MULTICULTURAL STRATEGY USE AND THE IMPACT OF PHYSICAL APPEARANCE IN PSYCHOTHERAPY WITH MULTIRACIAL CLIENTS

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTORATE OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

DEPARTMENT OF PSYCHOLOGY AND PHILOSOPHY

COLLEGE OF ARTS AND SCIENCE

BY

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DENTON, TEXAS

AUGUST 2018

DEDICATION

Dedicated to my wonderful family. Thank you for your unwavering support and patience as we navigated this process together.

ACKNOWLEDGMENTS

I would like to acknowledge those who have helped me along on my journey to this point. Thank you to my dear friends Smitha and Yvette, who have been ever patient as my sounding boards throughout coursework and challenges, both personal and professional. An additional thanks for hanging in there throughout my long absences of availability to reciprocate the time and attention you so generously shared with me. Thank you to Dr. Debra Mollen and Dr. Lisa Rosen for deftly handling my ignorance and guiding me through my first serious foray into research.

Thank you to Dr. Chris Hart for helping me to understand and navigate the challenges of statistics and experimental design. I want to thank Dr. Cindy Seamans for aiding me in the development of both my research and clinical interests and experience and helping me to discover an area of interest and passion I didn't know I had. Finally, I'd like to thank my chairs: thank you to Dr. Jeff Harris for your guidance, gentle challenges, and humor as we got this project off the ground; and thank you to Dr. Claudia Pyland for your amazing patience and kindness as you stepped in and helped me to pull this project to the finish line.

ABSTRACT

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AUGUST 2018

Over the past several decades, psychology and other related mental health fields have increasingly attended to multicultural competence. Multicultural treatment guidelines have been created and graduate programs typically incorporate at least one multiculturally-oriented course as a required component of training. However, training methods are inconsistent and the extent to which psychologists and other mental health professionals are actually incorporating multicultural skills into their work with specific groups is unknown. The population of Multiracial people in the United States has also steadily increased over the past several decades. Much of the racial multicultural competence research has been generalized to work with Multiracial people, though results were typically normed within samples consisting of monoracial people of color. Multiracial people typically report unique experiences of oppression and identity development not common to monoracial people therefore, these generalizations may be inappropriate and inadequate for treatment. This study assessed levels of multicultural competence among psychologists and other mental health professionals and compared their application of multicultural strategies in psychotherapy with Multiracials compared

to White and monoracials of color. Additionally, this study assessed differential strategy use between White counselors and counselors of color. Finally, as the appearance of Multiracial people can be highly variable, this study assessed the impact of the physical appearance of Multiracial clients by comparing reported multicultural strategy use with a darker-skinned versus lighter-skinned Multiracial person. Participants reported their perceived levels of multicultural competence, and multicultural strategy use based on vignettes of clients of differing races. The study found no significant differences between levels of multicultural strategy use based upon the race or physical appearance of the client and also found no significant differences in levels of reported strategy use between White counselors and counselors of color. The study found a measure that assesses multicultural knowledge and awareness to be a significant predictor of multicultural strategy use, while a measure of perceived skill in multicultural intervention did not significantly predict multicultural strategy use. Post-hoc analyses found that counselors incorrectly identified the race of Multiracial clients significantly more frequently than the race of monoracial clients. Implications for theory, practice, and research are discussed.

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CHAPTER I

INTRODUCTION

As with other areas within the field of psychology that have developed and evolved over time, so too has the movement toward multicultural competence (Ponterotto, Fingerhut, & McGuinness, 2012). In the mid-20th century, very little attention was paid to the idea that best practice recommendations may need to shift based on the cultural background of the client being served (Ponterotto, 2008). With the rise of the Civil Rights Movement in the late 1960s and 1970s, came the dawning of awareness of and attention to issues of multiculturalism, both within larger society and within psychology and related mental health fields (Ponterotto, 2008). By the 1980s, multiculturally-oriented recommendations were beginning to be made and, by the 1990s, professional organizations were developing specific guidelines for the treatment of diverse individuals (Ponterotto, 2008). More recently, the multicultural competence movement began to expand to incorporate global considerations and to recognize the intersection of multiple diverse variables within the same individual (Ponterotto, 2008).

It could be argued that the initial work of clarifying the need for multicultural awareness and developing a basic framework from which to operate competently remains incomplete (Quinn, 2012). As will be explored further in the next chapter, while most definitions of multicultural competence incorporate similar language and ideas (Priester et al., 2008), there is not agreement about the best way in which to train psychologists

and other mental health professionals to become culturally-competent practitioners (Bartoli, Bentley-Edwards, Garcia, Michael, & Ervin, 2015; Dyche & Zayas, 1995; McGoldrick, 1998; Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994). A 2001 review of multicultural counseling research conducted by the United States Department of Health and Human Services (2001) concluded that research up to that point had failed to demonstrate actual benefits to multicultural clients from the multicultural competence movement. While more recent research results have yielded more positive results with regards to the efficacy of multicultural counseling, there is still a dearth of research relative to other areas of interest within psychology and related fields, such as the treatment of children or marriage and family therapy (D'Andrea & Hickman, 2008; Quinn, 2012). Further, the research that has been conducted has more often been theoretical discussions of the construct of multicultural competence as opposed to actual investigations into therapeutic use and utility (Worthington, Soth-McNett, & Moreno, 2007).

Best Practice Recommendations

Sue, Arredondo, and McDavis (1992) proposed one of the first models for competent multicultural counseling that provided the foundation for the development of guidelines within psychology and related mental health fields and is still widely cited and utilized (Quinn, 2012). The original model stressed the need for a multifaceted understanding of multicultural clients in the development of competence that considers (a) *knowledge* about other cultural groups, (b) *awareness* related to cultural differences in values and beliefs, and (c) the development of specific therapeutic *skills* (Sue et al.,

1992). In 2015, the American Counseling Association (ACA) adopted guidelines for multiculturally competent practice based upon the work of Sue et al. (1992). The ACA guidelines incorporate attention to attitudes and beliefs, awareness, and skills as specified within Sue et al.'s (1992) model, but added a fourth dimension of *action* to their principles (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015). This call to action instructs counselors to actively pursue continued development of multicultural competence beyond initial training via purposeful inclusion of diversity within their work, attending continuing education, collaboration with clients, and immersion within diverse communities to facilitate connection and understanding (Ratts et al., 2015).

Likewise, psychologists are implored to acknowledge and explore issues of multiculturalism in their work with culturally-diverse clients (American Psychological Association, 2002). In 2008, the American Psychological Association (APA) commissioned a task force for the purpose of more thoroughly incorporating attention to issues of diversity and promoting the multicultural guidelines throughout the field of psychology. Findings of the task force resulted in recommendations for infusing multiculturalism across various aspects and levels of the profession including clinical practice, research, education and training, and program accreditation (APA, 2008). More recently, researchers have begun to examine the efficacy of adapting currently accepted clinical models for diverse populations (Hanna & Cardona, 2013; Malott & Schaefle, 2015; Quinn, 2012). These efforts will be discussed further in the next chapter.

Multiracial People: Facts and Features

The population of Multiracial people in the United States has been consistently increasing over the past several decades (Jones & Bullock, 2013). The number of people who identified as Multiracial increased by 33% between the 2000 and 2010 censuses (Jones & Bullock, 2013), and may still not fully represent the actual number of Multiracial people present within the United States, as some Multiracial people still choose to identify with a monoracial category on demographic forms (Townsend, Fryberg, Wilkins, & Marcus, 2012). For example, President Barack Obama is a prominent example of a Multiracial person who chooses to identify with a monoracial category. The concept of identifying as Multiracial is relatively new, as the 2000 census was the first to include the option of identifying with more than one race; previously, Multiracial respondents were forced to identify with a single racial category whether or not such an identification was congruent with their identity (Aspinall, 2003).

Historically, Multiracial people have typically been encouraged and expected to identify with the race of their non-White parent due to the influence of the "one-drop rule", which originated during the time of slavery (Hud-Aleem & Countryman, 2008). The one-drop rule asserts that any amount of non-White heritage, no matter how small, warrants disqualification for identification as White (Hud-Aleem & Countryman, 2008). Research has found that, while the census now provides the option to identify with more than one race, many demographic forms in other settings (such as mental health centers) do not (Townsend, Markus & Bergsieker, 2009). Further, monoracial people (both White and people of color) are still more likely to associate Multiracial people with the race of

their parent of color as opposed to perceiving them as White or Multiracial (Ho, Sidanius, Levin, & Banaji, 2011). This forced means of categorization is both obsolete and inadequate; it potentially prohibits Multiracial people from identifying in a way which is authentic to them, resulting in decreases in self-esteem (Townsend et al., 2009). Additionally, it is only applicable to Multiracial individuals who are partially White, and fails to account for those with an entirely non-White racial background (Khanna & Johnson, 2010).

Racial Terminology

The terms *race* and *ethnicity* will be used throughout this document, and are often used interchangeably, both within the field of psychology and in larger society (Helms and Tallyrand, 1997). Helms and Tallyrand (1997) argued that both are social constructs, but described race as being typically thought of as biologically based, whereas ethnicity is often described as being culturally based. Still, the two are often difficult to distinguish from one another, and definitions for some groups have shifted between ethnic and racial classifications throughout history (Cokley, 2007). For example, specific ethnic groups of Whites, such as Irish and Italians, at one point were classified as separate racial categories in the United States (Cokely, 2007).

Likewise, the terms *Biracial* and *Multiracial* are often used interchangeably within social science research, sometimes referring to individuals whose racial background is comprised of two races and sometimes referring to those from backgrounds of three or more races. While this dissertation will focus specifically on individuals whose race is comprised of two races (Black and White), the term Multiracial

will be used, as it is a more inclusive label for individuals who may identify with more than one race.

Finally, this work will address experiences and outcomes for *monoracial people of color* and Multiracial people. Monoracial people of color will be used to refer to people who identify as one of the typical racial and/or ethnic categories (i.e., Black, Asian, Latino/a), but who do not identify as White. Alternatively, at times, the term *monoracial* will be used independently of the *people of color* descriptor. In these instances, *monoracial* refers to anyone who identifies with a singular race, including White. Multiracial will be capitalized throughout this work in the same way as other races, as it is being used to refer to a specific racial category; monoracial will not be capitalized, as it does not refer to a specific race, but instead incorporates individuals who identify with various single-race backgrounds.

Current Knowledge: Implications and Limitations

While Multiracial people have historically been encouraged to identify with a single racial category (Hud-Aleem & Countryman, 2008), research has found that, when given the option, Multiracials often choose to identify with multiple racial groups or simply as Multiracial (Brackett et al., 2006; Miville, Constantine, Baysden, & So-Lloyd, 2005). Though adherence to the "one-drop rule" is no longer socially prescribed, Multiracial people still experience pressure from monoracial people to identify with one specific race, and may be subject to social consequences should they choose to defy this expectation (Coleman & Carter, 2007; Miville et al., 2005; Townsend et al., 2009;

Sanchez & Bonham, 2009). Further, monoracial people consistently misidentify the race of Multiracial people (Chen & Hamilton, 2012).

While research has found consistent results related to the experiences of Multiracial people and perceptions of them by monoracial people in the general population, research regarding the way in which these dynamics may present themselves in psychotherapy is quite limited. An in-depth review of the available research will be presented in the next chapter. It is not currently known if psychologists and other mental health professionals are vulnerable to making the same sorts of misappraisals of the racial identity of their Multiracial clients as those in the general population. It is possible that the additional training that psychologists and other mental health professionals receive related to issues of diversity will allow them to develop greater cultural sensitivity compared to the general population. The way in which psychologists and related mental health professionals racially identify their Multiracial clients has the potential to either facilitate or damage the development of the therapeutic relationship, as accurate appraisal of their race tends to improve Multiracial people's perception of their interactions with others (Remedios & Chasteen, 2013). Additionally, Multiracial people are susceptible to differential experiences of oppression and identity development than monoracial people of color (Kellogg & Liddell, 2012; Nadal, Sriken, Davidoff, Wong, & McLean, 2013; Tran, Miyake, Martinez-Morales, & Czismadia, 2016). Failure to consider and account for the unique experiences of a Multiracial identity in psychotherapy may result in inaccurate conceptualization and inadequate treatment.

The primary purpose of this dissertation was to discover how psychologists and other mental health professionals may be applying multicultural strategies in psychotherapy with Multiracial people as compared to White and monoracial people of color. Further, it sought to assess the potential impact of physical appearance in the application of multicultural strategies with a Multiracial client. Due to differential genetic expression, a wide range of physical presentation of racial features is possible within the population of Multiracial people (Nadal et al., 2013). Variations in physical appearance may result in differences in perception of race, even for Multiracial people of similar racial backgrounds. It is possible that psychologists and other mental health professionals will be less likely to incorporate multicultural strategies into their work with lighter-skinned Multiracial clients who appear more White/European compared to darker-skinned Multiracial people whose appearance more closely aligns with that of their parent of color. While there is limited research concerning psychotherapeutic treatment recommendations with Multiracial clients, there are no studies that examine the extent to which psychologists and other mental health professionals are actually using multicultural strategies in work with Multiracial clients. Additionally, no research currently exists that explores the possible impact of physical appearance in the multicultural psychotherapeutic treatment of Multiracial people, though one study did find that mental health professionals may be unlikely to incorporate issues of race and ethnicity into work with a diverse client who appears to be White (Summers, 2014). This dissertation sought to address this gap in the research on psychotherapy with Multiracial clients.

CHAPTER II

LITERATURE REVIEW

Defining Multicultural Competence

Multicultural competence within the context of psychotherapy has been described in various terms. Sue et al. (1992) provided one of the earliest definitions incorporating the development of (a) multicultural *knowledge* (factual information about norms, trends, and beliefs common to various diverse groups), (b) *awareness* (understanding and attention to differences in values, expectations, and experiences), and (c) *skills* (ability to effectively work with and incorporate multicultural content within psychotherapy). Hansen, Peppitone-Arreola-Rockwell, and Greene (2000) defined it in two parts, describing it as

> (a) awareness and knowledge of how age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status are crucial dimensions to an informed professional understanding of human behavior and (b) clinical skills necessary to work effectively and ethically with culturally diverse individuals, groups, and communities. (p. 633)

Though slight differences may be found in terminology, most researchers in the field of multicultural counseling define the construct as the development of the combination of multicultural knowledge, awareness, and skills (Priester et al., 2008). While the term *multicultural competence* rightfully implies competence in working with individuals from

diverse backgrounds across a range of variables, the present study will focus on competence related to clients' race.

Historically, multicultural competence has been characterized in terms of familiarity with cultural differences and the ways in which this can impact experiences, expectations, and norms (Sue, 1998). This approach often involves learning about the characteristics of other major racial groups. Ideally, psychologists and other mental health professionals would explore the interaction between the clients' cultural background and their own. However, this approach to defining competence has been criticized for being limited and narrow in scope, as it fails to account for the potential for heterogeneity within diverse cultural groups (Dyche & Zayas, 1995; McGoldrick, 1998; Patterson, 2004). Therefore, it has been suggested that rather than simply considering cultural norms for specific groups, which may lead to overgeneralizations, mental health professionals should seek to approach psychotherapy with diverse clients with an attitude of openness and curiosity in order to best serve the needs of the individual (Ridley et al., 1994). Models for multicultural training within psychology and other mental health professions have not universally adopted one approach over the other, as will be more specifically discussed later in this chapter.

There has been some discussion of whether multicultural competency is and should be seen as a separate construct from general competency in delivering therapy (Drinane, Owen, Adelson, & Rodolfa, 2016). Multicultural competence and general competence are strongly correlated, suggesting that possessing multicultural competence may be just one aspect of being competent overall as a mental health professional

(Coleman, 1998). However, research has found that multicultural competency levels only increase for mental health trainees after taking coursework specific to multicultural counseling, and not in relation to more general counseling training (Castillo, Brossart, Reyes, Conoley, & Phoummarath, 2007).

Current State of Multicultural Training

Methodology and Outcomes

While the amount of multicultural training students in psychology and other mental health professions are receiving has increased over the past decades, there is little consistency among graduate programs in the methodology and approach taken to deliver this training (Arthur & Achenbach, 2002). Research has found that students who have been in training longer tend to view themselves as more multiculturally competent than students at earlier stages of training (Barden & Greene, 2015), suggesting that mere exposure to multicultural coursework over time can increase views about personal efficacy for students in terms of their multicultural work. However, this fails to measure actual skills in delivering multicultural interventions.

While programs tend to incorporate content intended to increase knowledge and awareness of issues specific to racial and ethnic minority populations, they often neglect to focus on issues specific to White people, omitting material addressing White norms and privilege (Bartoli et al., 2015). This may be of concern as research has found that in order to be most effective in multicultural counseling; mental health professionals must become aware of the impact of their own racial or ethnic identity (Chao & Nath, 2011).

The combination of this research indicates that there may be an important gap in the training of many White mental health professionals.

Research on the effectiveness of multicultural training in developing multicultural competence in mental health students is inconsistent. Significant increases in multicultural knowledge, awareness, and skills after completion of multicultural coursework have been found for trainees across multiple mental health disciplines (Murphy, Park, & Lonsdale, 2006; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006; Kim, 2015). However, early research found that trainees tended to report low levels of self-efficacy in implementing multicultural strategies (Allison, Crawford, Echemendia, & Robinson, 1994) and that multicultural coursework had no significant impact on multicultural case conceptualization skills (Ladany, Inman, Constantine, & Hofheinz, 1997).

More recent research has found multicultural coursework to be effective in increasing the multicultural knowledge of counseling students, but found no significant increase in their levels of awareness (Chao, 2012). This suggests that, while multicultural training methodologies have improved in the domain of enhancing knowledge about diverse cultural norms, they are still failing to address the full spectrum of what is necessary for competence adequately. It has also been suggested that multicultural experiences during practicum training, such as contact with diverse clients and processing of issues of culture within supervision, may be more impactful in the development of multicultural competence than mere coursework (Vereen, Hill & McNeal, 2008). Further, training programs that incorporate issues of multiculturalism and diversity

throughout training rather than within the context of a single course have been found to result in increased multicultural competence in their students (Dickson & Jepson, 2007).

Nomothetic versus Idiographic Approaches

The discrepancies found in outcome studies related to the impact of multicultural training on multicultural competence may be the result of differences in the focus and approach across different programs. Traditionally, multicultural training within the field of mental health has been *nomothetic* in nature (Ridley et al., 1994). It has focused primarily on development of knowledge and skills pertaining to work with specific ethnic groups, and highlights potential differences between groups (Collins, Arthur, Brown, & Kennedy, 2015; Ridley et al., 1994). In fact, this is the method of development of multicultural competence first proposed by Sue (1992) that is still heavily used and cited within current mental health training (Cole, Piercy, Wolfe, & West, 2014). However, as previously noted, the prevailing method of multicultural training may not be ideal for the development of multicultural competence, as it does not explicitly attend to the potential for individual differences among members of specific racial and/or ethnic minority groups, and may also neglect to include content related to White racial identity and its impact. This can lead to underdeveloped multicultural awareness and skills, while also promoting overgeneralizations of perceived cultural norms (Dyche & Zayas, 1995; McGoldrick, 1998; Patterson, 2004).

In contrast, *idiographic* methods of multicultural training emphasize development of awareness of multicultural issues related to one's own ethnic identity along with clients', and the potential for differential interactions between them (Ridley et al., 1994).

This method is more likely to promote contextual consideration of clients on an individual basis rather than reliance on potentially overgeneralized norms. Though recommended by researchers (McGoldrick, 1998; Patterson, 2004; Ridley et al., 1994), the idiographic method may not be widely used. In an analysis of 64 syllabi from various multicultural counseling courses, Priester et al. (2008) found that the majority of training focused on increasing multicultural knowledge. Individual ethnic identity exploration was utilized, but typically only for students early in training rather than throughout all stages of development as a trainee. Perhaps most disturbingly, almost no content related to the development of actual multicultural skills was identified. The lack of attention to skills coupled with most programs' focus on nomothetic as opposed to ideographic methods may constitute a gap in the training of many mental health professionals in multicultural competence.

Use of Multicultural Skills and Strategies in Psychotherapy

Purpose and Procedures

Development of multicultural competence and the use of multicultural strategies specific to race/ethnicity aids in addressing issues of racism and oppression, which can serve to enhance the therapeutic relationship and level of engagement of racially diverse clients in therapy (Arredondo, 1999; Asnaani & Hoffman, 2012). As would be expected, a higher level of skill in working with multicultural content in therapy is associated with increased effectiveness in work with diverse clients. Sue (2008) found that therapists with higher multicultural skill levels were more effectively able to communicate and collaborate with clients from diverse backgrounds. A meta-analysis found significant

association between the use of multicultural interventions in therapy and more positive therapeutic outcomes (Griner & Smith, 2006).

While the bulk of multicultural strategy training has focused on the development of the therapeutic relationship as the primary change agent (Hanna & Cardona, 2013), some researchers have sought to broaden the scope of recommended skills in multiculturally competent therapy. Therapists who engage in reflective practice are more likely to possess higher multicultural competence, as it promotes the development of awareness around cultural issues (Collins, Arthur, & Wong-Wiley, 2010). Hanna and Cardona (2013) offered specific strategic recommendations for interventions designed to address issues of oppression in work with diverse individuals, such as identifying and analyzing core beliefs about oppression using adapted cognitive-behavioral techniques. Quinn (2012) suggested the use of multicultural adaptations of traditional person-centered approaches to therapy, such as seeking to understand and adopt the client's perception of and beliefs about the nature of his or her problems. Mallott and Schaefle (2015) developed a model to be used for addressing experiences of racial discrimination in psychotherapy, and recommended specifically listening for related client cues and explicitly attending to them.

While specific strategic recommendations may be found, such as in the examples noted above, little work has been done in the way of actually assessing the effectiveness of multicultural interventions. D'Andrea and Foster Hickman (2008) conducted a meta-analysis examining 40 years of outcome studies related to multicultural research and found that, while the amount of research being conducted on multicultural counseling

outcomes has increased over the past few decades, there remains a considerable lack of attention given to the topic within research. Out of 2,248 identified counseling outcome studies, only 53 were multiculturally oriented and met criteria for study inclusion.

Impact of the Race of Therapists

Differences in the use of multicultural strategies and multicultural competence levels have been identified when comparing White versus racially diverse psychotherapists. Historically, counselors of color have been found to possess greater multicultural competence than White counselors (Pope-Davis & Ottavi, 1994). Racially diverse psychotherapists are more likely to consider cultural factors in therapeutic work, tend to have greater cultural awareness, and form stronger therapeutic relationships with clients of color compared to White psychotherapists (Berger, Zane, & Hwang, 2014). While this is in part due to White psychotherapists having less exposure across the lifespan to diverse individuals, research has found that additional factors more commonly associated with White people may be even more impactful. As previously noted, White mental health trainees are often not prompted to examine their own racial identity during multicultural training, and *White* is often neglected in the discussion of racial categories (Bartoli et al., 2015). White people are also more likely than people of color to profess color-blind racial attitudes (Neville, Spanierman, & Doan, 2006). Lower levels of personal racial identity development and stronger endorsement of color-blind attitudes are both associated with decreased multicultural competence (Johnson & Williams, 2015; Middleton et al., 2005; Middleton et al., 2011; Neville et al., 2006).

The effects of racial identity can be mediated by additional experience with and exposure to diverse individuals, as multicultural competence has been found to increase over time in conjunction with exposure to diverse clients, independent of changes in racial identity development (Vinson & Neimeyer, 2003; Weatherford & Spokane, 2013). Researchers have also examined the impact of the nature of White therapists' feelings related to White privilege. White counselors who reported higher levels of White empathy as opposed to White guilt tend to be more multiculturally competent (Spanierman, Poteat, Wang, & Oh, 2008). These findings suggest that, with proper training and access to experiences with diverse individuals, White counselors may develop multicultural competence levels similar to those of their racially diverse peers.

Experiences and Outcomes of Clients of Color in Psychotherapy

As previously noted, there is a dearth of outcome research in the area of multicultural psychotherapy (D'Andrea & Heckman, 2008), therefore it is not surprising that there is limited research available into the outcome of multicultural therapy specifically from the perspective of clients. However, it is important to examine the process of multicultural competence from the perspective of diverse clients being served in order to continue to develop our understanding of methodology that is most beneficial to clients, as there are experiences unique to diverse interactions between counselor and client that may not be perceived or expected by White counselors. For example, even when not faced with explicit evidence of prejudicial attitudes, racially diverse clients may experience discomfort in therapeutic relationships with White mental health providers due to stereotype threat, which is anxiety related to the potential for evaluation based on

common stereotypes associated with the clients' racial/ethnic background (Jordan, Lovett, & Sweeton, 2012). Additionally, client perceptions of competence do not always align with counselors' perceptions of their own multicultural competence. Recent research failed to find significant associations between client and counselor ratings of the counselors' multicultural competence (Dillon et al., 2016). This research affirms the necessity of examining multicultural competence trends and therapeutic outcomes in the context of the experience of the client.

On a more basic level, clients who perceive their psychotherapists as being more multiculturally competent endorse more positive therapeutic outcomes and greater satisfaction with the process, increasing the chance that they will seek treatment again in the future should it become necessary (Constantine, 2002; Fuertes & Brobst, 2002; Owen, Leach, Wampold, & Rodolfa, 2011). Racially diverse clients have also been found to view therapists they perceive as multiculturally competent as possessing greater empathy and being more trustworthy (Fuertes & Brobst, 2002; Fuertes et al., 2006; Kim, Li, & Liang, 2002). Further, diverse clients' perceptions of the multicultural competence of their therapists was associated with the development of the therapeutic relationship, which is consistently cited as the most impactful factor within psychotherapy (Fuertes et al., 2006; Owen et al., 2011). Based on the cumulative findings of this research, it can be concluded that client perceptions of the level of multicultural competence possessed by their therapist is important in achieving a successful therapeutic experience.

Microaggressions are brief and often unintentional communications of hostility, judgment, and/or callousness due to a person's racial group membership (Sue et al.,

2007). The majority of racially diverse clients report having experienced racial microaggressions in psychotherapy (Hook et al., 2016). Experience of racial microaggressions in psychotherapy is associated with lower ratings of counselor multicultural competence on the part of the client (Constantine, 2007). In a study involving over 2,000 racially diverse participants, 81% of respondents reported having experienced at least one microaggression in the context of therapy (Hook et al., 2016), suggesting that racially diverse clients are likely to regularly experience doubts related to the multicultural competence of their therapists.

Treatment of Multiracial Clients in Psychotherapy

In light of the limited multicultural psychotherapy outcomes research overall, it is not surprising that little research exists related to the experiences of Multiracial people in psychotherapy, though some theoretical work does exist. In 2015, the ACA adopted guidelines specific to the treatment of Multiracial people in counseling, the first such guidelines to be developed and disseminated by a major mental health organization (Kenney & Kenney, 2015). The guidelines follow the same structure as the overall multicultural guidelines, but incorporate specific recommendations informed by issues unique to Multiracial people, such as attending to the possibility that they may feel isolated within their own families and recognition that much of the available multicultural methodological research has not included Multiracials and therefore may not be generalizable to them (Kenney & Kenney, 2015). Though not officially adopted by the larger governing body, social workers have also published adapted guidelines for work with Multiracial people, again highlighting some of the unique experiences of

Multiracials with recommendations attending to the development of knowledge, awareness, and skills (Jackson & Samuels, 2011). McDowell et al. (2005) discussed the necessity for incorporation of unique aspects of Multiracial identity development in family therapy with families that include Multiracial members, and suggested having purposeful conversations allowing for exploration and facilitation of understanding amongst family members. Rockquemore and Laszloffy (2003) proposed the adaptation of a relational narrative model of psychotherapy in work with Multiracial clients. Multiracial people are subject to invalidation and denial of their racial identity within larger society, which will be discussed further in the following section (Townsend et al., 2009). Therefore, a relational narrative approach to therapy has the potential to provide Multiracial clients with a validating experience related to their racial identity, as they are encouraged to self-identify and explore their racial experiences free from societal pressures and limitations (Rockquemore & Laszloffy, 2003).

Pedrotti, Edwards, and Lopez (2008) developed practice recommendations for psychologists in their clinical work with Multiracial people. They identified four themes specific to psychotherapy with Multiracial people. First, they stress the importance of seeking to understand the potentially disparate contextual background in which Multiracial clients have developed. Within this process, Pedrotti et al. suggested considering both possible associated strengths and risk factors resulting from the various communities that may comprise a Multiracial client's background. Second, Pedrotti et al. noted that psychologists must be aware of the unique aspects of Multiracial identity development, along with the awareness that the process of racial identity development

may shift between more versus less integration variably throughout therapeutic work. Third, Pedrotti et al. emphasized the need to explore racial identity both within the context of the identity that has been socially prescribed versus the client's personal view of self. Finally, Pedrotti et al. recommended explicitly conceptualizing Multiracial clients' diverse backgrounds from a strengths-based perspective, which is counter to the view of marginalization which is more commonly associated with a Multiracial background (Pedrotti et al., 2008). This strengths-based perspective is also recommended in a study specifically pertaining to work with Multiracial females (Edwards & Pedrotti, 2004), as it may serve to empower Multiracial clients in the context of their identity development.

Experiences of Multiracial People

Most of the multicultural literature has focused on monoracial people of color; less attention has been paid to the experiences of Multiracial people, both in and out of psychotherapy (Charmaraman, Woo, Quach, & Erkut, 2014; Miville et al., 2005). An analysis of the top 10 peer-reviewed counseling journals found just 10 published articles pertaining to Biracial and Multiracial issues between 1991 and 2013 (Evans & Ramsay, 2015). However, some research does exist that provides insight into the differential experiences of Multiracial people in the United States.

As noted in the previous chapter, historically in the United States, Multiracial people have not been permitted to identify their race in a manner of their choosing. Dating back to the time of slavery through the first half of the 20th century, the "one-drop rule" was the prevailing method of racial categorization for Multiracials within larger

society (Hud-Aleem & Countryman, 2008). In 1928, sociologist Robert E. Park proposed the theory of the *marginal man*. While not developed specifically with Multiracial people in mind, the marginal man theory speaks to the unique challenges Multiracials are likely to experience in the development of their racial identity, and was soon applied to the experience of Multiracials in the United States (Stonequist, 1937). The theory proposes that individuals who must develop within the context of living within two distinct societal groups, which may hold antagonistic relationships, will face difficulties in identity and personality development, as a process of adjustment and reconciliation between the two disparate groups must be navigated (Parks, 1928; Stonequist, 1937).

Until they were deemed unconstitutional in the landmark Loving v. Virginia case in 1967, anti-miscegenation laws existed in various states throughout the United States, which, in effect, had made the existence and creation of Multiracial people illegal (Kenney & Kenney, 2015). While the laws obviously did not succeed in preventing the addition of Multiracials to the population, they speak to the negative attitude about Multiracial people held by many Whites, especially as maintenance of "racial integrity" was historically cited as a primary reason for keeping such laws on the books. The repeal of anti-miscegenation laws did not serve to instantly legitimize interracial marriage and the existence of Multiracial people. In fact, as previously noted, an additional 33 years passed before Multiracial people were allowed to officially identify as such on the United States census (Jones & Bullock, 2013), rather than having to indicate membership in one larger racial category.

Multiracial people report experiencing pressure to align with a specific monoracial group and the norms associated with it (Coleman & Carter, 2007; Miville et al., 2005; Townsend et al., 2009). Because of this, Multiracial people may feel discriminated against by both the White majority and racial minority groups comprising their racial communities, leading to higher levels of perceived racial prejudice as compared to monoracial people of color (Brackett et al., 2006; Snyder, 2016). Perceptions of being forced by larger society to identity with one race or another can lead to feelings of identity denial for Multiracial people, which negatively impacts psychological well-being (Townsend et al., 2009). Identity denial is defined as being prevented from identifying in the way that feels most appropriate to the individual, and can result in feelings of tension and invalidation (Townsend et al., 2009). Identity denial may come in the form of the lack of inclusion of Multiracial as a category on a demographic questionnaire or the insistence by an observer that the race of a Multiracial person is something other than the race with which the individual actually identifies.

The pressure to align with one racial group over the other may lead to racial fluidity in Multiracial people, as they attempt to modify their racial expression based on the expectations of their current environment (Miville et al., 2005; Sanchez, Shih, & Garcia, 2009). Racial fluidity constitutes holding a shifting racial identity rather than being solidly grounded within a singular identity. For example, a Black/White Multiracial person may attempt to behaviorally present in a more stereotypically White manner when in a group primarily consisting of White people, while shifting to a more stereotypically Black presentation when in a predominantly non-White environment. Flexibility in

personal racial identity has been found to be associated with increased levels of depression and anxiety for Multiracial people (Coleman & Carter, 2007; Sanchez et al., 2009).

Research has found a tendency for Multiracial people to feel like racial outsiders across multiple racial contexts, as they often do not perceive themselves as belonging to a specific racial group with which to identify (Brackett et al., 2006; Miville et al., 2005). As described in the previous chapter, Multiracial people have been encouraged and, in many cases, required to identify with a single, typically non-White race. For example, many demographic forms still mandate identification with a single racial category (Townsend et al., 2009), and, while the "one-drop rule" has fallen out of favor, research has found that both White and monoracial people of color still tend to expect Multiracials to identify with a non-White racial category (Ho et al., 2011).

Racial identity strength has been identified as a protective factor for coping with oppression in samples of monoracial people of color (Branscombe, Schmitt, & Harvey, 1999; Ghavami, Fingerhut, Peplau, Grant, & Wittig, 2011). Further, higher levels of racial identity strength have been associated with a number of positive outcomes. Racial identity strength is associated with decreased levels of depression in Black women (Settles, Navarette, Pagano, Abdou, & Sidanious, 2010). Stock et al. (2012) found that Black adolescents with higher levels of racial identity strength engage in less substance abuse than Black teens with weaker racial identity. Strength of racial identity has also been found to be associated with the development of stronger coping skills in both Asian Indian and Black samples (Outten, Smith, Garcia, & Branscombe, 2009; Tummala-Narra,

Inman, & Ettigi, 2011). In contrast, Multiracial individuals have been found to possess lower levels of racial identity strength as compared to monoracial people of color (Leach, Mollen, & Rosen, 2015). This suggests that Multiracials may be missing an aspect of identity that serves as a protective factor for many people of monoracial people of color.

Monoracial people rate Multiracial people more negatively across several domains, including warmth, competence, and academic promise than both White and monoracial people of color (Sanchez & Bonham, 2009). Additionally, when racial identity was not immediately apparent based on physical appearance, disclosure of multiracial identity resulted in more frequent negative evaluations from monoracial respondents (Sanchez & Bonham, 2009). Multiracial people have also been found to be perceived as less socially competent than monoracial people by both White and monoracial people of color (Jackman, Wagner, & Wagner, 2001). These findings suggest that Multiracial people are likely to have experienced discrimination and negative feedback from both White and racially diverse sources at some point in their lives.

Individuals from diverse racial and ethnic backgrounds regularly experience microaggressions in their daily life (Sue et al., 2007). Multiracial people are subject to the same microaggressive experiences as monoracial people of color, but may also experience microaggressions within the context of their own families (Nadal et al., 2013). Families of Multiracial people may invalidate the racial experiences of Multiracials, becoming dismissive when Multiracials attempt to share their experiences of monoracial discrimination. For example, Black members of their family may tell Black/White Multiracials that they are "not really Black". Further, White members of their family

may be unfamiliar with and hesitant to validate oppression experienced by people of color in the United States. Themes of isolation and racial invalidation regularly surfaced when Multiracial people were asked to describe their experiences within their families, suggesting that feelings of racial belonging and affiliation may not be readily available to Multiracial people, even within their families (Nadal et al., 2013). This may leave Multiracial people feeling as though they lack the ability to connect with and be understood by others, which has the potential to present challenges in the context of psychotherapy.

The research described above suggests that the processing of multicultural content in psychotherapy with Multiracial people may be especially important, as multicultural factors may contribute to mental health issues in Multiracial people in unique ways. Further, it speaks to the potentially problematic nature of the nomothetic approach to training often found in multicultural courses in mental health graduate programs. The nomothetic approach focuses on the development of knowledge via studying typical group norms, which may leave trainees ill-equipped for working with diverse individuals from groups with no such popularized norms, such as Multiracial people. Research has found that Multiracial people are less vulnerable to stereotyping due to the lack of group cohesion, making Multiracial people difficult to stereotype (Shih, Sanchez, Bonham, & Peck, 2007). While avoidance of stereotypes seems positive (and, in many ways, it is), it also speaks to the relative lack of group identity that Multiracial people are likely to have, along with group norms that would become a part of such an identity. As there are no typical (or stereotypical) group norms popularized for Multiracials, it is difficult to

adequately address the potential needs of this population within a nomothetic model, as the primary basis for the model involves building mental health trainees' knowledge about differential norms for diverse cultural groups (Collins et al., 2015; Ridley et al., 1994).

The Impact of Physical Appearance

Monoracial Perceptions of Multiracial Appearance and Identity

The racial identity of Multiracial people is often not readily discernible based on physical appearance (Miville et al., 2005). Due to differences in genetic expression, Multiracial people, even within the same family, can display a range of physical features ranging from an appearance that seems to completely align with one racial category over the other to a blending of features resulting in the appearance of racial ambiguity (Tran et al., 2016). This is significant, in that research has demonstrated the importance of the correct identification of their race by others to Multiracial people (Remedios & Chasteen, 2013). Multiracial people report increased interest in interacting with someone who correctly identifies their race as opposed to someone who misidentifies or seems confused about their race; no such effect was found for monoracials (Remedios & Chasteen, 2013). This research has potential implications for psychotherapy with Multiracial people that are not necessarily applicable to work with monoracial diverse clients. Believing that his or her psychotherapist holds correct views about his or her race could facilitate development of the therapeutic relationship and promote increased engagement in the counseling process for a Multiracial client.

Monoracial people have been found to regularly misidentify the race of Multiracial people based on physical appearance (Chen & Hamilton, 2012). In fact, in a recent survey of Multiracial people, over 92% of respondents reported having been asked to clarify their racial identity when observers were unable to discern their race (Tran et al., 2016). Kellogg and Liddell (2012) found that Multiracial participants often described events involving interactions with others when prompted to identify important moments in their racial identity development. This underscores the significant impact of outsider perception in the development of personal racial beliefs for Multiracial people. It also suggests a potential conflict experienced by Multiracials; they value correct identification of their race by others (Remedios & Chasteen, 2013), but also report regularly having to clarify their racial identity because their race was undiscernible to others (Tran et al., 2016). This suggests that, while Multiracial people appreciate the efforts of monoracial people to accurately understand their racial background, the consistent need to disclose their identity in order to be accurately understood significantly impacts their racial identity development in a way that is unlikely to be common for monoracials. However, the way in which monoracial people respond to disclosure of a Multiracial identity has the potential to impact Multiracial people's interpretations of their racial disclosure. The acknowledgement and validation of a Multiracial person's racial identity as being Multiracial is associated with positive psychological well-being effects including endorsement of a more solidified and integrated sense of self (Lou, Lalonde, & Wilson, 2011).

Multiracial people are subject to evaluative changes due to perceived incongruence by monoracials between their physical appearance and actual racial composition (Sanchez & Bonham, 2009). This means that monoracial people were more likely to judge Multiracial people more harshly than both White and monoracial people of color once Multiracial identity was disclosed. White and monoracial people of color rated Multiracials as less warm and less competent than monoracials (Sanchez & Bonham, 2009). This suggests that Multiracial people may be hesitant to disclose their racial identity if they are unsure of how the disclosure will be received, due to the potential for negative evaluation from others as a result of their race. This represents another potential area necessitating differential consideration for Multiracial versus monoracial diverse clients in the context of psychotherapy.

Due to the potential for apparent incongruence between appearance and racial identity for Multiracial people, the development of a strong racial identity has been found to be related to physical appearance and associated feelings of acceptance versus exclusion (AhnAllen, Suyemoto, & Carter, 2006). For Asian/White Multiracial people, those who appeared to be Asian as opposed to looking more White or Multiracial experienced greater feelings of acceptance and, therefore, possessed stronger racial identities (AhnAllen et al., 2006). Further, similarity of appearance to one race versus the other was found to lead to both external and internal pressure to identify more strongly with the race that a Multiracial person most resembles (AhnAllen et al., 2006). This has the potential to be especially problematic for Multiracial people of partial White/European descent who more closely resemble their White heritage due to the still-

prevalent ideas of the historical one drop rule described in the previous chapter (Hud-Aleem & Countryman, 2008).

Recent research found that it is common for monoracial people to expect Multiracials of partial White heritage to identify with their non-White racial background rather than as White or as Multiracial (Ho et al., 2011). This research failed to account for differences in the physical appearance of multiracial people, but speaks again to the trend of monoracial pressure to conform to pre-existing standards of pure racial identification, which may be inappropriate and even harmful for Multiracials. Taken in conjunction with the findings of AhnAllen et al. (2006), this provides further evidence that Multiracial people of partial White descent whose appearance more closely aligns with a White person may face unique racial identity struggles even in comparison to other Multiracial people, as their physical appearance is likely to be at odds with societal pressures.

A study involving Black/White Multiracials found that Multiracial people tend to self-identify their race based on physical appearance, but not based on personal feelings or preference (Brunsma & Rockquemore, 2001). Instead, racial self-identification was influenced by assumptions about their race made by others based upon appearance (Brunsma & Rockquemore, 2001). This reaffirms the importance of outsider appraisal in the racial identity development of multiracial people. It further suggests that the way in which their race is discussed within the context of psychotherapy may influence the way in which Multiracial clients present and perceive themselves within the therapeutic relationship.

Counselor Perceptions of Multiracial Appearance and Identity

While it has been consistently verified that the general population is likely to misidentify and make judgments based upon the racial identity and physical appearance of multiracial people (Chen & Hamilton, 2012; Tran et al., 2016), there is little research into the potential effects this may have on counselor perceptions of Multiracial people. Ideally, the additional training on multicultural issues received by mental health professionals as compared to the general population would serve to mediate the potentially harmful reactions commonly found in research. However, the prevailing tendency of the use of nomothetic methods in multicultural mental health training may preclude this possibility, as it is unlikely to recognize and spotlight issues specific to multiracial people (Dyche & Zayas, 1995; McGoldrick, 1998; Patterson, 2004).

While not specific to multiracial clients, research has demonstrated that White counselors may change their conceptualization and approach to a case based solely on the racial/ethnic identity of the client (Gushue, Constantine, & Sciarra, 2008). In one study, White counselors were given identical descriptions of a client case, with the exception of race (either White or Latino) and asked to rate the health of the described behaviors; ratings changed based upon the stated ethnicity of the clients (Gushue et al., 2008). In a way, this may be seen as a positive finding, in that it suggests that White counselors are considering differential cultural norms for behavior in their conceptualization of clients. However, it may also suggest that White counselors may rely on generalizations and stereotypes to inform their conceptualization of diverse clients, given that their

perceptions of behaviors changed without any additional client information outside of ethnicity.

Summers (2014) examined the impact of client ethnic diversity when it is initially not apparent to the counselor based on client physical appearance. Though this study again did not involve multiracial people, it is relevant in that others may not immediately perceive the racial/ethnic identity of multiracial people, particularly for multiracial people of partial White descent. Summers (2014) found that the client's ethnic identity was only assessed and considered when culturally related views began to impede the progress of therapy. This suggests that counselors may neglect to introduce multicultural considerations into therapy with diverse clients whose physical appearance does not clearly indicate their background.

The Present Study

As noted above, while the output of multicultural research in the field of mental health has been steadily increasing over the past several decades, there are still several underexplored areas of relevance (D'Andrea & Heckman, 2008; Ponterotto, 2008). Multicultural training methodologies and outcomes have improved significantly in recent years (Chao, 2012; Kim 2015) but the prevailing method of instruction may neglect to adequately prepare psychotherapists for work with Multiracial clients, who often do not identify with popular racial group norms and may not affiliate with any one particular race (Brackett et al., 2006; Collins et al., 2015; Miville et al., 2005; Ridley et al., 1994). Additionally, it has been established that the race of Multiracial people is often misidentified by monoracial observers (Chen & Hamilton, 2012; Tran et al., 2016) and

that Multiracial people are often judged negatively as compared to monoracials by both White and monoracial people of color (Sanchez & Bonham, 2009). However, at present time, research has not yet examined the impact of these effects on psychotherapists. Due to their training, individuals within the field of mental health may be more culturally sensitive and less susceptible to bias than those in the general population. However, research has demonstrated that counselors are prone to making judgments based solely on the ethnicity of their clients (Gushue et al., 2008). Further, research has also found that counselors may fail to assess the racial identity of a person whose physical appearance does not align with their race unless it begins to specifically present problems for therapeutic progress (Summers, 2014). The question of whether or not counselors are accurately and adequately attending to racial factors in work with Multiracial clients warrants some attention, as research has consistently demonstrated the importance of the correct appraisal of the race of Multiracials by others in the context of relationship formation and psychological well-being for Multiracial people (Brunsma & Rockquemore, 2001; Lou et al., 2011; Remedios & Chasteen, 2013). Given the importance of the development of rapport and the therapeutic alliance in successful psychotherapy, a counselor's appraisal of and attitude toward the race of a Multiracial client has the potential to significantly facilitate or impede therapeutic progress.

The purpose of this research study was to assess the extent to which multicultural skills are typically incorporated by mental health workers into psychotherapy overall, and to determine if there are differences in the ways in which these skills are implemented in work with Multiracial versus monoracial clients of color. Further, due to the potential for

differences in physical resemblance to one race versus another for Multiracial people, along with the way physical appearance impacts identity (AhnAllen et al., 2006; Brunsma & Rockquemore, 2001), this study also examined the impact of the physical appearance of Multiracial clients on the implementation of multicultural skills. The researcher conducted this study with the following questions in mind: Do counselors utilize multicultural strategies in psychotherapy with racially diverse clients? Do counselors employ multicultural strategies in psychotherapy at differential levels based on client race, specifically with Black versus Multiracial clients? Further, does the physical appearance of the client impact the extent to which counselors employ multicultural strategies in psychotherapy?

Hypotheses

Based on previous findings related to the development of multicultural competence, differential levels of multicultural competence between White counselors and counselors of color, as well as the experiences of and monoracial perceptions of Multiracial people, the following hypotheses were proposed.

Hypothesis 1: Counselors who report greater levels of multicultural competence will use multicultural strategies more often across all client types than counselors who report lower levels of multicultural competence.

a. Participants with higher multicultural awareness scores would use more multicultural strategies with all clients.

b. Participants with higher multicultural skills scores would use more multicultural strategies with all clients.

Hypothesis 2: Client race will have a significant impact on counselors' use of multicultural skills.

a. Counselors will use multicultural strategies more often with Black and Multiracial clients than with a White client.

b. Counselors will use multicultural strategies more often with Black and darker-skinned Multiracial clients compared to a lighter-skinned Multiracial client.

Hypothesis 3: Counselors of color will report greater multicultural competence as compared to White counselors.

a. Counselors of color will report greater multicultural awareness as compared to White counselors.

b. Counselors of color will report greater multicultural skill as compared to White counselors.

Hypothesis 4: Counselors of color will report greater multicultural strategy use as compared to White counselors.

CHAPTER III

METHOD

Participants

A total of 139 participants were recruited for this study. The Recruitment Letter is provided in Appendix A .The records of 39 participants were discarded due to non-completion while 100 participants were included in the final analyses. The participant sample was comprised of mental health professionals and advanced graduate students. Qualification for the study required that student participants have some practicum experience at a minimum. This was assessed via an inclusion question at the beginning of the study. Participants were drawn from the fields of psychology, mental health counseling, marriage and family therapy, and social work. Participants were prompted to complete a demographic form that included questions about age, gender, race/ethnicity, education level, length of time in the field, previous multicultural skills training, and experience working with diverse clients. Participants were recruited on a voluntary basis via email contact to graduate programs and professional listservs, as well as listings on social networking sites such as Facebook and Reddit. Participants accessed the study via a link to a survey posted on PsychData.com, a secured website for data collection that allows data to be stored in a password-protected electronic file. Participants were invited to provide an email address unconnected to their answers in order to receive communications about findings after the completion of the study. Additionally, participants were permitted to submit their email addresses in order to be eligible to

receive a $50 gift certificate to Amazon.com, which was awarded to a randomly selected participant.

The sample for this study was predominantly female (86%) and White (67%). One participant identified as gender fluid. Of the participants of color, seven identified as Asian, 13 as Black, six as Latina/o, five as Multiracial, and two as Other. Participants ranged in age from 22 to 71 (M = 31.56, SD = 9.6). The majority of participants held a Master's Degree (52%), while 10% held doctoral degrees and 38% had completed some graduate training, but had not yet completed a graduate degree. Most participants (72%) had less than five years of experience working in the field; 49% reported one to four years of experience, while 23% reported that they had less than one year of experience. An additional 23% of participants reported that they had five to ten years of experience, 3% reported having had 11 to 15 years of experience, and 2% reported that they had 20 or more years of experience working in the field. Twelve participants reported that they had not taken a graduate level multicultural course. A majority of participants (70%) reported having attended multicultural seminars and/or trainings in addition to their graduate coursework. Most participants (82%) reported past or current work with racially diverse clients. Of participants who reported having worked with racially diverse clients, the number of hours of client contact varied widely, from 25 or fewer (n=17) to greater than 200 (n=26). See Table 1 for an overview of the descriptive statistics of the sample.

Table 1

Descriptive Statistics of the Sample

White (*n*)	Female (*n*)	Mean Age	Mean Education Level	Mean Years of Experience	Mean Contact Hours with Racially Diverse Clients
67	86	31.56	1.72	2.14	3.60

Note. Mean education levels for participants fell between "Some Graduate School" (1) and "Master's Degree" (2). Mean years of experience levels fell between "1-4 Years" (2) and "5-10 Years" (3). Mean contact hours with racially diverse clients levels fell between "51-100" (3) and "101-150" (4).

Procedures

The study survey included an informed consent form, inclusion question, demographic information questionnaire, The Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994), The Multicultural Counseling Self-Efficacy Scale – Racial Diversity Form (MCSE-RD; Sheu & Lent, 2007), and a measure of use of Multicultural-Feminist Psychotherapy Strategies (Brooks-Harris & Savage, 2007) within the context of this study. After providing informed consent (the Informed Consent is provided in Appendix B), participants were asked to select whether they were professionals or students. Participants who selected "professional" were taken to the first study measure while those who selected "student" were prompted to answer the following inclusion question: "Have you begun seeing clients in practicum?" Participants who answered in the affirmative were permitted to continue participation in the study, while those who answered negatively were told they were ineligible to participate further and thanked for their time. Continuing participants were next given

the MCI, followed by the MSCE-RD to obtain a measure of their competence in and typical implementation of multicultural strategies in therapy.

Participants were then shown an image of one of twelve potential clients along with a vignette briefly describing the client's presenting problem. Potential clients varied by race: three White clients, three Black clients, three darker-skinned Multiracial clients, and three lighter-skinned Multiracial clients. Participants were shown one client each concurrently with the vignette and images were presented with the gender and age of the client, along with the race of the client identified as Black, White, or Multiracial. Both the darker-skinned and lighter-skinned Multiracial clients were simply identified as Multiracial. Client photos were randomly paired with one of two vignettes depicting clinical presentations of similar severity. After viewing the image of and information about each client, participants were asked to rate how likely they would be to use each of the Multicultural-Feminist Psychotherapy Strategies (Brooks-Harris & Savage, 2007) with the presented client. After completion of the Multicultural-Feminist Psychotherapy Strategies inventory, participants were presented with a manipulation check question: "What was the race of the client you saw?," and were asked to report the race of the client they received. The purpose of the manipulation check question was to verify whether participants took note of the stated race of the client with whom they were presented. At the conculsion of the study, participants were provided with a debriefing of the study (see Appendix I).

Measures

Demographic Information Questionnaire

Participants were prompted to complete a demographic questionnaire in order to obtain descriptive information about the characteristics of the sample. The questionnaire included items assessing age, gender, and race/ethnicity of the participant. Additionally, the questionnaire included items to assess previous training and contact with multicultural counseling and diverse clients in order to gain a measure of the relative experience of the sample. These questions included items related to education level, length of time working in the field, previous multicultural skills training, and experience working with diverse clients. The demographic questionnaire is provided in Appendix C.

Multicultural Competence

Within this study, multicultural competence was assessed using two scales; The Multicultural Counseling Inventory (Sodowsky et al., 1994), which was used to measure knowledge and awareness related to multicultural competence, and the MCSE-RD form (Sheu & Lent, 2007), which was used to measure perceived skill in delivering multicultural interventions.

The Multicultural Counseling Inventory. The MCI is a 40-question survey designed to measure mental health professionals' knowledge, awareness, and competence related to incorporating multicultural considerations into their work with clients (Sodowsky et al., 1994). Competencies are assessed using a Likert scale ranging from 1 (Very Inaccurate) to 4 (Very Accurate), with higher scores representing greater competence.

The MCI assesses mental health professionals' competence in multicultural counseling across four factors: awareness, skills, knowledge, and relationships. It includes items such as "I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures," and "I monitor and correct my defensiveness (e.g., anxiety, denial, minimizing, overconfidence)." Cronbach's alpha for the total measure was found to be 0.87 (Sodowsky et al., 1994; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). Construct and criterion validity have also been assessed and verified (Ponterrotto & Alexander, 1996). The MCI is provided in Appendix D. Internal reliability for the MCI in the current sample was found to be high, α = .86.

The Multicultural Counseling Self-Efficacy Scale – Racial Diversity Form. The MCSE-RD is a 37-item self-report measure designed to assess mental health professionals' impression of their skills in the area of multicultural counseling (Sheu & Lent, 2007). It uses a 10-point Likert scale that allows respondents to rate their level of confidence in implementing specific multicultural counseling skills. Responses range from "No Confidence at All" to "Complete Confidence," with higher scores indicating greater reported confidence in skill level. The MCSE-RD prompts respondents to rate their confidence in their ability to implement skills such as "Where appropriate, help the client to explore racism or discrimination in relation to his or her presenting issues," and "Take into account cultural explanations of the client's presenting issues in case conceptualization." The MCSE-RD assesses confidence in skills across three factors; multicultural intervention, multicultural assessment, and multicultural session management. Cronbach's alpha across the entire measure was found to be 0.98 (Sheu &

Lent, 2007). The MCSE-RD is provided in Appendix E. Internal reliability for the MCSE-RD in this sample was found to be high, α = .96.

Vignettes

Two vignettes were developed for use in this study. They were designed to be similar in background and symptom severity level and include client names that are not stereotypically associated with one specific race. Vignettes also included information related to the hypothetical clients' relationship status, family background, social functioning, occupation, and presenting problem.

The first vignette depicted a client who was presenting with symptoms of depression, and included statements such as "Tina reports that, while her marriage is free from significant problems, she feels somewhat disconnected," and "Tina states that she has a few friends at the office where she works, and says that they sometimes get together on weekends, though she reports seeing them less often since her struggles began." The second vignette depicted a client who was presenting with symptoms of anxiety, and included statements such as "Courtney reports that she has been feeling tense and irritable, leading her to snap at her boyfriend more quickly than usual," and "She states that she is somewhat distant from her father, but has a very close relationship with her mother, who she speaks with daily." Study vignettes are provided in Appendix F.

Photographs

A total of twelve photographs were selected for use in this study, three for each racial category (see Appendix G). All hypothetical clients pictured were women and of a similar age range. All selected photographs feature portraits of women looking directly

at the camera and smiling. Photographs were independently viewed and rated by ten adults and were found to be judged similarly on level of attractiveness and friendliness. Photographs were obtained for use in the study via a stock image database. Study photographs are provided in Appendix G.

Multicultural Strategy Use

Multicultural-Feminist Psychotherapy Strategies Measure. The Multicultural-Feminist Psychotherapy Strategies include 14 interventions recommended for implementation in work with diverse clients (Brooks-Harris & Savage, 2007). These strategies were developed in order to provide psychotherapists with a broad framework for working multiculturally with clients and incorporate several relevant aspects of multiculturally competent work (Brooks-Harris & Savage, 2007). Strategies address working to understand the worldview of diverse clients; developing and enhancing the therapeutic relationship; encouraging identity development within a cultural context; attending to spiritual concerns and considerations; and facilitating awareness and exploration of the counselor's personal worldview and biases (Brooks-Harris & Savage, 2007). The strategies were designed to align with and address the multicultural guidelines suggested by the American Psychological Association (APA, 2002). Use of the strategies was assessed with the prompt "How likely would you be to use each of these strategies with this client?" Participants responded using a 5-point Likert scale with the following response options: Very Unlikely (1) Somewhat Unlikely (2) Neutral (3) Somewhat Likely (4) Very Likely (5). Higher scores represented greater frequency of multicultural strategy use. The Use of Multicultural-Feminist Psychotherapy Strategies

Measure is provided in Appendix H. Internal reliability for the Multicultural-Feminist Strategies Measure in the current sample was found to be high, α = .82.

Analysis Plan

Descriptive statistics were analyzed across all variables assessed via the demographic form, including ranges, means, and standard deviations. Hypothesis 1, which predicted that counselors who report greater levels of multicultural competence would use multicultural strategies more often across all client types compared to counselors who report lower levels of multicultural competence, was assessed using a correlational analysis. Hypothesis 2, which predicted that client race would have a significant impact on counselors' use of multicultural skills was assessed using a one-way ANOVA. In order to test Hypothesis 2, participants were separated into groups based upon the race of the hypothetical client with which they were presented. Hypothesis 3, which predicted that counselors of color would report greater multicultural competence as compared to White counselors, was assessed using a *t*-test. Hypothesis 4, which predicted that counselors of color would report greater multicultural strategy use as compared to White counselors, was also assessed using a *t*-test. In order to test hypotheses 3 and 4, participants were separated into two groups, with White counselors in one group and counselors of color combined into the second group. Assumptions were examined and were met. The variables were normally distributed and the assumption of homogeneity of the variables was met.

CHAPTER IV

RESULTS

The Association between Multicultural Competence and Strategy Use

Multicultural competence was assessed using the MCI and MSCE-RD. Pearson's correlation analysis was used to determine whether scores on the MCI and MCSE-RD were correlated with one another as well as to determine whether scores on both measures were correlated with reported multicultural strategy use. Scores on the MCI and MCSE-RD were found to be significantly positively correlated ($r = .79$, $p < .001$), and represented a large effect size (Cohen, 1992). Additionally, scores on both the MCI ($r = .55$, $p < .001$) and the MCSE-RD ($r = .50$, $p < .001$) were found to significantly positively correlate with multicultural strategy use, and represented a large effect size in both cases.

The Impact of Client Race on Multicultural Strategy Use

The impact of client race on counselors' use of multicultural skills was assessed using a one-way ANOVA. Participants were separated into groups based upon the race of the hypothetical client with which they were presented. The race of the hypothetical client seen was entered as the independent variable while multicultural strategy use was the dependent variable. Analyses were run with participants separated into four groups (Black, White, lighter-skinned Multiracial, darker-skinned multiracial) and into three groups (Black, White, and both Multiracial conditions combined into a single group). Contrary to the prediction, the analyses revealed no significant difference in reported

participant multicultural strategy use based upon the race of the hypothetical clients with either four ($F(3, 96) = 1.888$, $p = .137$) or three racial groups ($F(2, 100) = 2.764$, $p = .068$).

Multicultural Competence and Counselor Race

Differences in levels of multicultural competence in White counselors as compared to counselors of color were analyzed using a *t*-test. Participants were divided based upon the race of the participants, with participants who identified as White comprising one group and participants who identified with a race other than White being combined to form the second group. Mean scores for both the MCI and MCSE-RD were compared across groups. Contrary to prediction, no significant differences were found between White counselors ($M = 3.132$, $SD = .261$; $M = 7.671$; $SD = .933$) and counselors of color ($M = 3.234$, $SD = .34$; $M = 7.91$, $SD = 1.349$) in scores on the MCI ($t(98) = -1.660$, $p = .10$)or MCSE ($t(98)= -1.029$, $p = .306$).

Multicultural Strategy Use and Counselor Race

Difference in use of multicultural strategies by White counselors as compared to counselors of color was also analyzed using a *t*-test. Participants were again divided based upon the race of the participants, with participants who identified as White comprising one group and participants who identified with a race other than White being combined to form the second group. Mean scores for reported multicultural strategy use were compared across groups. Again, contrary to prediction, no significant differences were found between White counselors ($M = 4.236$, $SD = .441$) and counselors of color (*M*

= 4.266, *SD* = .528) in their reported use of multicultural strategies (*t*(98)= -.306, *p* = .760).

Manipulation Check

At the conclusion of the study, participants were asked to identify the race of the hypothetical client they had seen in order to determine whether the race of the client had been noticed. Of the 100 total participants, 26 reported the race of their hypothetical client incorrectly. Of the responses scored as incorrect, four identified their client's race correctly, but indicated that their response had been a guess. For example, one participant responded, "She [her hypothetical client] appeared White." Though the client races were guessed correctly, these responses were counted as incorrect due to the indication that the participants failed to notice and account for the stated race of their clients. Fifteen participants identified their clients as an alternative incorrect race. For example, one participant identified the presented client (darker-skinned Multiracial) as "African/African American." Of the 15 clients whose race was identified incorrectly, 12 were Multiracial. An additional three participants incorrectly indicated that the race of their client had not been stated; two participants indicated that they were unsure of the race of their clients; and two participants provided non-specific responses for the race of their clients such as "American."

Though not included in the original hypotheses, the discrepancy in the number of racial identification errors committed with mono-racial versus Multiracial hypothetical clients was notable. A post-hoc chi-square analysis of the distribution of racial identification errors was conducted across three racial groups (Black, White, and both

types of Multiracial clients combined into one group) and was found to be significant, (X^2 (2) = 6.689, p <.05). Overall, Black clients were correctly identified 77% of the time, White clients were correctly identified in 89% of cases, and Multiracial clients were correctly identified in 63% of cases. Approximately 62% of the racial identification errors were committed with Multiracial clients, 23% were committed with Black clients, and 15% were committed with White clients. Of the errors committed with Multiracial clients, approximately 68% were with darker-skinned Multiracial clients, while 31% were with lighter-skinned Multiracial clients. A chi-square analysis of the distribution of racial identification errors between darker- and lighter-skinned Multiracial clients was not found to be significant (X^2 (1) = .387, p = .534).

CHAPTER V

DISCUSSION

Summary of Findings

The current investigation found that, consistent with predictions, both the MCI and MCSE-RD were found to be significantly correlated with multicultural strategy use, with higher levels of multicultural awareness and skills being associated with higher levels of multicultural strategy use. Additionally, scores on the MCI and MSCE-RD were found to significantly correlate with one another suggesting that, as multicultural awareness increases, so too does perceived skill in the delivery of multicultural interventions.

Contrary to the researcher's hypothesis, no significant differences were found on multicultural strategy use due to the race or physical appearance of the client. Multicultural strategy use was fairly consistent across all race conditions including with White clients. Additionally, no significant differences were found in multicultural strategy use with Multiracial clients with lighter versus darker skin. Though there has been limited research on the impact of client physical appearance upon counselor racial appraisal and resultant therapeutic intervention, results have found that counselors changed their conceptualizations of identical cases based upon differences in the race of the client (Gushue et al., 2008) and that counselors failed to attend to multicultural factors in psychotherapy with a racially diverse client who appeared to be White (Summer, 2014). Therefore, the current findings were surprising. The lack of significant

differences found on the Multicultural-Feminist Strategies Measure based upon the race of the client may have been due to a number of factors including over-reporting of strategy use and lack of attention to the race of the hypothetical client. Specific features of the study sample may have also impacted this, as the study was largely homogenous across multiple demographic variables (e.g., race, gender, years of experience within the field) and also reported extensive previous multicultural training.

Additionally, no significant differences were found across scores of multicultural awareness or skills in White counselors as compared to counselors of color. Though previous research has found counselors of color to be more multiculturally competent than their White counterparts (Pope-Davis & Ottavi, 1994; Berger et al., 2014), no significant differences were found in reported levels of multicultural awareness or skills between White counselors and counselors of color. Further, no significant differences were found in levels of multicultural strategy use reported between White counselors and counselors of color. This may have been due to an overall lack of racial diversity within the sample, as the majority of participants were White, which did not allow for a nuanced analysis of the data based upon participant race. The overwhelming majority of participants were also monoracial, which may also have impacted these results, as a major focus of this study was on psychotherapeutic work with Multiracial clients. Previous research has found that monoracial people (both White and those of color) often misidentify the race of Multiracial individuals (Chen & Hamilton, 2012; Tran et al., 2016), which may have led to a lack of differentiation between client race groups on the part of some participants.

Out of 100 participants who completed this study, one fourth incorrectly identified the race of their hypothetical client, despite the client race being included in the information presented to them. Multiracial clients were found to be misidentified significantly more often than either Black or White clients. This is consistent with previous research findings (Chen & Hamilton, 2012; Tran et al., 2016). Additionally, as 26% of participants incorrectly identified the race of their client, with a significant portion of mis-identified clients being within the Multiracial condition, it is possible that this may have contributed to the lack of significant differences in multicultural strategy-use observed across racial groups described above. Lack of attention to the identified race of the client on the part of counselors would likely yield less variability in multicultural strategy use, as counselors may not be considering the individual racial identities of their clients.

Implications for Theory

Multicultural competence in the field of psychotherapy has typically been conceptualized as consisting of three primary domains: knowledge, awareness, and skills (Sue et al., 1992). The legitimacy of the domain of knowledge in contributing to multicultural competence has been debated, with some arguing that it increases the potential for counselors to apply over-generalizations and stereotypes to their diverse clients (Collins et al., 2015; Ridley et al., 1994) and others incorporating it into the domain of awareness (Hansen et al., 2000). Therefore, multicultural competence was assessed using measures that examined both awareness and skills. Both multicultural awareness and self-efficacy related to multicultural skills were found to be significantly

positively correlated with multicultural strategy use. This suggests that both domains are relevant to the development of multicultural competence.

The finding that multicultural awareness is significantly correlated with multicultural strategy use suggests that awareness of multicultural issues and considerations within psychotherapeutic work with diverse clients may facilitate counselors' willingness and propensity to incorporate multiculturally targeted interventions. Previous research has found that mental health graduate students tend to report low levels of self-efficacy in implementing multicultural strategies (Allison et al., 1994). Additionally, research on multicultural training in mental health graduate programs has found that programs tend to emphasize the development of knowledge and awareness and include minimal content devoted to training in actual multicultural interventions (Priester et al., 2008). However, this study found efficacy in multicultural skills to be significantly positively correlated with reported actual multicultural strategy use. It is possible that, due to the extensive multicultural training reported by participants in this study, as well as the progression of the multicultural competence movement, study participants' beliefs about their efficacy in delivering multicultural interventions may have more closely aligned with their use of strategies in actual work with a client of color than has been previously found in the literature.

Previous research suggests that there are likely to be differences in levels of multicultural competence between White counselors and counselors of color. Graduate programs in mental health often neglect to include material related to White norms and privilege in their multicultural training curricula (Bartoli et al., 2015), which provides

minimal opportunity for White trainees to explore their own racial identities, a practice which has been found to facilitate increased proficiency in multicultural competence (Chao & Nath, 2011). Further, previous studies that have specifically compared White counselors to counselors of color in levels of multicultural competence have consistently found counselors' of color levels to be higher (Berger et al., 2014; Pope-Davis & Ottavi, 1994). However, previous findings do not align with this study's results, as no significant differences were found in either reported multicultural competence levels or multicultural strategy use between White participants and participants of color. While the reason for the discrepancy is unclear, it is possible that it is due to the increased exposure to work with diverse clients and training in multicultural issues reported within this sample, as research has found that increased training and exposure to diverse clients is facilitative of increased multicultural competence (Kim 2015; Weatherford & Spokane, 2013). Notably, eighty-six percent of the sample for the current study reported previous experience working with racially diverse clients and 70% reported that they had attended trainings or seminars related to multicultural issues in mental health beyond their required coursework. Given the advanced training in multicultural competence a majority of participants reported that they have received, the results found in this study are less surprising. Further, these results add to the research that suggests that the potentially negative impact the race of counselors may have on multicultural competence due to deficits in coursework may be mediated by additional exposure and training, increasing levels of multicultural competence for White counselors to levels to similar to what has been observed in counselors of color.

Of the participants in this study, one fourth either failed to notice or incorrectly identified the race of their hypothetical clients. Additionally, participants failed to correctly identify the race of their clients significantly more often with Multiracial clients as compared to Black or White clients. This suggests that, even when working with mental health practitioners with multicultural training and high levels of multicultural competence, Multiracial people are still most at risk for having their race mis-identified. This is consistent with research within the general population (Chen & Hamilton, 2012) and suggests that mental health practitioners may be susceptible to the same tendency despite the extra training they receive in issues of multiculturalism and diversity as compared to the larger population. This also suggests that it is possible that the current state of multicultural training may not adequately address the issues associated with Multiracial clients, as Multiracial people face unique issues in racial identity development not commonly relevant to monoracial people of color (Kellogg & Liddell, 2012; Nadal et al., 2013; Tran et al., 2016).

Multicultural competence training in mental health graduate programs has been found to largely consist of nomothetic approaches, which largely consist of the development of knowledge, customs, and traditions commonly associated with specific diverse groups (Collins et al., 2015; Ridley et al., 1994). As no such larger group identity with specific norms and customs exists for Multiracials (Miville et al., 2005), it is possible that multicultural competence training in its current form may not impart knowledge and skills that are fully generalizable to Multiracial people.

Additionally, it is notable that incorrect racial labels in this study were assigned similarly to both darker- and lighter-skinned Multiracial clients. This suggests that Multiracial clients may be at similar levels of risk for having their race incorrectly identified regardless of physical appearance. However, the sample of incorrectly identified Multiracial clients in this study was small, limiting the generalizability of this finding.

As it stands in contrast to what the, admittedly limited, body of previous research would suggest, additional investigation into the possible impact of physical appearance of Multiracial people on monoracials' perceptions of them is warranted.

Implications for Practice

Contrary to expectations, this study did not find significant differences in the use of multicultural strategies based upon the race of the client. While the level of strategy use did vary in the expected direction, with White clients receiving the lowest rating of multicultural strategy use, Black clients receiving the highest rating, and light- and dark-skinned Multiracial clients falling in between, the difference was slight. This is encouraging, as it suggests multicultural interventions are likely to be used with Multiracial clients at a similar level to the frequency with which they are incorporated into psychotherapy with monoracial clients of color. However, it is notable that significant differences were not found in multicultural strategy use with White clients as compared to clients of color.

In fact, Multicultural-Feminist Strategies Measure means were not significantly different for White clients compared to any one of the other racial categories nor when

compared to the mean strategy use for all of the other racial categories combined. It is possible that participants may have over-reported their use of multicultural strategies with all clients including White, as results were skewed toward heavy reported strategy use, with all group means being higher than four on a five point scale. This may have been due to the fact that issues of race and diversity were made salient at the outset of the study, as, prior to the survey about strategy use, participants had already been prompted to respond to two measures related to multicultural competence along with a demographic questionnaire which assessed multicultural training. Results may have been different had participants not already been primed to attend to multicultural content.

As previously noted, despite being provided with the race of their hypothetical client, 26% of participants did not notice and/or failed to correctly identify their client's race. Further, a significant majority of clients assigned an incorrect race were Multiracial. This is an important finding given that Multiracial people tend to value having their race correctly identified, as they often experience incorrect appraisals of their race (Remedios & Chasteen, 2013). Research has found that Multiracial people are likely to experience negative impacts to psychological well-being when they are unable to report their true racial make-up, such as on a demographic form (Townsend et al., 2009). The potential for monoracial mental health practitioners (as 95% of those in the current study were) to misidentify the race of their Multiracial clients is likely to be distancing and possibly rupturing to the therapeutic relationship, particularly if the client has already provided the counselor with his or her race, as was done in this study. Additionally, Multiracial clients may choose to identify their race in diverse ways

including membership in multiple racial categories, identifying with one monoracial category, or simply as "Multiracial" without specifically acknowledging any particular monoracial group. Given the importance Multiracial people place on correct racial identification along with the increased possibility for racial misidentification as compared to monoracial clients demonstrated in this study, it is important for mental health practitioners to take care to both allow their Multiracial clients to identity their race in the way they see fit as well as to note and accept the racial label that Multiracial clients choose for themselves rather than relying on physical appearance to make racial determinations.

A final practice implication that may be indicated by the lack of significant findings across hypotheses in this study is the current state of the multicultural competence movement within the various mental health disciplines. As noted in Chapter 1, the movement towards broad attention to and training in multicultural competence has been evolving over the past several decades (Ponterotto et al., 2012). Historical findings related to increased multicultural competence and therapeutic outcomes were not promising (Ladany et al., 1997; U.S. Department of Health and Human Services, 2001). However, as more research has been conducted yielding more appropriate training and data upon which to base multicultural practice recommendations, it is possible and even likely that deficits seen in multicultural skills in practice should decrease. Various mental health organizations have published guidelines for their practitioners in conducting multiculturally competent psychotherapy and have incorporated multicultural content into their training models (American Psychological Association, 2002; Ratts et al., 2015).

Participants in this study were recently trained for the most part; as 72% of participants reported that they had less than 5 years of experience within the field, meaning they likely received their training during a time in which multicultural competence was a prominent topic across many graduate programs. Results might look different with a sample who received their graduate training prior to or during the infancy of the multicultural competency movement within mental health.

Implications for Research and Future Directions

To the best of the researcher's knowledge, this study was the first to compare specific multicultural strategy use between Multiracial and monoracial clients and was also the first to examine the impact of physical appearance of Multiracial clients on counselors' use of multicultural strategies. The overall lack of significant findings contrary to what previous research would suggest highlights the need for further investigation into a number of issues.

First, the finding that both measures of multicultural awareness and of efficacy in multicultural skills were significantly positively correlated with multicultural strategy use indicates that further exploration may be warranted into the way in which we define and measure multicultural competence. Previous research has suggested that mental health graduate students receive minimal training in multicultural skills, while rather the majority of instruction focused on the development of knowledge and awareness of multicultural dimensions (Cole et al., 2014; Collins et al., 2015). Further, previous research has found that mental health graduate students tend to underreport efficacy related to multicultural skill delivery (Allison et al., 1994).

Additional research has found that the development of awareness of one's own cultural variables and the ways in which they may interact with the variables of others is facilitative of growth in multicultural competence (Chao & Nath, 2011). As there is a dearth of research regarding the impact of the specific domains historically associated with multicultural competence (e.g., knowledge, awareness, and skills) and previous research has been inconsistent in its findings, future studies should seek to further isolate the impacts on multicultural competence associated with the specific domains of which it has been thought to be comprised. This research would aid in determining the types of trainings and experiences that are most conducive to the development of multicultural competence in contrast to training and experiences that may be less productive, as well as inform and address possible discrepancies between perceived and actual multicultural competence.

The finding of no significant difference between levels of multicultural competence and multicultural strategy use between White counselors and counselors of color stands in contrast to what would be suggested by previous research (Berger et al., 2014; Pope-Davis & Ottavi, 1994). However, as previously noted, additional training and experience has been found to increase multicultural competence in mental health practitioners (Kim, 2015; Murphy et al., 2006; Smith et al., 2006). Not only did a large majority of this sample (86%) report having had at least one multicultural course in graduate school, 70% reported having attended additional trainings, seminars, or workshops in multicultural issues beyond their graduate training.

While the type and amount of multicultural training offered in graduate programs has been researched (Arthur & Achenbach, 2002; Chao, 2012; Cole et al., 2014; Dickson & Jepson, 2007; Priester et al., 2008), as has the impact of contact and experience with diverse populations while working in the field (Vereen et al, 2008; Vinson & Neimeyer, 2003; Weatherford & Spokane, 2013), little attention has been paid to the impact of structured trainings outside of the context of graduate school on development of multicultural competence. It is possible that the lack of difference in multicultural competence in White counselors versus counselors of color seen in this study may have been due, at least in part, to this additional training. It is also possible that this sample was comprised of mental health practitioners who already possessed a higher than average interest in multicultural issues and therefore would be more likely to seek out additional training, as the sample was self-selected and advertised as a study of multicultural competence. Additional research should seek to answer these questions by more specifically examining the impact of additional structured multicultural training beyond graduate school as well as characteristics and base competency levels of mental health practitioners who elect to attend such trainings as compared to the larger population of mental health practitioners.

The lack of significant differences in the use of multicultural strategies based upon the race of the client is notable; particularly in light of the finding that multicultural strategy use was similar with White clients as compared to clients of color. As previously noted, the reason for the lack of differences in strategy use is unclear, but may have been related to several factors including the possibility that counselors may take a

one-size-fits-all approach to multicultural interventions, as strategy use would be expected to vary based upon factors unique to the specific client were multicultural strategies to be selected relative to the needs and concerns of the individual client. While the findings of this study suggest there may be a tendency to use a one-size-fits-all approach when utilizing multicultural interventions in psychotherapy, drawing such a conclusion is beyond the scope of this study. The Multicultural-Feminist Strategies Measure only measured the reported frequency of the use of interventions and failed to assess the accuracy of selected interventions with regards to the specific diversity variables present within a specific client. Future studies should seek to examine more specifically the way in which multicultural interventions are selected and applied with specific client presentations.

The potential for discrepancies between self-reported strategy use and the way in which strategies are actually applied in psychotherapy also exists, particularly as previous studies have failed to find significant associations between client and counselor ratings of the counselors' multicultural competence (Dillon et al., 2016). Counselors may have over-estimated the extent to which they would have applied multicultural strategies, whether intentionally or unintentionally. As most research into multicultural competence has been theoretical in nature rather than practice oriented (Worthington et al, 2007), future research should seek to examine the way in which multicultural strategies are utilized in actual practice via field observational studies, and should also seek to determine the reliability of counselors' report of their multicultural competence and strategy use when compared with their actual psychotherapeutic practice. Additionally,

this study only presented participants with multicultural interventions. Future studies may wish to assess intervention selection in a more nuanced manner. For example, participants may be asked to rank the importance of specific interventions for use with clients and include multicultural interventions along with specific theory-based interventions (e.g., CBT). This may address participants' tendency to report all multicultural interventions as highly important, which was the trend observed in this study.

Limitations

There were several limitations within this study that should be noted. First, the sample was quite homogenous in terms of gender (86% female). It is possible that different results may be obtained with a more gender-balanced sample. Further, the majority of the sample was White (67%). While the number of participants of color was large enough to conduct analyses comparing White participants with participants of color, there were not enough participants of color in any one racial group to allow for comparison by specific race. This necessitated that all participants of color be combined into a single group for comparison with White participants. A more robust sampling of diverse participants would have allowed for more nuanced analyses, as it is unlikely that all counselors of color view multicultural competence and apply multicultural strategies in the same way. Further, while there was wide variation in participants' extent of previous experience, the majority of the sample was new to the profession, with 72% having less than 5 years of experience within the field. Therefore, these results may not be representative of the larger sample of mental health practitioners.

Additionally, the potential for self-selection bias may limit the generalizability of the results, as it is possible that participants in this study may have already had an interest in multicultural competence and therefore may have taken more steps toward its development than is typical. Finally, the self-report nature of the study can be viewed as a limitation, as the reliability of the data for prediction of multicultural strategy use in actual psychotherapy is unknown. Further, given the complexity of multicultural competence, self-report data may not have adequately and comprehensively captured the experiences and competencies of the participants.

Conclusion

This study sought to examine the relationship between multicultural competence and strategy use and whether differences existed in the way in which strategies were applied in psychotherapy with Multiracial clients as compared to monoracial clients, as well as the potential impact of physical appearance. The study found multicultural knowledge and awareness to be a significant predictor of multicultural strategy use. However, contrary to predictions, this study found no significant predictive value for multicultural strategy use based upon multicultural skill level; no significant difference in multicultural strategy used based upon the race or appearance of the client, and no significant differences in multicultural competence levels or strategy use between White counselors and counselors of color. Post-hoc analyses revealed that the race of Multiracial clients was incorrectly identified by participants significantly more often than Black or White clients. Findings of this study suggest the need for further research across a number of areas, including the impact of specific types of training on multicultural

competency development, the way in which multicultural strategies are actually applied in psychotherapy as compared to counselors' self-reported strategy use, and the generalizability of specific multicultural strategies to clients of various diverse backgrounds.

Additionally, the finding that counselors were more likely to incorrectly identify the race of Multiracial clients as compared to monoracial clients despite having been presented with the race of the client indicates the need for practitioners to be mindful and attentive to the ways in which their Multiracial clients choose to identify, as incorrectly judging clients' race can be distancing and invalidating for Multiracial people (Remedios & Chasteen, 2013). Further, as the bulk of research focused on the experiences of people of color in psychotherapy has been conducted primarily with monoracial participants (Charmaraman et al, 2014; Evans & Ramsay, 2015; Miville et al., 2005), the results drawn from them and therapeutic interventions developed based upon them may not be generalizable to Multiracial people. It is advised that practitioners consider individual differences and the unique variables present within their work with all clients and to remain mindful of the possibility that not all such variables may be immediately visible.

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APPENDIX A

Recruitment Letter

Recruitment Letter

Subject: Call for mental health professional and graduate student participants in study about multicultural strategy use in psychotherapy

Dear Mental Health Professionals and Graduate Students,

I invite you to participate in a study examining multicultural strategy use by mental health workers in psychotherapy. Your participation will help generate awareness of the way in which multicultural strategies are implemented in psychotherapy. The study IRB number is _ and it was determined to be exempt by the Texas Woman's University IRB. Participation, which will occur on-line, will take between 45-60 minutes to complete. You are eligible to participate in this study if you are 18 years of age or older, have received graduate training in a mental health field and, at a minimum, have reached the point in your training at which you have begun to see clients in practicum.

If you would like to participate, please visit this URL*:*

For more information or questions regarding this study, please contact Kelley Leach, M.S.

Kelley Leach, M.S.
Doctoral Candidate
Department of Psychology and Philosophy

Kleach1@twu.edu

APPENDIX B

Informed Consent Form

TEXAS WOMAN'S UNIVERSITY

Informed Consent Form

Title: Multicultural Strategy Use and the Impact of Physical Appearance in Psychotherapy with Multiracial Clients

Investigator: Kelley Leach, M.S.
kleach1@twu.edu

Advisor: Claudia Pyland, Ph.D.
cporras@twu.edu

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Kelley Leach's dissertation at Texas Woman's University. This study will ask you some basic demographic information as well as questions related to your training and experience in multicultural psychotherapy. The purpose of this research is to explore the way in which multicultural strategies are implemented in psychotherapy. You have been asked to participate in this study because you are a professional or graduate student in a mental health field.

Description of Procedures

As a participant in this study you will be asked to spend approximately 45-60 minutes of your time completing a short demographic questionnaire, three surveys, and reading a case vignette through an on-line survey. The surveys are given in the form of a Likert scale and pertain to multicultural training and competence. In order to be a participant in this study, you must be at least 18 years of age or older, have received graduate training in a mental health field and, at a minimum, have reached the point in your training at which you have begun to see clients in practicum.

Potential Risks

The surveys will ask questions relating to your multicultural training and competence in the context of psychotherapy.

One potential risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. Your personal identifying data will not be collected with the survey. Data collected through PsychData will be stored in a password protected electronic file. Should you choose to participate, you will be given an option to

provide your contact information if you would like to have the results of the study sent to you. Please be informed that this information will not be linked to survey responses, and will be in a separate electronic file that is password protected.

Another potential risk is loss of time. The study is expected to take approximately 45-60 minutes to complete. Participation in this study is on a voluntary basis only and you are free to leave the study at any point without penalty.

Another potential risk is fatigue. As previously noted, the study is expected to take approximately 45-60 minutes to complete. You are free to take breaks as needed or withdraw at any point in the study without penalty.

An additional potential risk is emotional discomfort. Answering survey questions related to one's multicultural psychotherapeutic experiences may become uncomfortable for some participants. If any emotional discomfort is experienced after completing the survey you are encouraged to contact TWU's Counseling Center at 940-898-3801.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. If you would like to know the results of this study, we will mail them to you. Please be advised that, although your contact information will be stored separately from survey responses, anonymity cannot be guaranteed.

Questions Regarding the Study

You are welcome to print a copy of this consent form for your records. If you have any questions about the research study, please feel free to contact the researchers; their phone numbers are located at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

By clicking "AGREE", you are giving your consent to participate in the study.

You will be permitted to provide your email address at the end of the study if you would like to be informed of results of the study. Providing an email address is voluntary, and will not affect your eligibility to participate in the study. Email addresses will not be linked to study data.

APPENDIX C

Demographic Information Form

Instructions: Please provide a response for each of the following questions:

1. What is your age? _____

2. What is your sex?
Female ○ Male ○ Transgender Female-to-Male ○ Transgender Male-to-Female ○
Self-Identify _____

3. What is your race/ethnicity?
Asian/Asian American ○ Black/African American ○ Hispanic/Latino ○
White/Caucasian, not Hispanic ○ American Indian/Native American ○
Biracial/Multiracial ○

(a) How do you self-identify? _____

4. What is your highest completed level of education?
Some Graduate School ○ Master's Degree ○ Doctoral Degree ○

5. How many years of clinical experience in your field do you currently have?
Less than 1 year ○ 1-4 Years ○ 5-10 Years ○
11-15 Years ○ 16-20 Years ○ 20+ Years ○

6. Please indicate about what percentage of your clinical work involves work with multicultural/diverse clients:

(a) Currently: _____

(b) Total across your training/career: _____

7. Previous training related to multiculturalism

(a) Have you taken a semester long multicultural course? Yes ○ No ○

(1) If Yes, How many courses have you taken? Please indicate: _____

(b) Have you attended trainings/seminars/conferences related to working with multicultural/diverse clients? Yes ○ No ○

(1) If Yes, How many trainings/seminars/conferences have you attended? Please indicate: _____

(c) Are you currently engaged in or have you completed a supervised practicum working with a racially/ethnically diverse population (i.e., Black, Asian, Latino/a) Yes ○ No ○

(1) If so, please estimate the number of direct contact hours with racially/ethnically diverse clients (please choose one):
1-25 ○ 26-50 ○ 51-100 ○
101-150 ○ 151-200 ○ 201+ ○

(2) If so, please also estimate the number of hours spent in supervision discussing these clients (please choose one):
0-5 ○ 6-20 ○ 21-50 ○
51-75 ○ 76-100 ○ 101+ ○

APPENDIX D

Multicultural Counseling Inventory
Gargi Royircar Sodowsky, University of Nebraska-Lincoln

The following statements cover counselor practices in multicultural counseling. Indicate how accurately each statement describes you as a counselor, psychologist, or student in a mental health training program when working in a multicultural counseling situation. Give ratings that you actually believe to be true rather than those that you wish were true.

The Scale ranges from 1 (very inaccurate) to 4 (very accurate). The Scale indicates the following:

1- Very Inaccurate
2- Somewhat Inaccurate
3- Somewhat Accurate
4- Very Accurate
When working with minority clients……..
1. I perceive that my race causes the clients to mistrust me.
2. I have feelings of overcompensation, over solicitation, and guilt that I do not have when working with majority clients.
3. I am confident that my conceptualizations of client problems do not consist of stereotypes and biases.
4. I find that differences between my worldviews and those of the clients impede the counseling process.
5. I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.
6. I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures.
7. I use innovative concepts and treatment methods.
8. I manifest an outlook on life that is best described as "world-minded" or pluralistic.
9. I examine my own cultural biases.
10. I tend to compare client behaviors with those of majority group members.
11. I keep in mind research findings about minority clients' preferences counseling.
12. I know what are the changing practices, views, and interests of people at the present time.
13. I consider the range of behaviors, values, and individual differences within a minority group.
14. I make referrals or seek consultations based on the clients' minority identity development.
15. I feel my confidence is shaken by the self-examination of my personal limitations.
16. I monitor and correct my defensiveness (e.g., anxiety, denial, minimizing, overconfidence).
17. I apply the sociopolitical history of the clients' respective minority groups to understand them better.
18. I am successful at seeing 50% of the clients more than once, not including intake.
19. I experience discomfort because of their different physical appearance, color, dress, or socioeconomic status.

20. I am able to quickly recognize and recover from cultural mistakes or misunderstandings.
21. I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests).
22. I have experience at solving problems in unfamiliar settings.
23. I learn about clients' level of acculturation to understand the clients' better.
24. I understand my own philosophical preferences.
25. I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students).
26. I am able to distinguish between those who need brief, problem-solving structured therapy and those who need long-term, process-oriented, unstructured therapy.
27. When working with international students or immigrants, I understand the importance of the legalities of visa, passport, green card, and naturalization.
28. My professional or collegial interactions with minority individual are extensive.

29. In the past year, I have had a 50% increase in my multicultural case load.
30. I enjoy multicultural interactions as much as interactions with people of my own culture.
31. I am involved in advocacy efforts against institutional barriers in mental health services for minority clients (e.g., lack of bilingual staff, multicultural skilled counselors, and outpatient counseling facilities).
32. I am familiar with nonstandard English.
33. My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship).
34. In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions.
35. I am effective at crisis interventions (e.g., suicide attempt, tragedy, broken relationship).
36. I use varied counseling techniques and skills.
37. I am able to be concise and to the point when reflecting, clarifying, and problems.
38. I am comfortable with exploring sexual issues.
39. I am skilled at getting a client to be specific in defining.
40. I make my nonverbal and verbal responses congruent.

APPENDIX E

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

Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form

H. Sheu and R. W. Lent

APPENDIX F

Vignettes

Tina is a 32-year-old female who is seeking counseling at a community mental health agency. She has been married for seven years and has one four-year old son. She reports that over the past couple of months she has been regularly experiencing sadness and feelings of guilt, and says that she is struggling to find joy in things she used to like. Tina reports that, while her marriage is free from significant problems, she feels somewhat disconnected. She denies appetite changes, but reports that she has been having a hard time getting out of bed in the mornings, and often sleeps into the early afternoon on weekends. She says that work has been a struggle, as she always feels exhausted and has been having difficulty concentrating on tasks. Tina states that she has a few friends at the office where she works, and says that they sometimes get together on weekends, though she reports seeing them less often since her struggles began. Tina is the oldest of three children. She says that her siblings live nearby, but that she does not have close relationships with them. She states that her parents passed away when she was in her early 20's. Based on the above information, the intake counselor determines that Tina meets DSM-V criteria for Major Depressive Disorder, Moderate, Single Episode.

Courtney is a 30-year-old female who is seeking counseling at a community mental health agency. She is not married, but is involved in a serious relationship. She reports that she and her boyfriend have been together for two years and have no children. She states that she consistently experiences worry related everyday situations. She reports that she has struggled with anxiety throughout most of her life, and briefly saw a counselor five years ago due to similar issues. She states that she just recently got a new job as an administrative assistant, and has been having a hard time managing her anxiety as she tries to adjust to her new position, which prompted her to seek counseling. Courtney reports that she has been feeling tense and irritable, leading her to snap at her boyfriend more quickly than usual. She says that she's been struggling to fall asleep at night, as she has a hard time "shutting off the worries" in her brain. Courtney reports that she is an only child and that her parents live nearby. She states that she is somewhat distant from her father, but has a very close relationship with her mother, who she speaks with daily. She says that she has some friends, a few of whom she considers to be close, and sees them on a regular basis. Based on the above information, the intake counselor determines that Courtney meets DSM-V criteria for Generalized Anxiety Disorder.

APPENDIX G

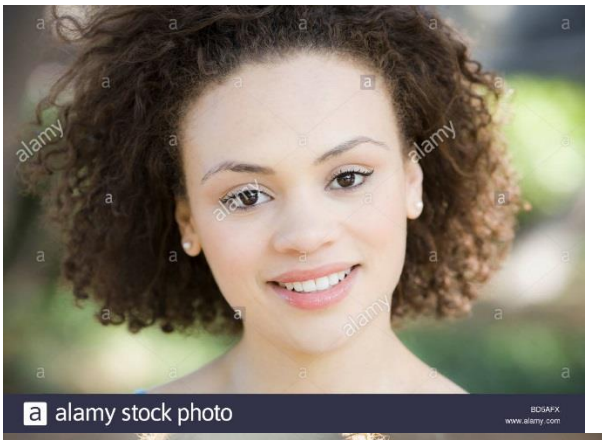
Photographs

Black:

White:

Multiracial – Dark

Multiracial – Light



APPENDIX H

Multicultural-Feminist Psychotherapy Strategies Measure

How likely would you be to use each of these strategies with this client?

1.Very Unlikely
2.Somewhat Unlikely
3.Neutral
4. Somewhat Likely
5. Very Likely

MCUL-1. Viewing Clients Culturally. Observing and understanding clients' thoughts, actions, and feelings from a cultural point of view.

MCUL-2. Clarifying the Impact of Culture. Clarifying the impact of cultural contexts on current functioning, interpersonal relationships, and social systems.

MCUL-3. Creating Culturally-Appropriate Relationships. Creating therapeutic relationships that appropriately match clients' cultural expectations.

MCUL-4. Celebrating Diversity. Celebrating diversity in order to help clients accept and express their uniqueness.

MCUL-5. Illuminating Similarities and Differences. Illuminating similarities and differences between psychotherapist and clients and acknowledging the impact on the relationship.

MCUL-6. Recognizing the Impact of Identity. Assessing identity development and recognizing its impact on how clients value different worldviews and make attributions of personal success and failure.

MCUL-7. Facilitating Identity Development. Facilitating the awareness and development of cultural identity in order to promote self-acceptance and empowerment.

MCUL-8. Appreciating Multiple Identities. Appreciating the intersection of multiple identities including race, ethnicity, gender, sexual orientation, religion, class, ability, and age.

MCUL-9. Highlighting Oppression and Privilege. Highlighting the impact of societal oppression, privilege, status, and power on clients' thoughts, actions and feelings.

MCUL-10. Exploring Societal Expectations. Exploring societal expectations and supporting informed decisions about which roles to embrace and which to discard.

MCUL-11. Supporting Social Action. Supporting clients who participate in social action in order to change oppressive societal structures or practices.

MCUL-12. Integrating Spiritual Awareness. Integrating clients' spiritual awareness or faith development into holistic growth.

MCUL-13. Becoming Aware of the Therapist's Worldview. Becoming aware of your own worldview and how it impacts your role as psychotherapist.

MCUL-14. Reducing Cultural Biases. Recognizing possible cultural biases and presenting options with as little partiality as possible.

APPENDIX I

Study Debriefing

Study Debriefing

The purpose of this research study is to assess the extent to which multicultural skills are typically incorporated by mental health workers into psychotherapy overall, and to determine if there are differences in the ways in which these skills are implemented in work with Multiracial versus monoracial clients of color. Further, due to the potential for differences in physical resemblance to one race versus another for Multiracial people, along with the way physical appearance impacts identity, this study will also examine the impact of the physical appearance of Multiracial clients on the implementation of multicultural skills.

How was this tested?
In this study, you were asked to respond to two surveys, view a case vignette along with a hypothetical client photograph, then complete one additional survey. All participants received the same surveys and one of two similar vignettes, but saw different hypothetical client photographs. You viewed a client photograph which fell into one of four racial categories: Black, White, Multiracial with a darker skintone, and Multiracial with a lighter skintone.

Hypotheses and main questions:
This study is being conducted with the following questions in mind: Do counselors utilize multicultural strategies in psychotherapy with racially diverse clients? Do counselors employ multicultural strategies in psychotherapy at differential levels based on client race, specifically with Black versus Multiracial clients? And further, does the physical appearance of the client impact the extent to which counselors employ multicultural strategies in psychotherapy?

We expect to find that the race of the client will have an impact on the extent to which multicultural strategies are implemented and that darker skinned hypothetical clients will receive higher ratings of multicultural strategy use, with Black clients receiving the highest level, followed by darker skinned Multiracial clients, lighter skinned Multiracial clients, and lastly White clients.

Why is this important to study?
It is hoped that the results of this study will help to examine the extent to which multicultural skills are typically incorporated by mental health workers into psychotherapy with racially diverse clients, and to determine if there are differences in the ways in which these skills are implemented in work with Multiracial versus monoracial clients of color. Specifically, it is possible that results may help to identify potential weaknesses in current training in and use of psychotherapy with Multiracial clients.

What if I want to know more?
If you are interested in learning more about this subject, you may want to consult:

American Psychological Association (2008). *Report of the APA Task Force on the Implementation of the* Multicultural Guidelines. Washington, D.C. Retrieved from http://apa.org/pi/

Brunsma, D., & Rockquemore, K. (2001). The new color complex: Appearances and biracial identity. *Identity: An International Journal of Theory and Research*, *1*(3), 225-246. doi: 10.1207/S1532706XID0103_03

If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Thank you again for your participation.