and to teach cultural issues.

Within the month I hope to begin my dissertation project under the guidance of Dr. Joyce Baptist. The study will focus on multicultural competency training in marriage and family therapy programs. However, before I begin I would like to seek your feedback in a survey instrument that I have developed for this purpose. The purpose of the survey is to understand the multiple components that are involved in developing and implementing multicultural competency training in MFT programs. I'm looking for feedback in these areas:

- 1) The language of the questions
- 2) Addition and/or omission of questions
- 3) The format of the survey
- 4) Any other issues you feel need to be changed or omitted

In addition to collecting data from survey, I would like to interview MFT program directors and/or program representatives to better understand the complexity of training MFTs to be multicultural competent. You were recommended to me by my faculty at Kansas State University who speak highly of your work and experience in MFT programs. I would deeply appreciate any time from you in order to interview you regarding your own program's experience with multicultural competency training issues.

I look forward to your feedback on my survey instrument and the opportunity to talk to you. When you return the survey with your feedback, please let me know if you are available to talk to me and I will follow up to arrange for a suitable time.

Thank you.

Sincerely,

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Cell: (417) 499-3219  
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## **Appendix H - Interview Questions**

### **Survey Areas**

*Thank you for taking the time to talk with me. This interview is being conducted to understand the multicultural competency training component of your program. From what I understand, infusing multicultural competency into training programs is extremely complex. The purpose of this interview is to better understand this complexity and identify how your program has met the multicultural competency goals.*

#### ***Administration***

- 1) What resources outside of the program (i.e. funding, university support) have you received already that have helped address multicultural goals?
- 2) What resources outside of the program do you still need to adequately address multicultural issues?
- 3) How has the university and department's stance on multicultural training affected your program's stance on multicultural training?

#### ***Stakeholder Issues***

- 1) Who do you consider to be relevant stakeholders of multicultural training? (future employers, licensing boards, the training institution, students and clients)
  - a. What are their expectations?
- 2) What function does AAMFT serve in your program addressing multicultural competency training?

#### ***Curriculum, Clinical Practice and Supervision***

- 1) How do you address multicultural goals in curriculum, clinical practice and supervision?
- 2) What are some challenges in infusing multicultural competency factors in to the curriculum, clinical practice and supervision?
- 3) How does your program deal with disagreements over multicultural issues between faculty and students?
- 4) How does your program deal with disagreements over multicultural issues between students?
- 5) What role does the composition of the faculty play in addressing multicultural competency training?

#### ***Research Considerations***

- 1) How do you address multicultural goals in research?
- 2) What are some challenges in infusing multicultural competency factors in to research considerations?
- 3) If your program is able to infuse multicultural competency in to your research considerations, what has made it possible for you to do so?

- 4) If your program has been unable to infuse multicultural competency into your research considerations, what are some factors that has contributed to this?

### ***Student and Faculty Evaluations***

- 1) What is your program's overall philosophy regarding evaluation methods?
- 2) What benchmarks are used to measure multicultural competency training effectiveness?
- 3) What standardized and non-standardized evaluation methods do you use to evaluate faculty multicultural competency?
- 4) What standardized and non-standardized evaluation methods do you use to evaluate students multicultural competency?
- 5) How would you describe the effectiveness of your evaluation methods?
- 6) How are assessments of multicultural competency training effectiveness used to facilitate the enhancement of training?
- 7) What would occur in your program if a student was not reaching the benchmarks that indicated they were multicultural competent?
- 8) What would occur in your program if a faculty member was not addressing multicultural issues into training?
- 9) What are some challenges in infusing multicultural competency factors into student and faculty competency evaluations?

### ***Minority Representation***

- 1) What is your stance on having minority representation in the student and faculty body?
- 2) Have you had challenges in recruiting students and faculty that represent minority populations?
- 3) If your program is able have students and faculty that represent minority populations, what has made it possible for you to do so?
- 4) If your program has been unable to have students and faculty that represent minority populations, what are some factors that has contributed to this?

### ***Additional Areas***

#### **Context of Program**

- 1) How has the historical context of your program affected the ease or difficulty of integrating multicultural competency into the training?
- 2) What contextual issues have helped promote multicultural competency into the training?
- 3) How has geographic location affected multicultural goals?
- 4) How has the community in which the program is located affected multicultural goals?

#### **Resources**

- 1) What resources in the program would be most helpful in addressing multicultural goals?
- 2) Which resources have already been helpful in addressing multicultural issues?
- 3) What have faculty reported needing support in?
- 4) What resources do you feel students need to become multiculturally competent?

## **General**

- 1) How does your program define multicultural competency?
- 2) Which area do you find most difficult to infuse multicultural issues? Why?
- 3) Do you have any recommendations for programs that are working to integrate multicultural issues more into their training program?
- 4) Considering the survey and interview questions, do you feel like there is any component you have yet to discuss that is important regarding multicultural training issues?

*Thank you for your sharing your experience and time. After the interview data is collected and analyzed, you will have the opportunity to review the data and provide feedback. Would you be interested in participating?*

# Appendix I - Multicultural Survey

**Figure I.1 Multicultural Survey**

The primary purpose of this survey is to gain a comprehensive understanding of how MFT programs are infusing multicultural competency in their masters MFT programs. The survey data will be expanded upon with interview data. The purpose for this is to provide a deeper understanding to differing levels of multicultural infusion. The goal is to not to focus on just multicultural outcomes from training programs but to expand the focus to other components like resources and administration issues.

The following categories have been identified as pertinent to the success of multicultural training. You will be invited to suggest additional categories that are pertinent to the success of your training program at the end of the quiz. Please proceed by marking the number which describes your program (1= not true at all, 2=a little true, 3=somewhat true, 4=almost completely true, 5=completely true)

<u>Administration and Stakeholders</u>	1	2	3	4	5
1. The program has a committee providing leadership and support with regard to multicultural initiatives.	—	—	—	—	—
2. The department has a committee providing leadership and support with regard to multicultural initiatives.	—	—	—	—	—
3. The university or academic institution has a committee providing leadership and support regarding multicultural initiatives.	—	—	—	—	—
4. The priorities of the university include multicultural education.	—	—	—	—	—
5. The priorities of the department/college include multicultural education.	—	—	—	—	—
6. The priorities of the program include multicultural education.	—	—	—	—	—
7. There is funding available for multicultural competency training.	—	—	—	—	—
8. Administration support is important in order to achieve multicultural competency goals.	—	—	—	—	—
9. The program takes into consideration the needs of the community, including employers and clients, when developing their multicultural competencies.	—	—	—	—	—
10. The program takes into consideration the needs of the students when developing their multicultural competencies.	—	—	—	—	—
11. The program takes into consideration COAMFTE's call to address multicultural issues when developing multicultural competencies.	—	—	—	—	—
12. The program takes into consideration licensing boards when developing their multicultural competencies.	—	—	—	—	—
 <u>Curriculum Issues</u>					
1. The program has a required multicultural course.	—	—	—	—	—
2. Program has one or more additional multicultural courses that are required or recommended.	—	—	—	—	—
3. Multicultural issues are integrated into all coursework.	—	—	—	—	—
4. Faculty can specify <i>how</i> multicultural issues are integrated into all coursework and the syllabi clearly reflect this inclusion.	—	—	—	—	—
5. A diversity of teaching strategies and procedures are employed in class (e.g. individual achievement <u>and</u> cooperative learning models).	—	—	—	—	—
6. Varied assessment methods are used to evaluate student performance and learning (e.g. written assignments and oral presentations).	—	—	—	—	—
7. Students have an opportunity to engage in a cultural immersion experience such as study abroad for at least one semester, or an ethnographic immersion in a community culturally different from that of the campus or the student's own upbringing.	—	—	—	—	—

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 8. Disagreements over multicultural issues between faculty and students are discussed overtly                                  | — | — | — | — | — |
| 9. Disagreements over multicultural issues between faculty and students are discussed overtly in a safe environment            | — | — | — | — | — |
| 10. Students are given the opportunity to engage in self-reflective conversations and exercises regarding multicultural issues | — | — | — | — | — |

Clinical Practice and Supervision

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Students are exposed to culturally diverse minority* clientele.                              | — | — | — | — | — |
| 2. Students are exposed to racial/ethnic minority clientele**.                                  | — | — | — | — | — |
| 3. Multicultural issues are integral to on-site and on-campus clinical supervision.             | — | — | — | — | — |
| 4. Students have access to a supervisor representing a culturally diverse minority population*. | — | — | — | — | — |
| 5. Students have access to a supervisor that represents a racial/ethnic minority population**.  | — | — | — | — | — |
| 6. Translators are made available to clients who are not native English speakers.               | — | — | — | — | — |
| 7. Bilingual clinical paperwork is available for clients.                                       | — | — | — | — | — |

Research Considerations

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The program has a faculty member whose primary research interest is in multicultural issues.   | — | — | — | — | — |
| 2. There is clear faculty research productivity in multicultural issues. This is evidenced by faculty publications and presentations on multicultural issues.                               | — | — | — | — | — |
| 3. Students are actively mentored in multicultural research. This is evidenced by student-faculty co-authored work on multicultural issues and completed research projects on these issues. | — | — | — | — | — |
| 4. Diverse research methodologies are apparent in faculty and student research.   | — | — | — | — | — |
| 5. Both quantitative and qualitative research methods are utilized in faculty and student research.   | — | — | — | — | — |

Student and Faculty Competency Evaluation

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. One component of students' yearly (or semester) evaluations (including supervision evaluation) is sensitivity to and knowledge of multicultural issues. The program has a mechanism for assessing this competency. | — | — | — | — | — |
| 2. One component of faculty teaching evaluations is the ability to integrate multicultural issues into the course. The program has a mechanism for assessing this competency.   | — | — | — | — | — |
| 3. The program has a mechanism to assess faculty on their ability to make all students, regardless of cultural background, feel equally comfortable in class.   | — | — | — | — | — |
| 4. Multicultural issues are reflected in assignments including any exams completed by all students.   | — | — | — | — | — |

Minority Representation

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Faculty in the program represents culturally diverse minority populations*.                              | — | — | — | — | — |
| 2. Faculty in the program represents racial/ethnic minority population**.                                   | — | — | — | — | — |
| 3. The program values bilingual faculty.  | — | — | — | — | — |
| 4. Students in the program represent culturally diverse minority populations*.                              | — | — | — | — | — |
| 5. Students in the program represent racial/ethnic minority populations**.                                  | — | — | — | — | — |
| 6. Support staff (administrative, graduate assistants) represents culturally diverse minority populations*. | — | — | — | — | — |
| 7. Support staff (administrative, graduate assistants) represents racial/ethnic minority populations**.     | — | — | — | — | — |

Physical Environment

- 1. The physical surroundings of the program area reflect an appreciation of cultural diversity through artwork, posters or paintings. — — — — —
- 2. The physical surroundings of the program area reflect an appreciation of cultural diversity through the languages heard. — — — — —
- 3. The physical surroundings of the program area reflect an appreciation of cultural diversity by providing facilities that accommodate the needs of the physically challenged and the needs of children. — — — — —

General Multicultural Training

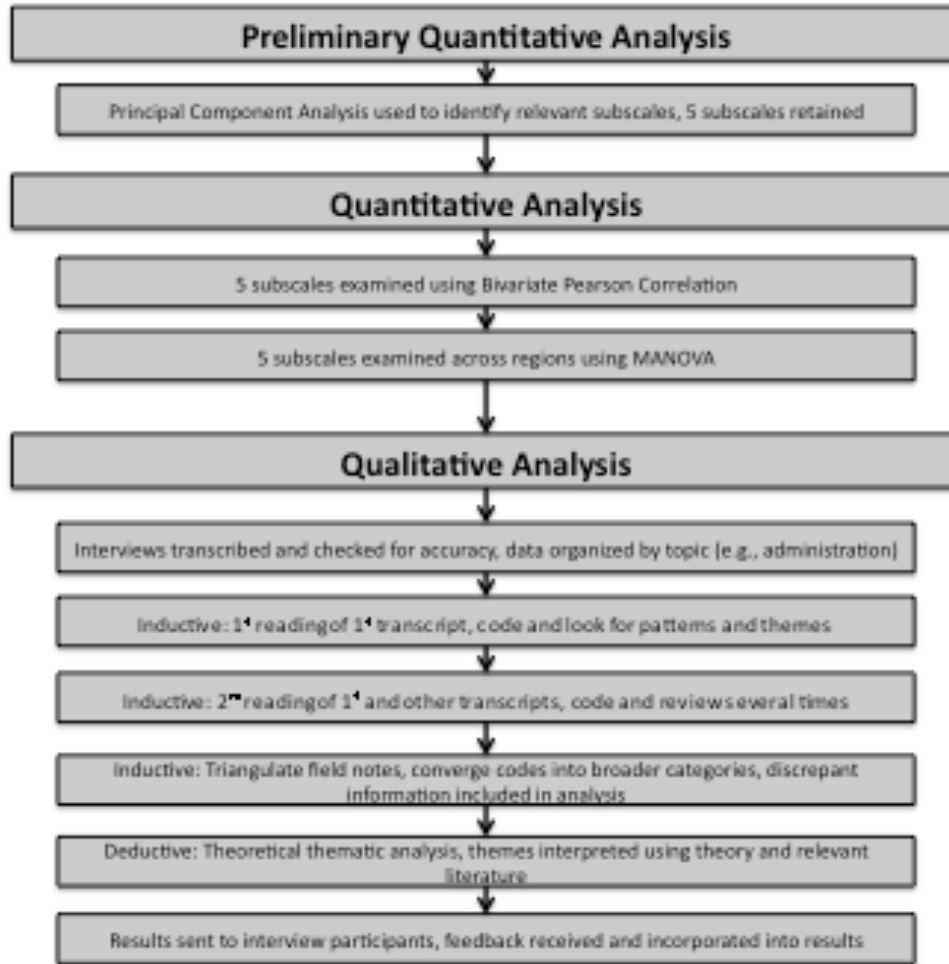
- 1. When was your MFT program first launched?
- 2. If you are not the program directors, leave blank. How long have you been the program director?
- 3. How long have you been a faculty member in the program?
- 4. When did the program first begin infusing multicultural competency training in an intentional way?
- 5. In addition to the areas above (administration, curriculum, clinical practice and supervision, research, student and faculty evaluations, minority representation, and physical environment) what are other training components that are important in order to meet multicultural competency goals?

In order to further understand the process and complexity of integrating multicultural training goals, the researcher would like to interview faculty working in MFT programs. If you are interested in your program being contacted for an interview regarding this topic, please leave your contact information: (university, program director and/or program representative, email and/or phone number).

Thank you for your participation.

\*Culturally diverse minority populations include minorities in age cohorts, sexual orientation, physical and mental abilities, social class, gender identity, sex, and religion.  
\*\*Racial/ethnic minority populations include American Indian/Indigenous People, Alaska Native, Asian, Black/African American, Latino/a, and Native Hawaiian and Other Pacific Islander

## Appendix J - Analysis Flowchart





## Appendix K - Preliminary Quantitative Analysis

**Table K.1 Rotated Varimax Five-Factor Principal Component Analysis for Administration**

Competencies	Factor Loading				
	1	2	3	4	5
<i>Administration Context:</i>					
1. The priorities of the program include multicultural education	.87				
2. The program takes into consideration COAMFTE's call to address multicultural issues when developing multicultural competencies	.83				
3. The priorities of the university include multicultural education	.78				
4. The priorities of the department/college include multicultural education	.74				
5. The program takes into consideration the needs of the students when developing their multicultural competencies	.72				
<i>Committee*:</i>					
1. The program has a committee providing leadership and support with regard to multicultural initiatives		.87			
2. The department has a committee providing leadership and support with regard to multicultural initiatives		.87			
<i>External Program Factors*:</i>					
1. There is funding available for multicultural competency training			.80		
2. The program takes into consideration the needs of the students when developing their multicultural competencies			.69		
<i>Larger Systems*:</i>					
1. The program takes into consideration licensing boards when developing their multicultural competencies				.93	
2. The university or academic institution has a committee providing leadership and support regarding multicultural initiatives				.58	
<i>Administration Support*</i>					
1. Administration support is important in order to achieve multicultural competency goals					.95
Total variance explained (81.42%)	32.85	15.39	13.43	11.10	9.47
Co-efficient Alpha	.85				

*Note:* KMO = .656; All items included in a sub-category KMO recorded a communality score of .60 and above

\*Extracted for not meeting criteria.

**Table K.2 Rotated Varimax Two-Factor Principal Component Analysis for Curriculum**

Competencies	Factor Loading	
	1	2
<i>Teaching Methodology:</i>		
1. Varied assessment methods are used to evaluate student performance and learning	.69	
2. A diversity of teach strategies and procedures are employed in class**	.69	
3. Students are given the opportunity to engage in self-reflective conversations and exercises regarding multicultural issues	.80	
4. Disagreements over multicultural issues between faculty and students are discussed overtly	.74	
5. Disagreements over multicultural issues between faculty and students are discussed overtly in a safe environment	.71	
<i>Program Coursework*:</i>		
1. Multicultural issues are integrated into all coursework		.55
2. Faculty can specify how multicultural issues are integrated into all coursework and the syllabi clearly reflect this inclusion		.41
3. The program has a required multicultural course		.06
4. Students have an opportunity to engage in a cultural immersion experience		.04
5. The program has one or more additional multicultural courses that are required or recommended		.06
Total variance explained (50.50%)	32.11	18.38
Co-efficient Alpha	.76	

*Note:* KMO = .523; All items included in a sub-category recorded a communality score of .60 and above

\*Extracted for not meeting criteria.

**Table K.3 Rotated Varimax Three-Factor Principal Component Analysis for Clinical Practice and Supervision**

Competencies	Factor Loading		
	1	2	3
<i>Clinician Exposure:</i>			
1. Students are exposed to culturally diverse minority clientele	.94		
2. Students are exposed to racial/ethnic minority clientele	.91		
3. Multicultural issues are integral to on-site and on-campus clinical supervision	.64		
4. Bilingual clinical paperwork is available for clients	.55**		
<i>Supervision*:</i>			
1. Students have access to a supervisor that represents a racial/ethnic minority population		.90	
2. Students have access to a supervisor representing a culturally diverse minority population		.79	
<i>Translator*:</i>			
1. Translators are made available to clients who are not native English speakers			.94
Total variance explained (78.89%)	35.42	23.72	9.76
Co-efficient Alpha	.81		

*Note:* KMO = .575; All items included in a sub-category recorded a communality score of .60 and above

\*Extracted for not meeting criteria.

\*\*Extracted for not meeting minimum loading of .60.

**Table K.4 Rotated Varimax Two-Factor Principal Component Analysis for Research**

Competencies	Factor Loading	
	1	2
<i>Faculty Research Priority:</i>		
1. The program has a faculty member whose primary research interest is in multicultural issues	.86	
2. Students are actively mentored in multicultural research	.84	
3. There is clear faculty research productivity in multicultural issues	.80	
<i>Research Methodology*:</i>		
1. Both quantitative and qualitative research methods are utilized in faculty and student research		.93
2. Diverse research methodologies are apparent in faculty and student research		.66
Total variance explained (73.83%)	46.30	27.53
Co-efficient Alpha	.81	

*Note:* KMO = .733; All items included in a sub-category recorded a communality score of .60 and above  
 \*Extracted for not meeting criteria.

**Table K.5 Rotated Varimax Two-Factor Principal Component Analysis for Student and Faculty Evaluations**

Competencies	Factor Loading	
	1	2
<i>Faculty Evaluations*</i> :		
1. One component of faculty teaching evaluations is the ability to integrate multicultural issues into the course	.93	
2. The program has a mechanism to assess faculty on their ability to make all students, regardless of cultural background, feel equally comfortable in class	.85	
<i>Student Evaluations*</i> :		
1. One component of students' yearly (or semester) evaluations (including supervision evaluation) is sensitivity to and knowledge of multicultural issues		.93
2. Multicultural issues are reflected in assignments including any exams completed by all students		.58
Total variance explained (81.34%)	47.29	34.05

*Note:* KMO = .574; All items included in a sub-category recorded a communality score of .60 and above

\*Extracted for not meeting criteria.

**Table K.6 Rotated Varimax Two-Factor Principal Component Analysis for Minority Representation**

Competencies	Factor Loading	
	1	2
<i>Minority Representation in Program:</i>		
1. Support staff (administrative, graduate assistants) represents culturally diverse minority populations	.86	
2. Students in the program represent culturally diverse minority populations	.84	
3. Support staff (administrative, graduate assistants) represents racial/ethnic minority populations	.82	
4. Students in the program represent racial/ethnic minority populations	.78	
5. Faculty in the program represents culturally diverse minority populations	.73	
6. Faculty in the program represents racial/ethnic minority populations	.58*	
<i>Bilingual Faculty*:</i>		
1. The program values bilingual faculty		.88
Total variance explained (66.79%)	51.42	15.37
Co-efficient Alpha	.86	

*Note:* KMO = .548; All items included in a sub-category recorded a communality score of .60 and above

\*Extracted for not meeting criteria.

**Table K.7 Rotated Varimax One-Factor Principal Component Analysis for Physical Environment**

Competencies	Factor Loading
	1
<i>Physical Environment*:</i>	
1. The physical surroundings of the program area reflect an appreciation of cultural diversity through artwork, posters, or paintings	.90
2. The physical surroundings of the program area reflect an appreciation of cultural diversity through languages heard	.84**
3. The physical surroundings of the program area reflect an appreciation of cultural diversity by providing facilities that accommodate the needs of physically challenged and the needs of children	.60**
Total variance explained	66.16%
Co-efficient Alpha	.67

*Note:* KMO = .555; All items included in a sub-category recorded a communality score of .60 and above

\*Extracted for not meeting criteria.

\*\*Extracted for not meeting minimum loading of .60.

**Table K.8 Descriptive Statistics for Multicultural Training Related Areas**

Regions	Administration Context	Teaching Methodology	Clinician Exposure	Faculty Research Priority	Program Minority Representation
	4.29 (.72)	4.46 (.62)	4.51 (.67)	3.78 (1.14)	3.70 (1.09)
Northeast (n =8)	4.62 (.43)	4.91 (.24)	4.29 (.82)	3.83 (.98)	3.48 (1.47)
Midwest (n =11 )	4.16 (.74)	4.77 (.22)	4.27 (.83)	3.97 (1.23)	3.48 (.89)
South (n=12)	4.02 (.89)	4.57 (.72)	4.87 (.32)	3.30 (1.22)	4.13 (1.05)
West (n=8)	4.46 (.63)	4.71 (.52)	4.58 (.46)	4.13 (1.01)	3.71 (.96)



**Table K.9 Bivariate Pearson Correlation Matrix**

	1	2	3	4	5
1. Administration Context	--	.735*** (n=34)	.203 (n=34)	.452** (n=34)	.176 (n=34)
2. Teaching Methodology		--	-.033 (n=35)	.380* (n=35)	-.016 (n=34)
3. Clinician Exposure			--	-.147 (n=36)	.727*** (n=34)
4. Faculty Research Priority				--	-.020 (n=34)
5. Minority Representation					--

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

## Appendix L - Qualitative Results

