A Dyadic Study of Multicultural Counseling Competence

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Using the Kenny, Kashy, and Cook (2006) one-with-many method, we investigated client and counselor reports of counselors’ level of multicultural counseling competence (MCC) across 4 therapy sessions at a university counseling center. Specifically, we analyzed the association between counselor MCC and client psychological well-being among 133 clients of color receiving psychotherapy from 24 counselors. We found that both client and counselor perspectives suggested that some counselors possessed generally higher MCC than others. Counselors’ self-assessments of MCC, however, did not relate with their clients’ assessments of counselor MCC—replicating findings from past studies of MCC. On average, counselors whose clients generally perceived them as more multiculturally competent did not report improved psychological well-being at the fourth session. Likewise, counselors who generally reported more MCC did not have clients who improved more in psychological well-being than would be expected over 4 sessions. Notably, at the dyad-level, clients who rated their counselor more highly on MCC than their counselors’ other clients tended to report greater improvement in well-being. Suggestions for future MCC research involving dyadic analytic designs are described.

Keywords: multicultural counseling competence, dyadic data analysis, psychological well-being

Disparities in mental health services affect racial and ethnic minority group members in the United States (Safran et al., 2009; U.S. Department of Health & Human Services, 2001). Compared with White/European Americans, racial and ethnic minority group members have less access to mental health services and thus receive disproportionately fewer services (Abe-Kim et al., 2007; Alegría et al., 2008; Atdjian & Vega, 2005; Cabassa, Zayas, & Hansen, 2006; Dobalian & Rivers, 2008; Harris, Edlund, & Larson, 2005; Lasser, Himmelstein, Woolhandler, McCormick, & Bor, 2002; Novins, Beals, Sack, & Manson, 2000; Sorkin, Pham, & Ngo-Metzger, 2009). When racial and ethnic minority individuals do receive mental health care, it is often of lower quality than that received by their White, non-Latino counterparts (Alegria et al., 2008; Cabassa et al., 2006; Wang, Berglund, & Kessler, 2000; Wells, Klap, Koike, & Sherbourne, 2001). Lower quality of mental health service includes client experiences of intentional or unintentional discrimination (e.g., Owen, Imel et al., 2011; van Ryn & Fu, 2003; Williams & Williams-Morris, 2000) and stereotyping (Sanders Thompson, Akbar, & Bazile, 2004). Relatedly, engagement in mental health counseling is lower among African Americans and Latinos compared with White Americans (McCaul, Svikis, & Moore, 2001; Wells et al., 2001), including higher frequency of missed appointments (Atdjian et al., 2005) and lower treatment retention (Fortuna, Alegría, & Gao, 2010; McCaul et al., 2001; Owen, Imel, Adelson, & Rodolfa, 2012). Furthermore, prior research indicates that African American clients report more negative attitudes about mental health treatment after treatment experiences (Diala et al., 2000). A social determinant of the aforementioned mental health disparities in the United States is a lack of multicultural competent clinicians available to clients of color (Imel et al., 2011; van Ryn & Fu, 2003).

Multicultural counseling competence (MCC) has been characterized as possessing the general ability to work effectively with clients from diverse cultural groups (Sue, Arredondo, & McDavis, 1992; Sue, Zane, Nagayama Hall, & Berger, 2009). Professional and ethical mandates have attempted to address counselors’ multicultural counseling competence to reduce mental health disparities (American Psychological Association [APA], 2003; Arredondo et al., 1996; Mintz et al., 2009; Sue et al., 1992; Sue et al., 1982). In the early 1990s, for instance, the American Counseling Association (ACA) operationalized and published its multicultural
counseling competencies to improve counselors’ awareness of the influence of (a) their own cultural values and biases, (b) clients’ worldviews, and (c) culturally appropriate intervention strategies (see Arredondo et al., 1996; Sue et al., 1992). Similarly, in 2003, the APA released the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. These guidelines, in part, encouraged psychologists to be aware of their cultural biases, to work to improve the well-being of culturally diverse clients, and to better represent diversity in research (APA, 2003).

In addition to professional policies, over three decades of empirical scholarship in counseling psychology has focused on MCC (e.g., Constantine, 2002; Constantine & Ladany, 2001; Fuertes et al., 2006; Neville, Spanierman, & Doan, 2006; Pope-Davis et al., 2002; Smith, 2006; Spanierman, Poteat, Wang, & Oh, 2008; Sue et al., 1992; Sue et al., 1998; Vera & Speight, 2003; Worthington, Soth-McNett, & Moreno, 2007). One major finding of MCC studies is that clients and counselors differ in their perceptions of MCC. Notably, no relations have been found between counselors’ self-report and observers’ ratings of MCC (e.g., Constantine, 2002; Spanierman et al., 2008; Worthington, Mobley, Franks, & Tan, 2000), or clients’ ratings of their therapists’ MCC (Fuertes et al., 2006; Hoyt, Warbasse, & Chu, 2006; Owen, Imel et al., 2011). Most scholars have focused on client reports of MCC via measures that assess specific therapist skills, counselor characteristics, and/or in-session behaviors (for example, the Multicultural Counseling Knowledge and Awareness Scale, Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; the Cross-Cultural Counseling Inventory—Revised [CCCI–R], LaFromboise, Coleman, & Hernandez, 1991). Findings from studies implementing such measures suggest that clients’ perceptions of their counselors’ MCC appear to positively associate with clients’ ratings of counseling process and outcome variables (for a review see Tao, Owen, Pace, & Imel, 2015). Similarly, MCC researchers have operationalized counseling outcome variables in several ways, including client ratings of psychological distress (e.g., depression and anxiety), psychological well-being (e.g., Schwartz Outcome Scale [SOS–10]; Blais et al., 1999), and global improvement (Hatcher & Barends, 1996). The present study implemented measures of counselor- and client-rated direct MCC (i.e., using the CCCI-R) as well as client-reported measures of psychological well-being (i.e., the SOS–10) in an explicit effort to expand upon the findings of Owen, Leach, Wampold, and Rodolfa (2011) with a sample of clients of color and analyzing counselor-client dyadic data using a “one-with-many” design.

Owen, Leach et al. (2011) tested two major hypotheses concerning the link between MCC and psychological well-being (a proxy for counseling outcome) that are of particular importance to the present study. The first reflects the previously mentioned assumption that multiculturally competent counselors consistently and broadly apply their abilities with all clients. That is, depending on their level of MCC, counselors vary in ability to effectively develop a culturally relevant case conceptualization and implement an appropriate intervention with clients from diverse cultural groups (Constantine & Ladany, 2001; Owen, Tao, Leach, & Rodolfa, 2011; Pope-Davis et al., 2002). Support for this hypothesis would imply that development of MCC involves learning general culturally sensitive therapeutic approaches that can be applied across all clients. The second Owen, Leach et al. (2011) hypothesis posits that specific client and/or counseling process factors prompt culturally relevant responses from counselors. These factors may vary from client to client depending on explicit issues raised by a client during description of presenting concern or during course of counseling process (Dewell & Owen, 2015; Lee & Tracey, 2008). Findings supporting this hypothesis include a large survey of licensed psychologists who reported that their ability to address MCC issues was dependent upon the relevance of culture to the clients’ presentation or in reaction to clients’ statements during the process of therapy (Maxie, Arnold, & Stephenson, 2006). Another study found that counselors were more likely to include culture in their case conceptualizations when the client expressed explicit cultural issues (Lee & Tracey, 2008). Support for the second hypothesis proposed by Owen, Leach et al. (2011) suggests that the multiculturally competent counselor attends to cultural factors in varying ways that are particular to each client and her or his concerns during the counseling process. Ultimately, findings of the Owen, Leach et al. (2011) study supported the second hypothesis. That is, (a) some counselors did not generally express more MCC than others, and (b) clients’ ratings of counselors’ MCC were not related to psychological well-being. However, of note, clients’ perceptions of their therapists’ MCC were positively related to well-being compared with other clients treated by the same counselor (i.e., a within-therapist effect).

Owen, Leach et al. (2011) and others (e.g., Constantine, 2002, 2007; Dewell & Owen, 2015; Fuertes & Brobst, 2002; Li & Kim, 2004; Owen, Tao et al., 2011) have made valuable contributions to the relative lack of MCC process and outcome research in real counseling settings. Yet many studies are methodologically limited by examining only client or therapist reports. Because counseling is a dynamic process that involves the client, the counselor, and the interaction of the two dyad members, scholars have highlighted the need for consideration of dyadic processes when studying counseling outcomes (e.g., Kivlighan, 2007; Marcus, Kashy, & Baldwin, 2009; Marcus, Kashy, Wintersteen, & Diamond, 2011; Worthington & Dillon, 2011). However, no study to date has examined the influence of MCC on outcomes using a dyadic design. This is surprising given that perceptions of MCC and its influence on outcomes is likely a function of a dynamic, relational process (Hoyt et al., 2006; Owen, Tao et al., 2011), but also expected given the methodological challenges of conducting a dyadic study of MCC with real clients.

**Perceiver, Partner, and Relationship Effects in MCC Research**

Marcus and colleagues (2009, 2011) applied a dyadic methodological approach to examine the working alliance in counseling. The dyadic approach generally posits that interpersonal perceptions in the counseling process vary as a function of three main components: the perceiver, the partner, and the relationship. One type of dyadic design, termed the reciprocal one-with-many (OWM) design, matches the typical individual counseling research design, in which each counselor has multiple clients and provides ratings for each client, and each client rates the therapist. Marcus, Kashy, and Baldwin (2009, 2011) demonstrated that it is possible to estimate the variance associated with the perceiver, the partner, and the relationship in a single study using OWM.
To illustrate the utility of applying the OWM design, we adapt the Marcus et al. (2009) example of a client named Rosa. If Rosa, who is in counseling with Dr. A, rates Dr. A as high in MCC, this rating may be due to: (a) Rosa as the perceiver (i.e., Rosa would likely rate any counselor as high in MCC); (b) Dr. A as the partner (i.e., Dr. A’s clients typically report high MCC ratings); or (c) Rosa’s unique relationship with Dr. A (Rosa rates Dr. A higher in MCC than she would have with most other counselors, and this rating is stronger than the ratings provided by most of Dr. A’s clients). In the same way, Dr. A’s rating of her own MCC when working with Rosa is composed of (a) Dr. A’s perceiver effect (Dr. A provides high MCC ratings with all clients); (b) Rosa’s partner effect (most counselors would rate their MCC as high if they were counseling Rosa); and (c) Dr. A’s relationship effect with Rosa (Dr. A rates her own MCC with Rosa as higher than for her typical clients, and this rating is higher than the ratings most other counselors would have given had they been counseling Rosa). The OWM design allows us to assess the extent to which each of these effects contributes to perceptions of MCC. The OWM design also allows us to examine whether each component of perception of MCC predicts change in psychological well-being over the course of counseling.

The present study aims to expand upon the findings of Owen, Leach et al. (2011) primarily by applying an OWM dyadic design. We also studied a sample of clients who self-identified as a member of a racial or ethnic minority group to ensure applicability of the conceptual basis for MCC research and to contribute to the dearth of studies examining MCC and psychological well-being with large samples of clients of color (Worthington & Dillon, 2011; Sue & Sue, 2012). Finally, we addressed the call for more longitudinal studies to investigate the hypothesized association between counselor MCC and changes in clients’ psychological well-being (Tao et al., 2015).

The present study involves three steps to address our research hypotheses. In Step 1, we calculated how much variance in counselor-rated and client-rated assessments of MCC is accounted for by each reporter of MCC. This step also involved estimating the variance contributed by the dyadic relationship over and above counselor and client-ratings (i.e., error variance and undifferentiated variance). Despite studies suggesting little variability in counselors’ MCC across client reports (e.g., Owen, Leach, Wampold, & Rodolfa, 2011), we expected that the counselor would account for a significant amount of the variance in the client-rated MCC assessment because of (a) the uniqueness of the present study (large sample of clients of color, use of dyadic design); and (b) both of the originally posited hypotheses of Owen, Leach et al. (2011): (H1) either multicultural competent counselors consistently and broadly apply their abilities with all clients, or (H2) specific client factors elicit culturally sensitive responses from counselors differentially from client to client. In other words, from the perspective of the clients, we expected some counselors to be rated as more multicultural competent than others depending on counselors’ level of MCC (H1) or a combination of counselors’ MCC and client factors, such as culturally relevant presenting concern (H2). We also hypothesized that the counselor will account for a significant amount of the variance in the counselor-rated MCC assessment. That is, across clients seen by each counselor, some counselors will consistently report higher levels of multicultural competence than other counselors. This hypothesis is based on literature suggesting that counselor self-assessment of MCC lacks evidence of validity due to social desirability, confounding constructs, and other factors that may introduce error variance to any variance in true MCC (Hoyt et al., 2006; Owen, Imel et al., 2011; Worthington & Dillon, 2011; Tao et al., 2015). Thus, as part of Step 1, we expected counselor self-reports to indicate a significant level of variance based on the combination of error and true variance of MCC across counselor reports. In step two, we assessed generalized reciprocity as part of the OWM analyses. That is, we estimated whether client-rated assessments of MCC were associated with counselor-rated assessments of MCC. Given the literature suggesting a lack of relationship between the two reporters (e.g., Fuertes et al., 2006; Hoyt, Warbasse, & Chu, 2006; Owen, Imel et al., 2011), we hypothesized no association between reporters. Finally, in Step 3, we investigated whether client reported well-being at the fourth session relates to MCC based on counselor and client reports. We hypothesized that a moderate association would be found between client-reports of MCC and psychological well-being (Tao et al., 2015), but no association between counselor-reports of MCC and clients’ psychological well-being due to previously described questions about the evidence of validity of counselor self-rating of MCC (Hoyt et al., 2006; Owen, Imel et al., 2011; Worthington & Dillon, 2011; Tao et al., 2015).

**Method**

**Participants.** The sample consisted of 133 clients of color who attended individual psychotherapy at a university campus counseling center. The client sample included persons identifying as Black/African American (n = 20), Asian American/Asian (n = 7), Latino(a)/Hispanic (n = 96), or multiracial (n = 10) and included 94 women, 32 men, and one transgender man. Six clients did not report gender. In terms of educational levels, the client sample was composed of: 12.8% graduate students, 25.6% college seniors, 30.8% college juniors, 14.3% college sophomores, 12% first-year college students, and one client who was a nondegree seeking student; 3.8% did not indicate an educational level. Approximately 56% of clients were born in the United States or Puerto Rico, whereas 43% reported having been born outside of the United States. Client age at intake was unavailable to researchers.

**Counselors.** Eligible counselors saw at least two clients during the course of the study. Twenty-four counselors (22 women and two men) participated in the study. This included nine staff psychologists, six postdoctoral psychologists, two licensed clinical social workers, four predoctoral interns, and three master’s-level trainees. The mean number of client participants for each counselor was 5.79 clients (SD = 3.63). Forty-two percent of clients were counseled by psychologists, and 23% of clients worked with postdoctoral trainees, 13% of clients saw practicum students or predoctoral interns, respectively, and 9% saw a licensed clinical social worker. Nine (37.5%) counselors identified as White/non-Latino(a), seven (29.2%) identified as African American/Black, three (12.5%) identified as Latino(a)/Hispanic, two (8.3%) identified as Asian American/Asian, two as multiracial, and one preferred not to answer. Eighty-eight dyads (66%) consisted of a client and counselor of color, and 45 dyads (34%) consisted of a
client of color and a non-Latino, White counselor. Of note, no significant difference was found between dyad types for MCC as reported by the clients, $F(1, 132) = 2.52, p = .11$, and MCC as reported by the counselors, $F(2, 132) = 1.46, p = .23$.

**Procedure**

Client-counselor dyads were recruited from a campus counseling center at a large southeastern university during two academic years (2011–2012 and 2012–2013). Counselor-client dyads were included if informed consent was obtained from both counselors and clients. Dyadic data were collected during the clients’ intake sessions, and similar to existing studies on counseling outcomes (e.g., Baldwin, Wampold, & Imel, 2007; Fuertes et al., 2006; Mallinckrodt, Porter, & Kivlighan, 2005; Owen, Leach et al., 2011), follow-up dyadic data were obtained at the fourth session. Additionally, clients completed a psychological well-being measure at intake and at the fourth session (Schwartz Outcome Scale-10 [SOS-10]; Blais et al., 1999) and completed a measure of their counselors’ MCC (Cross-Cultural Counseling Inventory—Revised [CCCI-R]; LaFromboise, Coleman, & Hernandez, 1991) at the fourth session. Participating clients provided demographic information via existing intake assessment protocol at counseling center. Counselor participants provided demographic information at study onset. Counselors also provided general self-assessments of their MCC during each semester that they participated in our study. Dyads were included in analyses if both client- and counselor-complete intake assessments and follow-up assessments had been obtained. Descriptive statistics and correlations between counselor-reported CCCI-R are presented in Table 1.

**Measures**

**Demographics.** Demographics information was collected from all participants during the initial intake assessment. For clients, this included gender, racial and ethnic self-identification, year in college, and country of origin; for counselors this included age, gender, racial and ethnic self-identification, and career status.

The Schwartz Outcome Scale-10 (SOS-10; Blais et al., 1999). The SOS-10 was used to assess psychological well-being during the week prior to assessment. The 10 items are rated on a 7-point Likert-type scale ranging from 1 (“never”) to 7 (“all the time”). An average of the 20 items was calculated for total SOS scale score, with higher scores indicating greater levels of psychological competence. The SOS-10 was designed as an observer-based rating scale of counselors’ multicultural counseling skills, sociopolitical awareness, and cultural sensitivity. For the present study, items were modified for client and counselor reports in accordance with previously described methods (Owen, Leach et al., 2011). For example, the item “Counselor values and respects cultural differences” was modified to “My counselor values and respects cultural differences” for client reports and “I value and respect cultural differences” for counselor reports. In the present study, Cronbach’s alpha was .97 (clients) and .90 (counselors). Mean client CCCI-R score was 5.37 (.72), and 5.16 (.34) for counselors. Client CCCI-R score reports ranged from 1–6, while counselor reports ranged from 4.45 to 5.95.

**Results**

**Step 1: Variance Partitioning**

We applied data analytic steps suggested by Marcus et al. (2009, 2011) to conduct the OWM approach. Findings from step one of this approach, variance partitioning for the client-rated CCCI-R and the counselor-rated CCCI-R, are reported in Table 2. The counselor accounted for a significant (3.46%) amount of variance in the client-rated CCCI-R, with $s^2 = 0.11$, Wald $Z = 2.84, p = .005$. This finding indicates that, from the perspective of the clients, there was evidence that some counselors were generally more culturally competent than others. Most of the variance (96.5%) in clients’ ratings of the counselors’ MCC was attributed to a combination of the undifferentiated relationship, perceiver, and error variance components, with $s^2 = 3.07$, Wald $Z = 7.13, p < .001$.

The variance partitioning of the counselor-rated CCCI-R indicated significant counselor-level variance, $s^2 = 2.39$, Wald $Z = 3.05, p = .002$. Almost all (98.4%) of the variance in counselors’ self-rated MCC could be attributed to counselor report. This significant effect indicates that across clients, some counselors consistently reported higher levels of multicultural competence than other counselors. A small (1.64%) but significant degree of variance in the counselor self-rating was attributed to a combination of the undifferentiated relationship, partner, and error variance components.

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**Table 1**

<table>
<thead>
<tr>
<th>Variable</th>
<th>$n$</th>
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<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tr>
<td>1. Fall 2011 CCCI-R</td>
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<td>5.12</td>
<td>.32</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>2. Spring 2012 CCCI-R</td>
<td>19</td>
<td>5.13</td>
<td>.41</td>
<td>.66**</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3. Fall 2012 CCCI-R</td>
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<td>5.22</td>
<td>.42</td>
<td>.71</td>
<td>.89**</td>
<td>—</td>
</tr>
<tr>
<td>4. Spring 2013 CCCI-R</td>
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<td>5.29</td>
<td>.32</td>
<td>.83</td>
<td>.91**</td>
<td>.61**</td>
</tr>
</tbody>
</table>

* $p < .01$. ** $p < .05$.
Step 2: Generalized Reciprocity

An OWM analysis yields a generalized reciprocity correlation (i.e., client-rated partner effect correlated with counselor-rated perceiver effect). As expected, this correlation between the counselor-rated perceiver effects and the client-rated partner effects was small and nonsignificant, \( r = .09, p = .74 \), indicating that counselors’ self-assessments of multicultural competency (on average) did not relate (on average) with their clients’ assessments of their multicultural competency. We did not examine dyadic reciprocity because we could not assess client’s perceptions of counselor (relative to other counselor’s clients) and the counselor’s self-perception specific to each client.

Step 3: MCC and Changes in Psychological Well-Being

Next, we examined the relation between multicultural competency and counseling outcome by again applying recommended analytic steps suggested by Marcus et al. (2009, 2011). First, we calculated two variables to assess change in clients’ psychological well-being. The first was a counselor-level variable that measured the average change score across clients who were treated by the same counselor. The average change variable allowed us to examine whether counselors whose clients (on average) improved more than would be expected—based on their SOS intake scores—tended to self-report high levels of MCC across all clients and tended to have clients who (on average) reported high levels of counselor MCC. We also computed a client-level variable by taking the individual client-residualized change score and subtracting the mean residualized change score for his or her counselor from that score. This mean-deviated change variable for each client allowed us to examine (a) whether counselors self-reported especially high MCC scores with clients who improved more than their counselor’s typical clients, and (b) whether clients who improved more than their counselor’s typical clients indicated especially high MCC ratings for their counselor.

There was no association between the counselor (partner) effects from the client-rated CCCI-R scores and average client outcome, \( b = -.08, t(34.83) = -.80, p = .43 \). Counselors whose clients generally perceived them as more culturally competent, on average, did not have better client outcomes. Similarly there was not a significant association between the counselor (perceiver) effects from the counselor-rated CCCI-R scores and the average of the clients’ change scores, \( b = .02, t(21.84) = 1.07, p = .30 \). That is, there was no evidence that counselors who generally reported more MCC had clients who improved more, on average, than would be expected.

The dyad-specific results indicated there was no relation between counselors’ CCCI-R relationship effects and their clients’ outcomes, \( b = .01, t(79.24) = .37, p = .71 \). In other words, there was no evidence that clients of counselors who self-reported higher levels of multicultural competency had better outcomes. In contrast, clients’ CCCI-R relationship effects were associated with their outcomes, \( b = .05, t(101.99) = 2.88, p = .005 \). That is, clients who reported distinctively higher multicultural competency rating for their counselor (i.e., relative to ratings provided by their counselor’s other clients) had better outcomes than would be expected.

Discussion

The present study applied the OWM data analytic design to address a number of equivocal issues in multicultural counseling process and outcome research. In addition to replicating aspects of a previous study of the influence of multicultural counseling competence (MCC) on real-world counseling outcomes (Owen, Leach et al., 2011), our findings extend the literature in two important ways. First, we modeled the interdependence between clients and their counselors while considering MCC and its influence on counseling outcomes. Second, given questions about the applicability of the conceptual basis for MCC research among White clients, we examined only clients of color \((n = 133)\) with counselors from varying backgrounds.

By examining both client and counselor reports, we found that dyad members’ indicated that some counselors were generally higher in MCC than others. This contrasts findings from Owen, Leach et al. (2011), who found that counselors did not account for a meaningful proportion of the variance in their clients’ ratings of MCC (i.e., there was no evidence to suggest that some counselors consistently exhibited more traitlike MCC than other counselors). This discrepancy is potentially due to the present study’s sample of clients of color. That is, clients of color in comparison with their White, non-Latino client counterparts may be more likely to perceive their counselors’ MCC or simply present with culturally relevant concerns. Examining clients of color reports may have captured a meaningful proportion of variance that would have been missed by the inclusion of White, non-Latino client reports. For example, the CCCI-R was developed from the perspective that counselors (especially White, non-Latino counselors) need to demonstrate awareness and sensitivity to cultural issues relevant to clients identifying with racial and ethnic minority groups. Thus, the present study may have captured more variability in CCCI-R scores in comparison to past studies involving a majority of White, European American clients. Furthermore, the dyadic analytic method partitioned the variance in MCC explained by client report, counselor report, and relationship and error components, which led to more precise indications of variance in counselors’ MCC.

Second, clients’ perceptions of their counselors’ MCC and their counselors’ self-perceptions were not correlated. Our findings replicate studies indicating the lack of concordance between counselors’ self-report and clients’ ratings of their therapists’ MCC (e.g., Fuertes et al., 2006). The lack of generalized reciprocity suggests that counselors’ self-assessments of multicultural competence do not relate with their clients’ assessments of their multicultural competence. This differs from other dyadic studies suggesting counseling dynamics to be largely relational in nature, such...
as working alliance (Kivlighan, Lo Coco, & Gullo, 2015; Marcus et al., 2011). Future research using the OWM designs or actor-partner interdependence model (APIM) is needed to investigate whether dyadic reciprocity (i.e., *When counselors report especially high levels of MCC with particular clients, do those clients also report especially high levels of MCC?*) This question was unanswered by the present study.

Third, our study matches some findings of Owen, Leach et al. (2011) despite the methodological and sample differences between the two studies. On average, counselors whose clients generally perceived them as possessing more MCC did not report better client well-being at the fourth session. Likewise, counselors who generally reported more multicultural competency did not have clients who improved more, on average, than would be expected. The similarities between our study and Owen, Leach et al. (2011) extend to the dyad-level, too. Clients who improved more than their counselor’s typical clients indicated especially high MCC ratings for their counselor in both studies. The consistency between our findings and prior research highlights the complexity of MCC and suggests implications for future research and practice. Multiple clients’ perceptions of the same counselor’s MCC varied enough to positively relate with psychological well-being. Clients who rated their counselor more highly on MCC also tended to report more well-being within each counselor’s caseload. Thus, MCC did not on average associate with improvements over the four sessions, but rather MCC was linked with improved well-being for clients who perceived distinctly higher levels in their counselor’s MCC in comparison with other clients of the same counselor. This finding may be due to mono-perspective bias (Heppner, Kivlighan, & Wampold, 2007). That is, clients who self-report higher well-being also tend to report higher MCC of their counselors. Alternatively, this finding may suggest MCC is a far more context driven than trait-like counselor characteristic (Worthington & Dillon, 2011). Perhaps clients’ ratings of their counselors’ MCC may be dependent on myriad factors including counselors’ ability to recognize and intervene in culturally competent ways as well as intersecting individual client and counselor characteristics such as (but not limited to) clients’ presenting concerns, counselor and client racial or ethnic identity (Owen, Leach, et al., 2011; Paniagua, 2005; Pinel, 1999; Thompson & Alexander, 2006; Wampold, 2007), counselor and client gender (DeBlaere et al., 2013; Fauth & Hayes, 2006; Jackson & Williams, 2006; Stamler, Christiansen, Staley, Macagno-Shang, 1991), sexual orientation/identity (Hayes & Ersk, 2000; Parent, DeBlaere, & Moradi, 2013), disability (Foley-Nicpon & Lee, 2012), skin color (Coard, Breland, & Raskin, 2001), social class/socioeconomic status (Reimers & Stabb, 2015), immigration status and acculturation (Schwartz, Unger, Zamoinska, & Szapocznik, 2010), religion (Wendt, Gone, & Nagata, 2015), and many other culturally relevant contextual factors. Counselors should be trained to possess the competency to make adjustments in their practice on a client-by-client and session-by-session basis to fully express MCC in their professional work (e.g., APA, 2003; Worthington & Dillon, 2011). Additional research is needed to study associations between intersecting client and counselor characteristics and perceptions of their counselors’ MCC as well as how characteristics and perceptions unfold over time during the counseling process.

Clients’ ratings of counselors’ MCC also may highly depend on their level of cultural health literacy (Ridley & Shaw-Ridley, 2011). Ridley and Shaw-Ridley (2011) highlighted the importance of health literacy in MCC research (that is, “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services, enabling them to make informed health decisions and take appropriate action;” U.S. Department of Health and Human Services (2000)). Specifically, they questioned the assumption that clients can evaluate the competencies of therapists as assessed by the CCCIR and similar measures, and called for the inclusion of culturally sensitive and health literacy-appropriate evaluation tools in future MCC research. Our findings seem to support these recommendations. Furthermore, counselor-specific characteristics such as racial colorblindness (Neville et al., 2006) and racial microaggressions (Sue et al., 2007) also require dyadic study as client and counselor-reported determinants of MCC. Overall, it may be that the experience of MCC counseling is akin to human development as postulated by developmental contextualism theory (Lerner, 2001). A central idea of developmental contextualism is that changing, reciprocal relations (or dynamic interactions) between individuals and the multiple contexts within which they live comprise the essential process of human development. It seems as if the influence of MCC on counseling outcomes may similarly depend upon the changing, dynamic interactions between cultural expressions of both clients and counselors within their lives in and out of the counseling session.

Our study has several limitations to note. First, although the OWM design typically involves an assessment of a dyadic reciprocity coefficient (i.e., *When counselors report especially high levels of MCC with particular clients, do those clients also report especially high levels of MCC?*), the periodic assessment of counselor reported MCC (i.e., once per semester) limited our ability to calculate dyadic reciprocity. Future studies are encouraged to collect counselor-reported or observer-reported MCC per client/session whenever practically feasible to address this question. Second, as noted by Marcus et al. (2009), the OWM design is limited in that there is no way to separate client perceiver or partner variance from relationship variance because each client only provides data regarding one therapist and only one therapist provides data regarding each client. Third, while timing of psychological well-being measurement matched the administration of proxy outcome measures used in many counseling studies (e.g., Baldwin et al., 2007; Fuertes et al., 2006; Mallinckrodt et al., 2005; Owen, Leach et al., 2011), the assessment of well-being at the fourth session may not be a valid reflection of counseling outcome. Future studies need to assess later sessions in the counseling process to detect potential longer-term links between MCC and change in outcome. Additionally, future studies should include measures of diagnostic change or symptom reduction (Tao et al., 2015). Fourth, utilizing data from only participants who complete intake and follow-up data has been criticized for limiting the external validity of findings in terms of participants who drop out before the follow-up session due to multicultural incompetence early in the counseling relationship (Worthington et al., 2007). Creative methods are needed to capture whether client and counselor perceptions of MCC are linked to drop-out in future research. Fifth, because our measure of MCC was adapted to obtain client and counselor reports, the measure was limited. While some CCCIR items seem pertinent to clients (e.g., *My counselor is comfortable with differences between me and her/him* and My
counselor demonstrates knowledge about my culture), it is unclear whether all clients possessed knowledge of MCC or cultural health literacy (Ridley & Shaw-Ridley, 2011) to validly answer items such as My counselor understands the current sociopolitical system and its impact on me and My counselor is able to suggest institutional intervention skills.

Sixth, several counseling psychologists have called for the development of an improved measure of counselor MCC to integrate conceptual advancements in researchers’ understanding of multiculturalism in applied psychology as a whole (e.g., microaggressions) that require integration into the foundational theory of MCC (Kim, Li, & Liang, 2002; Owen, Iml et al., 2011; Tao et al., 2015; Worthington & Dillon, 2011; Worthington et al., 2007). As previously noted, MCC studies also have long pointed out discrepancies between counselor and client reports of MCC. The construct validity of existing measures often questioned due to (a) social desirability; (b) concerns about content validity of existing measures and methods (e.g., adapting the CCCI-R, which is a measure originally developed for use by observers); and (c) whether clients are able to accurately assess their counselors’ MCC using existing measures (Hoyt et al., 2006; Ridley & Shaw-Ridley, 2011; Tao et al., 2015). Thus, researchers are encouraged to revisit the underlying conceptualizations and psychometric properties of existing MCC measures to ensure adequate coverage of constructs. These efforts should consider whether MCC concepts are equally understood from the perspective of client, observer/supervisor, and potentially counselor. As noted by Tao et al. (2015) and others, future steps in MCC research should involve observer/supervisor assessments of actual counselor–client interactions. No studies to date have investigated associations between observer ratings of counselor MCC with treatment processes or outcomes in clinical settings. Existing MCC findings need to be compared with potential associations between observer ratings and counseling outcomes.

Finally, the sample of clients of color was disproportionately composed of females and Latino/as. Relatedly, the majority (66%) of dyads consisted of clients and counselors of color, and all but two counselors were women (92%). While the samples were skewed in terms of client gender and dyad composition, the composition of the samples may contribute unique knowledge about gender dynamics, intersectionality, and MCC. That is, perhaps the unique sample influenced the novel finding that both dyad members’ indicated that some counselors were generally higher in MCC than others. Being mostly females and Latinas, the clients may have been more attentive, aware, and questioning of MCC than clients in previous studies because they have been disproportionately affected by privilege and oppression in the United States (Cole, 2009). Similarly, the relatively large proportion of female counselors of color may be more aware of MCC concepts, and more honest in their self-assessments than clinicians in previous studies. Future studies are required with demographically balanced client and counselor samples to better assess intersectionality-based hypotheses. Future MCC process studies also should account for the well-established common factors in counseling when assessing outcomes (e.g., empathy, working alliance; Imel & Wampold, 2008).

Because no studies to date have included dyadic reports of MCC, the present study advances multicultural counseling process and outcome research by applying the OWM design to examine both client and counselor reports. This is a substantive advance primarily because it has long been considered optimal to study MCC by including multiple reporters such as clients and counselors (Hoyt et al., 2006; Owen, Leach et al., 2011). By examining counselor (or skilled observer/supervisor) and client dyadic reports of MCC in future research, investigators will continue to discover ways in which both clients’ and counselors’ perceptions of MCC combine to influence counseling processes and outcomes. Such dyadic research will be particularly useful if future studies (a) include large samples of clients of color as well as other marginalized groups that MCC are theorized to especially address, and (b) administer improved measures of MCC from the client and counselor perspectives.

References


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