THE MEDIATING EFFECT OF MULTICULTURAL EXPOSURE ON THE MULTICULTURAL COUNSELING COMPETENCE OF MENTAL HEALTH PROFESSIONALS WHO WORK WITH LATIN AMERICAN IMMIGRANTS

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by

Adrian Lira

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DEDICATION

I am forever grateful to my loved ones. You made this quest possible. To my husband, Mark, thank you for your unwavering support through this journey. I am blessed to walk alongside you. I absolutely could not have done this without you. I am thrilled to have completed this chapter, and I am looking forward to our new endeavors. I love you. To my Lily and Layla, thank you for the early-morning risings and late-night bedtimes. Your unsatiated need for walks, treats, and tummy rubs helped me to step away, if only for a few minutes. Para mi mamá, quien me dio todo su apoyo y me enseñó que todo es possible, siempre y cuando sigamos luchando. Gracias por tu amor y tu ejemplo.

ABSTRACT

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The interaction between mental health professionals and ethnically diverse clients has increased because of the evolving cultural landscape of the United States. Accounting for cultural differences within the counseling relationship became crucial; therefore, multicultural awareness, knowledge, and skills were analyzed to determine multicultural counseling competencies (MCC) of mental health professionals. Additionally, multicultural exposure, or activities that increase MCC among mental health professionals, were discussed in this study.

The purpose of this study was to validate the factor structure of the Multicultural Counseling Competence and Training Survey (MCCTS), and to investigate the mediating effects that multicultural exposure had on the MCC of mental health professionals who work with Latin American immigrants. The factor structure of the MCCTS was validated using an Exploratory Factor Analysis (EFA) and a Confirmatory Factor Analysis (CFA). Further, Structural Equation Modeling (SEM) was employed to analyze the relationships between the multicultural exposure variables and the MCCTS factors.

The results of the study confirmed a 5-factor model of the Multicultural Counseling Competence and Training Survey. Outcomes of the SEM framework provided insight into the effects of coursework, continuing education, occupation-related training, and experience working with Latin American immigrants on the multicultural

knowledge of mental health professionals. For example, the more experience a mental health professional had working with Latin American immigrants, the less competent they rated their multicultural knowledge. Additionally, the education completed by mental health professionals was found to have a mediating effect between multicultural awareness and multicultural knowledge. Finally, the limitations, implications, and recommendations of the study were reviewed.

KEY WORDS: Multicultural counseling competence, Multicultural exposure, Latin American immigrants, Coursework, Continuing education, Occupation-related training, Bilingualism, Experience, Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA), Structural Equation Modeling (SEM).

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Finally, I want to acknowledge the unaccompanied immigrant minors that I had the privilege of meeting. You changed the course of my career. You taught me so much about my culture and myself. Above all, you reminded me to always dream and remain hopeful.

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CHAPTER I

Introduction

An increasing ethnic diversification of the United States since the turn of the 20th century has prompted changes within the field of counseling (Arredondo, 1999; Arredondo, 2005; Migration Policy Institute, 2020; Sue et al., 1992; U.S. Census Bureau, 2001). Some of those changes require the training of mental health professionals to address the cultural needs of ethnically diverse individuals. Because counseling either directly or indirectly transmits society's values, it has become necessary for mental health professionals to identify personally held biases to reduce the transmission of their values within the counseling relationship (Sue et al., 1982; 1992). The shifting cultural landscape in the United States increases the likelihood that mental health professionals will interact with ethnically diverse clients. Accordingly, the counseling relationship has become representative of the changing times through the ever-growing racial and ethnic differences between mental health professionals and their clients. Thus, it became evident that the field of counseling had to do more to decrease disparities in treatment and address the unique needs of ethnically diverse clients.

In response to the changing cultural landscape of America, three seminal articles were published that prompted counseling professionals to rethink the counselor-client relationship by first forming a definition of multicultural counseling and then addressing the multicultural competencies for mental health professionals (Arredondo et al., 1996; Sue et al., 1982, 1992). Multicultural counseling was defined as the counseling relationship where two or more individuals differ in ethnic and cultural background, values, and lifestyles (Sue et al., 1982, p. 47). Given the increased diversification of the

country, it is crucial to account for cultural differences within the counseling relationship. For instance, problems have arisen within the multicultural counseling relationship when there was a low degree of similarity between the client and counselor (Arredondo et al., 1996; Sue et al., 1982), with clients viewing counselors who were similar to them as more credible and attractive (Sue et al., 1982). For these reasons, it is crucial that mental health professionals acknowledge and address culture within their therapeutic relationships. However, mental health professionals must be competent to do so.

Multicultural Counseling Competence

Multicultural competence is having the "multidimensional capacity to know oneself as a cultural being, [and] to be knowledgeable about the cultural worldview of others so that such awareness and knowledge will guide one's actions" (Arredondo, 2008a, p. 15). Thus, a set of guiding standards with which to aid the development of multicultural counseling competence was needed. The tripartite model of Multicultural Counseling Competence (MCC) provided the needed framework (Sue et al., 1982, 1992). The MCC model was designed as a matrix of three counselor domains each with three accompanying dimensions.

The dimensions included counselor beliefs/attitudes (i.e. awareness), knowledge, and skills. These dimensions emphasized that culturally skilled counselors should be aware of their own values and biases, have a good understanding of the treatment of ethnically diverse clients within the U.S. society while possessing specific knowledge about particular groups, and be skillful in sending and receiving accurate verbal and nonverbal responses with clients (Sue et al., 1982, 1992). These dimensions created the foundation from which to build the domains for culturally responsive counseling.

The three counselor domains provided guiding standards for counselors to identify personally held biases and gain a better understanding of the worldview of others. The domains included counselors' awareness of their own assumptions, values, and biases; awareness of the client's worldview; and the development of culturally appropriate intervention strategies (Arredondo et al., 1996; Sue et al., 1992). Together, the counselor domains and the accompanying dimensions provided a framework from which to pursue multicultural competence. This is important because every individual is a unique cultural being with life experiences different from that of anyone else; therefore, counselors and mental health professionals face a lifetime of multicultural learning (Ivey et al., 2018).

Multicultural competence has become a foundational counseling skill that should be incorporated into every therapeutic encounter (Ivey et al., 2018). Hence, the American Counseling Association (ACA) and other leading mental health associations have incorporated multicultural competencies into their ethical standards (AAMFT, 2015; ACA, 2014; APA, 2017; NASW, 2017). Because the measurement of multicultural competence among mental health professionals became important, the next step was the development of instruments.

Multicultural Counseling Competence and Skills Training Survey

In order to evaluate multicultural competence, counseling professionals and educators should be familiar with the instruments available to assess MCC constructs, and should be able to determine the reliability and validity of those instruments (Dunn et al., 2006). Quantitative studies have focused on measuring MCC in counselors for over twenty years (Barden et al., 2017; Cartwright et al., 2008; Dickson et al., 2010; Gillem et

al., 2016; Hall & Theriot, 2016; Holcomb-McCoy & Myers, 1999; Ivers & Villalba, 2015; Ivers et al., 2016; Kim et al., 2003; Matthews et al., 2018; McBride & Hays, 2012; Toomey & Storlie, 2015; Weatherford & Spokane, 2013). Most of those studies validated MCC instruments using graduate-student populations. However, two instruments were otherwise validated using licensed mental health professionals: (a) Multicultural Awareness Knowledge Skills Scale, and (b) Multicultural Counseling Competence and Training Survey.

The Multicultural Awareness Knowledge Skills Scale (MAKSS; D'Andrea et al., 1991) and the Multicultural Counseling Competence and Training Survey (MCCTS; Holcomb-McCoy & Myers, 1999) were validated using professional participants. The latter, a 32-item, self-rated measure based on the MCC dimensions of awareness, knowledge, and skills (Holcomb-McCoy & Myers, 1999; Sue et al., 1982, 1992), was selected for this dissertation because it was validated using a larger number of independently licensed mental health professionals. Yet, despite its use for over two decades, the factors measured by the MCCTS have proven to be inconsistent (Barden et al., 2017; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999; Ivers & Villalba, 2015); therefore, additional research into the efficacy of the measure is needed.

Multicultural Exposure

Several factors influence multicultural competence, including direct and indirect exposure to culturally diverse individuals (Ivey et al., 2018). Thus, research focusing on the factors that constitute multicultural exposure, or activities that boost MCC, is warranted (Dickson et al., 2010; Gillem et al., 2016; Weatherford & Spokane, 2013). For example, research examining the influence of personality dispositions (e.g., neuroticism,

extraversion, openness, agreeableness, conscientiousness) and multicultural exposure on MCC uncovered that both openness-to-experience and multicultural exposure (i.e., multicultural coursework, workshops, and counseling experience) have had a positive effect to MCC (Weatherford & Spokane, 2013).

Additionally, Gillem et al. (2016) validated the multiple-choice Multicultural Counseling and Psychotherapy Test (MCPT) using variables that are commonly used measures of expertise (e.g., research publications, talks, coursework, etc.). The participant scores ($N = 227$; licensed mental health professionals) on the MCPT were significantly correlated with the number of presentations provided, number of multicultural texts read, number of multicultural workshops and conferences attended, number of multicultural graduate courses taught, and number of multicultural articles published. These findings highlight the influence of multicultural exposure on MCC.

Decidedly, obtaining a better understanding of the individual and professional activities that boost MCC is important. Although a thorough investigation of all of the potential multicultural exposure factors is outside the reach of this dissertation, the factors that will be investigated include multicultural coursework (Barden et al., 2017; Hall & Theriot, 2016; Holcomb-McCoy & Myers, 1999; Kim et al., 2003; Malott et al., 2010; McBride & Hays, 2012), continuing education (Aga Mohd Jaladin, 2017; Hall & Theriot, 2016; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999; McBride & Hays, 2012; Rawls, 2007; Richardson & Quinn, 1983), occupation-related training (Darnell & Kuperminc, 2006), bilingualism (Delgado-Romero et al., 2018; Haley et al., 2015; Ivers & Villalba, 2015; Ulupinar, 2018), and experience working with ethnically diverse populations (Fuertes et al., 2005; Hannigan, 2016). The latter factor, experience

working with ethnically diverse populations, will focus specifically on counselors' experience working with the Latin American immigrant population.

Latin American Immigrants

The immigrant population, with over 44 million individuals, makes up 13.7% of the overall United States population (Migration Policy Institute, 2020). Immigrants from Mexico and the northern triangle of Central America collectively account for 32% of the entire immigrant population (Migration Policy Institute, 2020). There are many motives for immigrating to the United States; however, fleeing violence and pursuing economic opportunity have been cited as major motivators for Latin American migration (Hongdagneu-Sotelo & Avila, 1997; Lorenzen, 2017) For example, violence in Mexico, Guatemala, Honduras, and El Salvador influenced Latin American immigrants to travel to the United States (Vogt, 2013). In fact, between 2013 and 2017, El Salvador and Honduras had some of the highest murders rates in the world (Hiskey et al., 2018; Sawyer & Marquez, 2017).

As a result of financial need, parents often made the difficult decision to leave their children in the care of family members and migrate alone (Castañeda & Buck, 2011). For instance, Castañeda and Buck (2011) revealed that entire Central American towns have become dependent on remittances, or money, sent by native individuals residing in the United States. During the separation, remittances not only provided financial support for families, but also helped reaffirm and build meaningful relationships between separated parents and children (Peñas et al., 2020). Many saw remittance-fueled migration as the only way to overcome poverty (Castañeda & Buck, 2011). The pressure

for Latin American immigrants to contribute to the financial stability of their family and community prompted many adults to leave everything behind.

Additionally, to maintain a relationship with their children, Latin American immigrant mothers engaged in transnational parenting, or long-distance parenting practices across two countries (McCabe et al., 2017). A major obstacle faced by immigrant families was the time spent apart from each other. For most Latin American families, the timeframe for their reunification was unknown at the time of separation (Bohr, 2010; McCabe et al., 2017). However, many parents either planned on returning to their native countries after achieving financial goals (Hogdagneu-Sotelo & Avila, 1997) or contemplated reunifying with their children in the United States (Jani, 2017; Lorenzen, 2017; Roth & Grace, 2015).

When reunification occurred with these families, immigrant parents were tasked with helping their children transition into a new culture (Jani, 2017). Newly reunited families also faced learning to navigate the educational and legal systems that many of these parents avoided, in part, because of language and cultural barriers (Jani, 2017). In addition to these challenges, the families, especially the parents, must learn to reestablish familial bonds (Juang et al., 2018).

Statement of the Problem

Professional ethical standards mandate multicultural competence for all licensed mental health professionals (AAMFT, 2015; ACA, 2014; APA, 2017; NASW, 2017). Specifically, these standards stress the need for practitioners to obtain the awareness, knowledge, and skills needed for the provision of culturally sensitive services (Arredondo et al., 1996; Sue et al., 1982, 1992). Mental health professionals must begin by

understanding their own cultural backgrounds, then learn to appreciate and understand the differences that exist between themselves and culturally different clients (Hall & Theriot, 2016; Ivey et al., 2018). Because all individuals have unique life experiences that continuously evolve, counselors and therapists face a lifetime of multicultural learning (Ivey et al., 2018). As such, it is imperative to understand the factors that impact multicultural counseling competence in counselors throughout their academic and professional careers. Yet, there exists a gap in the literature about the factors (i.e., multicultural coursework, continuing education, occupation-related training, bilingualism, experience working with culture-specific clients) that collectively impact multicultural competence in counselors.

Multicultural competencies are especially important given the increased diversification of the United States. With immigrants from Latin America comprising more than 13% of the overall U.S. population and with 25% of all U.S.-born children being direct descendants of immigrants (Migration Policy Institute, 2020), it has become apparent that an increasing number of counselors will come into contact with this population at one point in their careers. Thus, it is crucial that counselors gain the skills needed to work with ethnically diverse clients with unique needs (Arredondo et al., 1996; Ivey et al., 2018; Sue et al., 1982, 1992). Although the opportunity to work with specific populations would be possible post-graduation, most research in the area of MCC focuses on counselors-in-training. In fact, the majority of the quantitative studies reviewed measured MCC in students (Cartwright et al., 2008; Dickson et al., 2010; Hall & Theriot, 2016; Kim et al., 2003; McBride & Hays, 2002; Weatherford & Spokane, 2013), with only limited studies addressing the cultural competence of practicing therapists (Barden

et al., 2017; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999). To date, no studies measuring the cultural competence of licensed mental health professionals who work with Latin American immigrants has been conducted. Considering the previously mentioned research gaps, this dissertation addressing the multicultural counseling competence of licensed mental health professionals who work with Latin American immigrants is warranted, especially because the Latin American immigrant community has faced racism and their immigration status in the United States has been politicized. Therefore, ensuring culturally responsive care to this population is essential.

Purpose of the Study

The purpose of this study is to validate the factor structure of the MCCTS. The second purpose is to investigate the mediating effects that multicultural exposure has on the multicultural counseling competencies (e.g., knowledge, skills, and awareness) of mental health professionals who work with Latin American immigrants.

Significance of the Study

To address the ever-changing racial, ethnic, and cultural landscape of the United States, counselors and mental health professionals must possess multicultural competencies (Arredondo et al., 1996; Sue et al., 1982, 1992). The ethical mandates of professional counselors and other mental health professionals provide standards to guide culturally sensitive treatment (AAMFT, 2015; ACA, 2014; APA, 2017; NASW, 2017). Yet, little is known about the factors that impact the cultural competence of counselors. Thus, the investigative focus of this study on multicultural coursework, continuing education, occupational-related training, bilingualism, and experience working with ethnically diverse client populations as multicultural exposure factors that boost MCC is

warranted. Addressing this research gap will provide important outcomes for professional counselors to incorporate into their practices with clients, especially with ethnically diverse clients such as Latin American immigrants.

Given that the United States has experienced an increase in migration from Mexico and Central America in the past two decades (Migration Policy Institute, 2020; Hannigan, 2016), insight into the experience of counselors with firsthand knowledge and experience working with immigrant families is needed. For instance, mental health professionals working with Latin American immigrants may better understand the separation and reunification of immigrant families as well as the transnational parenting practices of these individuals. Because all individuals have unique life experiences that continuously evolve, counselors and therapists must continuously strive for multicultural learning (Ivey et al., 2018). As such, it is imperative to understand the factors that impact MCC in counselors throughout counselors' academic and professional careers. Yet, there exists a gap in the literature on multicultural exposure factors (i.e., multicultural coursework, continuing education, occupation-related training, bilingualism, experience working with ethnically diverse populations) that impact MCC. To date, no other study has addressed the cultural competence of mental health professionals of different disciplines who work with Latin American immigrant populations. The information obtained from this study will increase the delivery of culturally competent counseling services. Finally, results from this study will promote MCC-related professional continuing education and aid in addressing systemic biases in community mental health settings.

Definition of Terms

Several of the terms discussed within this dissertation benefit from a standardized definition, while other terms may be used interchangeably throughout the manuscript. Therefore, the following terms are defined.

Central America

Central America is a descriptive term for a specific cluster of nations that bridge North and South America. Within this study, Central America includes the countries of Guatemala, Honduras, and El Salvador (Kent, 2016). Moreover, immigrants from Mexico will also be considered within this dissertation and will be included within the descriptive term of Central America.

Culture

Culture is "the shared values, beliefs, expectations, worldviews, symbols, and learned behaviors of a group that provide its members with norms, plans, traditions, and rules for social living. Moreover, culture is inclusive of any group of people who identify with one another on the basis of a common purpose, need, or similarity of background" (Gladding, 2018, p. 42).

Cross-cultural Counseling

Cross-cultural counseling "occurs between individuals from different cultural backgrounds. If conducted properly, such counseling transcends or bridges the differences in specific cultures and leads to therapeutic results" (Gladding, 2018, p. 41).

Diversity

Diversity is the "existence within a society of a number of varied groups with distinct values and lifestyles. Cultural diversity allows individual ethnic groups to

maintain their own cultural uniqueness while sharing common elements with the majority group" (Gladding, 2018, p. 42).

Identity

Identity includes such "factors as ethnographic variables (e.g., ethnicity, nationality, religion, language), demographic variables (e.g., age, gender, place of residence), and status variables (e.g., social, economic, and educational background) and a wide range of formal or informal memberships and affiliations" (Gladding, 2018, p. 42).

Latin America

Latin America denotes the cultural region of the American nations with Spanish and Portuguese colonial histories with language being perhaps the single most important trait shared among these nations (Kent, 2016).

Multicultural

Multicultural is the "existence of multiple cultural people and traditions within a country, such as within the U.S." (Gladding, 2018, p. 102).

Multicultural Competence

Multicultural competence is having an awareness and knowledge of culture and diversity of self and others. Moreover, it is understanding how this awareness and knowledge can be applied when working with minority and diverse clients (ACA, 2014).

Multicultural Counseling

Multicultural counseling can be defined as a counseling relationship where two or more of the participants differ in cultural background, values, and lifestyle (Sue et al., 1982).

Mental Health Professionals

Within this dissertation, mental health professionals include individuals who are licensed by a state to provide counseling and psychotherapy, and may include professional counselors, marriage and family therapists, social workers, school counselors, and psychologists.

Remittances

Remittances are earnings sent by Latin American immigrants to their country of origin that are intended to support family and children (Best, 2014).

Reunification

For the purposes of this study, reunification is defined as the reunion of a Latin American immigrant mother in the United States with her immigrant child immigrating from Mexico or Central America. This reunion takes place after a separation across two countries after both mother and children have emigrated from their native countries.

Transnational Parenting

Transnational parenting is defined as parenting practice between separated Latin American immigrant mother and their children who remain under the care of extended family or friends in their native country (McCabe et al., 2017).

Theoretical Framework

The Social Constructivist Theory will guide and support this study. The central idea social constructivist theory is that larger societal factors influence and shape individuals (Burr, 2015). In order for mental health professionals to have an awareness and appreciation of the unique qualities of diverse individuals, it is important for them to understand the societal and historical factors that influence the views and beliefs of those

individuals (Young & Collin, 2004). With this in mind, the Social Constructivist Theory will serve as a vehicle for therapists to maintain a sense of awareness of the unique qualities of clients during their interaction.

Additionally, the Multicultural Counseling Competence (MCC) model will serve as a framework from which to assess the multicultural competencies of the mental health professional participants (Sue et al., 1982, 1992). Specifically, MCC will be measured using the Multicultural Counseling Competence and Training Survey (MCCTS), a self-rated instrument developed to capture MCC (Holcomb-McCoy & Myers, 1999). Thus, this model will inform the awareness, knowledge, and skills needed to become competent in addressing the needs of culturally diverse clients.

Research Questions

To address gaps in research and literature, this study will investigate the following questions:

1. What is the factor structure of the MCCTS for this particular sample?
2. What are the mediating effects of multicultural exposure (coursework, continuing education, occupation-related training, bilingualism, and experience) on the multicultural counseling competencies (awareness, knowledge, and skills) of mental health professionals who work with Latin American immigrants?

Limitations

This study has several limitations. For instance, all individuals who participate in this study will be residing in the United States. As such, the findings of this study will not be representative of mental health professionals in other countries. Additionally, the academic training and accreditation of the schools attended will vary by discipline.

Finally, the licensure, ethical standards, and continuing educational requirements will differ by state.

Delimitations

The delimitations chosen by the researcher in this study will establish a better understanding of the multicultural competence of mental health professionals. Therefore, participants who take part in this study will be mental health professionals who work or who have worked with Latin American immigrants.

Assumptions

This study included the following assumptions: (a) all participants will be open and honest when responding to questions/measures; (b) investigators will be unbiased and will bracket out preconceived notions; and (c) data collected will accurately reflect the experience of the participants.

Organization of the Study

This dissertation is divided into five chapters. Chapter I serves as the introduction. The following are included in the introduction: (a) a review of multicultural counseling competence, multicultural exposure factors, and a description of Latin American Immigrants, (b) rationale for the study, (c) statement of the problem, (d) purpose of the study, (e) significance of the study, (f) definition of terms, (g) theoretical framework, (h) research questions, (i) limitations, (j) delimitations, and (k) assumptions of the study.

Chapter II will present the literature review. The following will be included in the literature review: (a) purpose statement, (b) multicultural counseling competence, (d) measuring cultural competence, (e) multicultural exposure, (f) counselors working with

ethnically diverse clients, (f) Latin American immigrants, (h) theoretical conceptualization, (i) research questions, and (j) summary.

Chapter III will describe the research methods including the research design, how participants were selected, instrumentation, data collection, data analysis, and summary.

Chapter IV will present the demographic data as well as the findings of the quantitative data analysis.

Chapter V will describe the results of the data, including a summary of the entire study, discussion of the findings, implications of the study, and recommendations for other mental health professionals. Finally, the conclusion will be presented at the end of Chapter V.

CHAPTER II

Literature Review

The literature review includes the following sections: (a) purpose statement, (b) multicultural counseling competence, (d) measuring cultural competence, (e) multicultural exposure, (f) counselors working with ethnically diverse populations, (f) Latin American immigrants, (h) theoretical conceptualization, (i) research questions, and (j) summary.

Purpose Statement

The purpose of this study is to validate the factor structure of the MCCTS. The second purpose is to investigate the mediating effects that multicultural exposure has on the multicultural counseling competencies (e.g., knowledge, skills, and awareness) of mental health professionals who work with Latin American immigrants.

Multicultural Counseling Competence

At the core of every counseling encounter is the therapeutic relationship. Myriad factors influence this dyad, including culture. But how does one account for the multidimensional complexity of culture within an already complicated interaction? Unfortunately, this inquiry brings forth more questions than answers. Therefore, this journey begins by contemplating the following: Who is responsible for the multicultural competence of counselors? What cultural factors most influence the counseling relationship? When should therapists incorporate a multicultural lens? Where do therapists gain the multicultural awareness, knowledge, and skills needed to work with diverse clientele? Why should therapists prioritize the role of cultural context with every

client interaction? How does the mental health profession ensure that therapists continue to strive toward multicultural competence throughout their career?

The rationale behind posing the aforementioned questions was to create a framework of ideas around multicultural counseling competence. Afterall, every counseling interaction is multi- and cross-cultural; therefore, cultural matters should be at the forefront of treatment (Sue et al., 1992). Culture should be pictured front and center on the collage of counseling factors. Therefore, the next section will review current counseling ethical guidelines that were directly shaped by seminal articles that had a major impact on the multicultural counseling competence movement.

Multicultural Ethical Standards

The ethical guidelines concerning cultural competence for the American Counseling Association (ACA) and the American Psychological Association (APA) were influenced by the multicultural counseling competence movement at the turn of the 20th century (Arredondo et al., 1996, 2005; Sue et al., 1992). The ACA Code of Ethics explicitly directs counselors to "honor diversity and embrace a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (ACA, 2014, p. 3). Additionally, *Standard C.2.A Boundaries of Competence* of the ACA stipulates that counselors should obtain knowledge, awareness, and skills necessary to ensure multicultural counseling competence across all counseling specialties (ACA, 2014).

Similar to the ACA, the APA calls for psychologists to "respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language,

and socioeconomic status" (APA, 2017, p. 4). Standard *2.01 Boundaries of Competence* of the APA directs psychologists to acquire the training, experience, consultation, or supervision necessary to obtain an understanding of client cultural factors (e.g., age, gender, gender identity, race, ethnicity, national origin, language, etc.) to ensure effective implementation of services (APA, 2017). Likewise, the National Association of Social Workers (NASW) and the American Association for Marriage and Family Therapy (AAMFT) have also included cultural competency standards in their respective ethical guidelines (AAMFT, 2015; NASW, 2017).

Although brief, this discussion of the ethical guidelines of four leading mental health associations is of the utmost importance because these standards stress the need for practitioners to obtain the awareness, knowledge, and skills necessary for the provision of culturally sensitive services. It was with these standards in mind that I, as a licensed professional counselor and researcher, honed in on the need to empirically study and promote multicultural counseling competencies. Now that the current state of ethical affairs has been reviewed, the roots of multicultural counseling competencies will be traced by examining the manuscripts that led the movement.

Multicultural Counseling Competencies and Standards: A Call to the Profession

The final decade of the last century brought with it greater racial and ethnic diversity in the United States. The changing demographic of the U.S. population, along with the state of sociopolitical factors at the time, influenced the therapeutic relationship (Sue et al., 1992). The Association for Multicultural Counseling and Development (AMCD) responded to the changing times by addressing the cultural factors that impact counseling. In 1991, AMCD approved the seminal article "Multicultural Counseling

Competencies and Standards: A Call to the Profession" to promote a multicultural perspective within the field of counseling. In their article, Sue et al. (1992) established the following three goals: (1) review the multicultural perspective, (2) propose standards for culturally competent counselors, and (3) advocate for the broadening of multicultural standards within the American Association for Counseling and Development (AACD). The first goal will be discussed next: the rationale for a multicultural perspective.

Multicultural Perspective. The changing racial and ethnic landscape of the United States during the latter part of the 20th century brought to light the need for further exploration and implementation of multicultural perspectives in the fields of mental health (Arredondo, 1999; Arredondo, 2005; Sue et al., 1992). According to the 1990 U.S. Census, 25% of the population was classified as a racial and ethnic minority (U.S. Census Bureau, 2001). Further examination of these figures provides a more thorough understanding of the diversification of the United States at the turn of the century. By 1990, 12% of the entire population was classified as Black, 9% Hispanic, 3% Asian, and almost 1% Native American (U.S. Census Bureau, 2001). These figures paint a picture of the "browning" of America at that time and considering the current level of diversity in the United States, the importance of addressing multicultural competence is even more apparent. For instance, according to the 2010 U.S. Census, the total U.S. population that classified as a racial and ethnic minority increased to 36.3% with 12.6% classified as Black, 16.3% Hispanic, 4.8% Asian, and 0.9% Native American (U.S. Census Bureau, 2011).

Guided by the information available at the time, Sue et al. (1992), in their article, expanded their vision for a multicultural perspective within the field of counseling. They

not only discussed the racial and ethnic differences among individuals, but they also mentioned minority gender and sexual orientations. Moreover, the authors acknowledged the role of language and the impact of race relations within the counseling process. In doing so, they broadened the multicultural perspective beyond that of race and ethnicity. They understood that it can be both harmful and unethical for therapists to work with clients from diverse backgrounds without appropriate cultural knowledge and skills.

Despite their efforts to expand the multi- and cross-cultural knowledge between the counselor and client, their article focused on the interaction between a majority White counselor and a client with origins from one of four ethnic minority groups (e.g., Blacks, Hispanics, Asians, or Native Americans). This would later be a source of critique (Ratts et al., 2016a, 2016b). The second goal set forth by Sue et al. was to propose standards for culturally competent counselors.

Multicultural Counseling Competencies and Standards. It became evident that counselors should engage in critical thinking to understand their "own conditioning, the conditioning of their clients, and the sociopolitical system of which they are both a part" (Sue et al., 1992, p. 480). Without such knowledge, counselors risked assigning negative characteristics to clients culturally different from themselves. Because belonging to a racial or ethnic group does not in itself provide the skills necessary to be culturally skilled, counselors, regardless of race, ethnicity, gender, sexual orientation, or any other culture-related factor, should strive toward multicultural competence. In response to this, the authors proposed a set of competencies and standards to address the cultural shortcomings within counseling.

Sue et al. (1992) proposed a tripartite model of Multicultural Counseling Competencies (MCC) to provide a developmental framework for cultural sensitivity. The model was conceived as a matrix of three counselor domains, each with a set of three accompanying dimensions: awareness, knowledge, and skills.

In the article "Position paper: Cross-cultural counseling competencies," Sue et al. (1982) introduced three dimensions that served as guidelines for the development of competencies for working with a diverse clientele. With the first dimension, awareness, the authors aimed to have culturally skilled counselors become aware of their own values and biases, and to be comfortable with the differences that exist between them and their clients. Using the second dimension, knowledge, as a guide, counselors should develop a good understanding of the treatment of ethnic minority clients, as well as intentionally learn about the particular groups with whom they work. Finally, within the third dimension, skills were emphasized. That is, counselors were encouraged to learn how to send and receive accurate and appropriate verbal and nonverbal responses and implement appropriate intervention skills for a diverse clientele. The three dimensions collectively set in motion the notion of cultural awareness within the field of counseling. These dimensions and the three counselor domains comprised the tripartite model of multicultural counseling competencies. Sue et al. further addressed the three counselor domains in the seminal article, "Multicultural Counseling Competencies and Standards: A Call to the Profession."

Because individuals live in a multicultural, multilingual, and pluralistic society, they are very likely to encounter and engage with individuals who are culturally different from themselves (Sue et al., 1982). Therefore, mental health professionals must possess

the reflectivity needed to identify and work through personally held biases, while simultaneously understanding their clients' worldview and formulating culturally sensitive therapeutic techniques (Sue et al., 1992). These standards are addressed within the three counselor domains of the MCC. The first domain, *counselor awareness of own assumptions, values, and biase*s, is the foundation of cultural competence. Because the road to cultural competence starts with understanding one's own personal and professional cultural awareness (Hall & Theriot, 2016), it is essential that counselors begin the journey to multicultural competence by looking within themselves. Additionally, counselors should avoid imposing their own views and values onto their clients. The second domain charges counselors with having an *awareness of the client's worldview*. Without that awareness, counselors risk introducing barriers to the counseling relationship by not respecting the cultures of minority clients (Arredondo et al, 1996). Finally, within the third domain, counselors were urged to *develop culturally appropriate intervention strategies*. By adopting a culturally informed stance, counselors would avoid engaging in potentially harmful, unethical practices (Sue et al, 1992). Even though the emphasis of these domains was on individual change, the authors envisioned that the status quo would be disrupted as a result of the self-examination needed to progress toward cultural competency (Arredondo et al., 1996). Thus, the authors called on the mental health professionals to enact multicultural standards to change the current state of affairs.

… A Call to the Profession. The authors advocated for the adoption of multicultural standards across the field. Because the recommended competencies were grounded in the reality of a culturally diverse population, these competencies would help

the field of counseling progress toward cultural awareness (Sue et al., 1992). The authors envisioned the adoption of multicultural counselor competencies by program accreditation bodies and into course curriculum requirements. Finally, the authors hoped for the infusion of multiculturalism across education, research, training, and everywhere else counselors practiced.

In sum, Sue and colleagues provided a framework by which to increase the multicultural competence of counselors. By putting forth the MCC matrix, they aimed to increase the cultural awareness, knowledge, and skills of counselors working with culturally different clients, and by extension, disrupted the status quo within the field of counseling. The article prompted the field of counseling take notice of the diversification of the country and adopt a framework from which to respond.

Operationalization of the Multicultural Counseling Competencies

Following the publication of the seminal article on multicultural counseling competencies, Arredondo et al. (1996) published "Operationalization of the Multicultural Counseling Competencies" to revise and operationalize the competencies. They did so at the request of the president of the AMCD to provide additional clarification to the MCC. The authors stipulated that the focus of the article was on clinical counseling, thus, competency domains—awareness, knowledge, and skills—must be a part of the preparation and practice of counselors. The follow-up article described the Dimensions of Personal Identity Model, outlined the revised Multicultural Counseling Competencies and accompanying Explanatory Statements, and addressed the five ethnic minority groups that the original authors discussed.

In the United States, African/Black, Asian, Caucasian/European, Hispanic/Latinx, and Native American individuals comprised the five major ethnic groups. The notion that all individuals, regardless of ethnic and racial background, are multicultural beings living in a pluralistic society was emphasized, as was the point that racial groupings provided insight into the historical and geographical origins of individuals. Moreover, Arredondo et al. addressed the origin of norms within the United States. Specifically, they noted that men of European background held power across all aspects of society, and thus served as "the yardstick by which individuals of other cultural groupings and women have been measured" (p. 43). As with the original document, the authors focused on the interaction between a majority White (now often defined as Caucasian) counselor and an ethnic minority client, but the fact that the MCC could be applied when counselors and clients have more perceived similarity was also acknowledged. Finally, the distinction between multiculturalism and diversity was made. The former focused on an individual's ethnicity, race, and culture. The latter referred to individual characteristics, including age, gender, sexual orientation, religion, or physical ability. The authors referenced the Dimensions of Personal Identity model to examine the individual differences and shared identities within relationships.

The Dimensions of Personal Identity model, consisting of three domains of individual identities (i.e., Dimension A, B, and C), was used to demonstrate the complexity and holism of individuals (Arredondo et al., 1996). Dimension A focused on mostly fixed characteristics that individuals at birth have little to no control over. For example, culture, ethnicity, gender, language, physical/emotional well-being, race, sexual orientation, and social class. The individual dimensions in Dimension B included

educational background, geographic location, hobbies, healthcare practice and beliefs, interests, military experience, relationship status, and work experience. This domain is the most fluid and dynamic of the three and is often regarded as a consequence of the interaction of the other two domains. Finally, Dimension C, the contextual and sociopolitical dimension, brought to light the historical moments and eras that impact individuals, either directly or indirectly, and that influence how they perceive the world and are treated by others.

Taken together, the Dimensions of Personal Identity served as a framework for counselors to: (a) avoid making misattributions or judgements based on characteristics in Dimension A; (b) understand how occupational, educational and geographical factors (Dimension B) are influenced by the interaction of genetic/cultural factors and historical moments of a given time; and (c) understand the historical context of individuals (Dimension C), including injustices, racism, and discrimination experienced by people of color for racial reasons alone. The model accentuated the idea that everyone is a multicultural being, and that individual characteristics are not greater than the whole person. And, by focusing on only one of the dimensions, the counselor risks undermining the counseling relationship because of stereotypes and miscommunication. The authors referenced the model to provide objective criteria to increase counselors' awareness and understanding about how their own experiences affect how they perceive and understand others. Finally, the authors focused on operationalizing the three domains of awareness, knowledge, and skills by providing statements that described the means of achieving and demonstrating cultural competence. The competencies and the explanatory statements, together, were intended to guide counselors toward multicultural competence (Holcomb-

McCoy & Myers, 1999). However, because of the amount of detail, the multicultural counseling competencies and the accompanying explanatory statements discussed in the article will not be summarized.

The three manuscripts discussed thus far have provided a framework from which to respond to and gauge the culture-related factors that permeate the counseling relationship.

Developed more recently than the MCC, the Multicultural and Social Justice Counselor Competencies (MSJCC) addressed the cultural competence of counselors established by the MCC (Ratts et al., 2016a, 2016b). The MSJCC further addressed the increased diversification and globalization of the world. It provided a framework to account for the various identities that the client and counselor bring to the therapeutic relationship. Finally, the MSJCC categorized the privileged and marginalized statuses within the client-counselor relationship, as well as called the counselor to action against the social injustices that clients experience.

The two aforementioned frameworks (i.e., MCC and MSJCC) have propelled the field of counseling toward adopting a multicultural lens for over 30 years. Even though the MSJCC provides a contemporary look at multi- and cross-cultural factors within the therapeutic relationship, this dissertation will focus on the multicultural counseling competence model because the self-rated measure of multicultural competence investigated within this study was validated using the MCC framework (Sue et al., 1992; Holcomb-McCoy & Myers, 1999). The measurement of multicultural counseling competence will be discussed next.

Measuring Multicultural Counseling Competence

The movement toward cultural sensitivity brought with it the challenge of finding methods to measure MCC. Several studies have focused on measuring counselors' cultural competence, with most turning to self-rated measures (Barden et al., 2017; Cartwright et al., 2008; Dickson et al., 2010; Hall & Theriot, 2016; Holcomb-McCoy & Myers, 1999; Ivers & Villalba, 2015; Ivers et al., 2016; Kim et al., 2003; Matthews et al., 2018; McBride & Hays, 2012; Toomey & Storlie, 2015), while other studies presented vignettes to determine counselors' multicultural responses (Weatherford & Spokane, 2013) or asked counselor participants to complete a multiple-choice test to determine MCC (Gillem et al., 2016). This section will review leading MCC measures and detail relevant studies using the Multicultural Counseling Competence and Training Survey (MCCTS) that will guide the quantitative portion of this dissertation (Holcomb-McCoy & Myers, 1999).

Self-reported multicultural counseling competence measures have been used in the fields of counseling and psychology since the inception of the MCC (D'Andrea et al., 1991; LaFramboise et al., 1991; Sodowsky et al., 1994), despite the mixed results relating to validity of these earlier and more contemporary measures (Constantine et al., 2002). Dunn et al. (2006) conducted a review and analysis of reliability generalization of several multicultural competency instruments, including the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise et al., 1991), the Multicultural Counseling Awareness Scale: Form B (MCAS: B; Ponterotto et al., 1996), and the Multicultural Awareness Knowledge Skills Scale (MAKSS; D'Andrea et al., 1991). Each of these scales followed the tripartite model

of the MCC and demonstrated promising psychometric characteristics (Dunn et al., 2006). Yet, only the MAKSS and the Multicultural Counseling Competence and Training Survey (MCCTS) scales were found to be used in studies to measure the MCC among independently licensed mental health providers. The other instruments were validated using student populations. Because the MCCTS was validated using a larger number of practicing mental health professionals as well as graduate students, that measure was chosen over the MAKSS for this dissertation. The MCCTS will be discussed next.

Multicultural Counseling Competence and Training Survey

The Multicultural Counseling Competence and Training Survey (MCCTS), a 32-item, self-reported measure based on the MCC areas of awareness, knowledge, and skills (Sue et al., 1992), was developed to assess perceptions of multicultural competence and training in a sample ($N = 151$) of professional counselors (Holcomb-McCoy & Myers, 1999). The investigators used stratification of the sample to ensure ethnic minority representation and recency of graduation. A factor analysis identified five factors that explained 63% of the variance of the multicultural competence items: (1) Knowledge, (2) Awareness, (3) Definitions, (4) Racial Identity Development, and (5) Skills. Regarding counselors' self-perception of multicultural competence, respondents perceived themselves to be most competent in Definitions and Awareness and perceived themselves least competent in Racial Identity Development and Knowledge. Additionally, the relationship between selected demographics (e.g., ethnicity, age, gender, education, and work environment) and multicultural competence was analyzed. Only ethnicity was statistically significant and influenced the Knowledge, Awareness, Racial Identity Development, and Skills dimensions related to multicultural counseling competence.

Finally, a post hoc analysis uncovered that multicultural counseling competence in the knowledge and racial identity dimensions was rated higher by respondents who completed a multicultural counseling course in graduate school (46%).

The authors noted that the five factors in the study perhaps highlighted a limitation within the MCC. The findings also pointed to an inconsistency between participants' opinion that their multicultural coursework was not satisfactory, and that they rated themselves as multiculturally competent, nonetheless. These results, the authors suggested, were due to professional counselors acquiring competence after graduation through experience working with culturally different client. That is, their self-perceived multicultural competence may have been a result of real-world exposure rather than academic learning. What is more, ethnic minority counselors scored higher in four dimensions of multicultural competence, including Knowledge, Awareness, Racial Identity Development, and Skills dimensions.

The MCCTS has had widespread use in the counseling field over the past 20 years. Several studies, discussed below, have investigated MCC using MCCTS.

Barden et al. In their replication study, Barden et al. (2017) investigated findings by Holcomb-McCoy & Myers (1999) discussed previously. As with the original study, Barden et al. used the Multicultural Counseling Competence and Training Survey (MCCTS) to assess the multicultural competence of professional counselors. A total of 171 licensed counselors participated in the study. Most of the participants (69%) had earned at minimum a master's degree, identified as female (77.8%), and ranged in age from 25 to 44 (42%). Regarding race and ethnicity, most of the participants identified as Caucasian/White (67.8%), followed by African American/Black (16.4%),

Hispanic/Latinx (8.2%), and Asian (2.9%). The MCCTS, a self-rated measure consisting of 32 items, is based on the AMCD's Multicultural Counseling Competency areas of awareness, knowledge, and skills.

A principal component analysis of the items in the MCCTS uncovered a two-component solution that explained 60% of the variance, with Component 1 contributing 51.7% and Component 2 contributing 8.3% (Barden et al., 2017). Thus, the factors identified were Knowledge of multicultural issues (Factor 1) and Awareness of multicultural issues (Factor 2). Moreover, a comparison of the means and standard deviation of the factors revealed that counselors perceived themselves to be more competent in the area of awareness (Factor 2) than in the area of knowledge (Factor 1). Next, the investigators conducted several MANOVAs to determine if participant demographic variables explained the participants' self-perceived multicultural competence. Results indicated a statistically significant difference between White and non-White professional counselors, with non-White counselors having a higher mean score than White counselors on perceptions of their multicultural competence in the area of knowledge. Additionally, professional counselors who earned doctoral degrees reported higher perceptions of multicultural competence in the areas of knowledge and awareness.

In brief, the results of the study yielded a two-factor model of multicultural competence: Knowledge and Awareness. This differs from the MCC model that discusses competence using three dimensions, including beliefs/attitude (awareness), knowledge, and skills. Further, the sample of professional counselors perceived themselves as multiculturally competent, with counselors demonstrating more knowledge of their own

worldview and less knowledge of their clients' culture. Unfortunately, the authors suggested that counselor training programs remain focused on increasing counselor self-awareness to the detriment of increasing counselors' awareness of the clients' worldview. Professional training and presentations, the authors stated, can further promote knowledge or cultural diversity among practicing therapists. In addition to measuring MCC in professional counselors, the MCCTS has been used to measure MCC among graduate students and school counselors.

Holcomb-McCoy. To measure the MCC of school counselors, Holcomb-McCoy (2005) modified the language of the MCCTS to reflect the language used in school settings (i.e., the term student was used rather than client) and then used the modified MCCTS with a sample of school counselors ($N = 209$). A factor analysis of the revised MCCTS (MCCTS-R) yielded the following three factors that accounted for 55.11% of the variance: (1) Multicultural Terminology, (2) Multicultural Knowledge, and (3) Multicultural Awareness. Overall, participants reported to be at least "somewhat competent" in all three of the factors, and those participants who completed a multicultural counseling course scored higher on the Multicultural Knowledge and Multicultural Terminology factors. Participant characteristics, such as gender, school setting (e.g., elementary or middle schools) or number of years of experience, did not have a statistically significant effect on the perceived MCC of school counselors.

The results of this study demonstrated that the MCCTS-R measured three factors (i.e., Terminology, Knowledge, and Awareness), with these factors closely aligning to the MCC. Interestingly, only the multicultural terminology and multicultural knowledge factors were directly impacted by a participant having taken a multicultural graduate

course. The fact that the multicultural awareness factor was not significantly affected by coursework indicates the possibility that school counselors' cultural awareness developed through their own experiences. Overall, school counselors rated themselves as somewhat multiculturally competent across all three factors, but the authors cautioned against assuming that school counselors are culturally responsive. They pointed to a need for additional research to determine how perceived multicultural competence transfers to actual practice. Other participant characteristics have also been thought to impact MCC. The study reviewed next investigated the impact of bilingualism on self-perceived MCC, including bilingualism.

Ivers & Villalba. Ivers and Villalba (2015) explored the effect of bilingualism on self-perceived multicultural competence in master's-level students. Participants ($N = 178$) completed the 32 item MCCTS-R (Holcomb-McCoy, 2005). According to the results, bilingualism accounted for the differences in the factors of multicultural counseling awareness and knowledge, instead of cultural training or participant ethnicity. These results, according to the authors, could be an outcome of a "sustained exposure to deeper elements of culture [that can] arguably increase second-language learners' awareness of their own culture and other cultures, their ability to contest previously unquestioned beliefs about reality, and their sensitivity to diverse cultural worldview" (p. 425). In other words, the ability of bilingual counselors to bridge two cultures enhances their understanding of their own worldview as well as that of others, and speaking two languages affords them the ability to express and interpret language- and culture-specific idioms.

The studies reviewed in this section exemplify the utility of the MCCTS and MCCTS-R to investigate multicultural counseling competence in practitioners and students across different settings. For over two decades, this measure has provided important information used to guide the ethical provision of culturally sensitive treatment. However, the factors measured by the MCCTS and the MCCTS-R have proven to be inconsistent. A description of the factors uncovered by three investigations reviewed within this section are presented in Table 1. Thus, further research into the efficacy of the measure is warranted, especially as it relates to assessing the MCC of licensed practitioners working independently. Of equal importance is the investigation of additional variables that impact MCC. Multicultural exposure, or the degree and intentionality to which individuals engage in activities that boost their multicultural awareness, knowledge, and skills (Dickson et al., 2010; Gillem et al., 2016; Weatherford & Spokane, 2013), is of particular importance, and will be discussed in the following section.

Table 1

Factors Identified by Multicultural Counseling Competence and Training Survey

Holcomb-McCoy & Myers, (1999)	Holcomb-McCoy (2005)	Barden et al. (2017)
MCCTS (Mental health professionals; *N* = 151)	MCCTS-R (School counselors; *N* = 209)	MCCTS (Mental health professionals; *N* = 171)
Five-factor model of multicultural competence: 1. Knowledge 2. Awareness 3. Definitions 4. Racial Identity Development 5. Skills	Three-factor model of multicultural competence: 1. Terminology 2. Knowledge 3. Awareness	Two-Factor model of multicultural competence: 1. Knowledge 2. Awareness

Note. This table demonstrates the factors identified from three quantitative studies investigating self-perceived Multicultural Counseling Competence of mental health professionals.

Multicultural Exposure

Although countless studies and research articles have investigated the various MCC factors that impact the counseling dyad, scant contemporary research exists addressing the role that multicultural exposure has on counselors after graduation. This section will address the relationship between a counselor's experience and training—hereafter referred to as multicultural exposure—and multicultural counseling

competence. In this study, multicultural exposure includes multicultural courses, continuing education, job-related training, bilingualism, and experience working with culture-specific populations, especially ethnic minority groups such as the Latin American immigrant population. The journey to cultural sensitivity begins with developing appropriate awareness, knowledge, and skills that lead to cultural competence (Arredondo, 1999; Arredondo et al, 1996, Arredondo & Arciniega, 2001; Sue et al., 1982, 1992), and for counselors, this development often begins in graduate programs.

Multicultural Courses

Accreditation bodies that oversee the training of mental health professionals stipulate the need to address cultural factors within graduate programs' coursework (APA, 2015; CACREP, 2016; COAMFTE, 2018; CSWE, 2015). Social and cultural diversity standards can be addressed as learning objectives in a multicultural course.

In 2010, Malott et al. studied the extent to which multicultural courses included objectives and strategies recommended in the literature and academic accreditation bodies. Participants ($N = 277$) consisted of professors teaching multicultural courses throughout the United States. The objectives that were most widely addressed in these courses focused on increasing: (a) awareness of students' biases (94.6%), (b) cultural empathy (88.1%), (c) knowledge about various cultural groups (85.9%), and (d) systemic biases (85.5%). Results demonstrated that instructors emphasized awareness more than multicultural counseling skills. Additionally, chosen pedagogical strategies promoted student self-exploration, and were more didactic than experiential overall. Moreover, instructors noted that they attempted to address over a dozen core objectives derived from

the literature, thus raising the question of whether instructors were covering material in a superficial manner.

Furthermore, numerous investigations into the multicultural competence of counselors revealed that mental health practitioners found multicultural coursework imperative in improving their cultural awareness, knowledge, and skills (Barden et al., 2017; Hall & Theriot, 2016; Holcomb-McCoy & Myers, 1999; Kim et al., 2003; McBride & Hays, 2012). These same studies also reported that scores on self-rated multicultural competence measures were higher among mental health practitioners who completed a multicultural course. Thus, graduate programs are integral in promoting multicultural exposure. Since coursework is the starting point in the development of multicultural counseling competence, it is apparent that additional learning must take place after graduation. Continuing education is indispensable for furthering the multicultural exposure of mental health providers.

Continuing Education

Continuing education (CE) is training received by mental health professionals after completing their graduate programs. It allows practitioners to maintain, develop, and increase competencies in addressing the needs of diverse clients, as well as enhance education and training received in academia (APA, 2020). Although the leading mental health associations mandate competence by practitioners, the only organizations to explicitly mention continuing education within their code of ethics are the ACA and the NASW (ACA, 2014; NASW, 2017).

The ACA *Code of Ethics* (2014) *Standard C.2.f Continuing Education* specifically discussed the need for counselors to maintain awareness, remain

knowledgeable regarding best practices for working with diverse populations, and obtain competence in their therapeutic skills by taking part in continuing education and emergent research informing practice. On the other hand, the NASW stipulated in *Standard 3.08 Continuing Education and Staff Development* that social work administrators and supervisors take steps to provide or arrange for continuing education for the staff they oversee (NASW, 2017), yet no CE stipulation is directly placed on social workers. In fact, there is no consensus regarding the requirement of CE for mental health providers across the United States. For example, the CE requirements for psychologists across all 50 states, the District of Columbia, and Puerto Rico range from 14 CE credits per year in Virginia to 60 CE credits over the course of two years in Vermont (ACA, 2020). The limited information and research on this topic add to the challenge of obtaining CE requirements for different states (Rawls, 2007), as does the fact that licensure guidelines and expectations are set by individual states. Thus, to ascertain CE requirements, one needs to conduct a state-by-state search of the CE requirements for each type of license. That task is beyond the scope of this current investigation**,** but future research into this area would greatly facilitate the understanding of steps taken by practitioners to maintain competence after graduation.

Overall, it is unclear to what extent mental health providers pursue continuing education and professional development after obtaining licensure, especially in the area of multicultural counseling (Rawls, 2007). Results from a review of the multicultural counseling competence literature demonstrated that postgraduate therapists were asked whether or not they engaged in continuing education (Aga Mohd Jaladin, 2017; Hall & Theriot, 2016; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999; McBride &

Hays, 2012); however, no recent studies have assessed the specific continuing education practices of therapists. There was, however, one result for an investigation that assessed continuing education in counseling psychologists almost 40 years ago (Richardson & Quinn, 1983).

In 1983, Richardson and Quinn looked into the continuing education practices of counseling psychologists. At that time, there was an increased focus on the continued competence of psychologists because it was believed that being licensed was not sufficient to ensure clinical competence. The researchers used a sample ($N = 420$) of APA members that included professors, administrators, therapists, private practitioners, and researchers. Most of the participants reported that attending traditional continuing education activities, such as workshops, was most beneficial to their clinical growth. Respondents who provided direct client services found it especially helpful to attend workshops focusing on specific skills training. Further, there was a consensus among the participants regarding the important role that continuing education played in maintaining current skills, knowledge, and standards. The results of this study lend support to the benefits for mental health professionals from taking part in continuing education. Yet, neither the Richardson and Quinn study nor other studies have investigated the direct impact of continuing education on multicultural counseling competence. Correspondingly, the impact of occupation-related training on MCC is of interest.

Occupation-Related Training

Mental health professionals' practice in a variety of settings (Darnell & Kuperminc, 2006; Fuertes et al., 2005; McBride & Hays, 2012; Richardson & Quinn, 1983); therefore, there exists insurmountable obstacles when identifying the impact that

occupation-related training has on MCC. Adding further challenge is the exiguous attention paid to this topic in the literature. One study that did investigate the cultural competence from an organizational standpoint was located and will be discussed next.

In 2006, the Georgia Department of Human Resources' Division of Mental Health, Mental Retardation, and Substance Abuse (MHMRSA) commissioned Darnell and Kuperminc to conduct a statewide study on cultural competence. The authors investigated markers of cultural competence in a community organization. Organization markers for cultural competence included ascertaining the presence or absence of the following: (a) mission statement that addressed diversity, (b) the monitoring of promotion of ethnic minority staff, (c) presence of a diversity committee, and (d) mandatory annual training for staff members. Twelve key informants from the participating agencies rated organization markers using a 6-items checklist. For example, informants were asked about the agency's racial/ethnic staff diversity, consumer population, presence of a mission statement that explicitly addresses cultural competence or diversity, mechanism to monitor promotion of ethnic minority staff, cultural competency training requirement, and diversity committee.

In addition to analyzing organizational markers from the 12 key informants, investigators analyzed the existing agency-level data (criterion variables) previously obtained from the employees. The participants in the existing data ($N = 350$) were mostly female (79%), middle-aged (44 –55 years), and Black (49%) or White (46%) clinical staff members (e.g., psychologists, social workers, and registered nurses). Other ethnic representations included Latinx, Asian American, and Native Americans. The individual-level cultural competence data from the clinical staff was measured using a 16-item

survey that was written by an interdisciplinary team with experience evaluating community-based mental health intervention. A factor analysis of this measure, using axis extraction and varimax rotation, led to the identification of two factors: Promote Scale (11 items) and Practice Scale (5 items). The Promote Scale focused on the employees' perceptions of the organization's effort to promote the cultural competence of staff. For example, "In my agency staff receive supervision and encouragement to address cultural concerns in treatment." The Practice Scale measured the participants' perceptions of the prevalence of culturally competent clinical practices within each agency. For example, "Suppose an entire Mexican family accompanied a distressed consumer to your agency to provide support. How often would staff be willing to accommodate the family's presence during treatment?" (Darnell & Kuperminc, 2006).

Results demonstrated that most of the participating agencies employed staff that matched their African American consumer demographic. However, employees across agencies differed in their perceptions of the organization's effort to promote cultural competence and clinical practice. Employees of agencies with culturally sensitive mission statements that also required cultural competence training perceived their agencies as doing their part to highlight cultural competence. Further, cultural competency training was more associated more with Practice scores than was the agency's mission statement. It can, therefore, be inferred that culturally competent clinical practices have a positive correlation with training. Thus, job-related cultural competence training is an important part of the multicultural counseling competence of practicing therapists. Additional inquiry into this topic is needed. Because research into

the role that language plays inn MCC is also important, bilingualism in relationship to cultural competence is discussed next.

Bilingualism

As mentioned previously, the diversification of the nation calls for an increase in cultural competence among therapists, and more specifically, in the ability of mental health professionals to meet the evolving language needs of clients. Addressing the language needs of clients, accordingly, is mandated within the ethical standards of the ACA and APA (ACA, 2014; APA, 2017). These mandates are timely given the growing number of immigrants in the country (Kim et al., 2017; Lorenzo-Blanco et al., 2016; Hershberg & Lykes, 2015), many of whom speak languages other than English (Delgado-Romero et al., 2018). Given the importance of this area, literature investigating bilingualism will be reviewed next. This section will focus on Spanish and English literature because the native language of a large percentage of Latin American immigrants is Spanish.

Although reviewed in a previous section, the investigation by Ivers and Villalba (2015) is also pertinent within this section and will be briefly summarized. In short, the authors examined the impact of bilingualism on the multicultural counseling competence of students. The results of the study demonstrated that participants' self-rated measures of multicultural knowledge and awareness differed as a result of bilingualism. In fact, bilingual participants had higher self-rated ratings than did non-bilingual participants. Bilingualism, it is believed, exposes individuals to cultural factors that are embedded within language. The ability to speak multiple languages allows for an increased awareness of the counselor's own culture and the culture of others, as well as an

increased sensitivity to the worldviews of others. The findings of the study suggested that bilingualism factored in to the counselors' perceptions of MCC more than cultural training or ethnicity did. Of note, was the investigation's limitation regarding the language fluency, or the ability to use language easily and accurately (Merriam-Webster, n.d.), among the participants.

Language fluency is another factor to consider when discussing bilingualism among practicing therapists. Language anxiety, or experiencing feelings of self-consciousness and fear, often results when individuals do not believe themselves to be fluent in a second language (Ulupinar, 2018). Haley et al. (2015) investigated this phenomenon in master's-level counseling students ($N = 120$) at a university near the Mexican border. Participants self-identified as non-native English speakers ($n = 59$) or native English speakers ($n = 61$) and rated their proficiency in writing and speaking English using a 10-point scale. Additionally, 23% of the participants identified as being born outside the United States. Results of the investigation demonstrated a significant relationship between language anxiety and counselor self-efficacy, defined by the authors as "a belief that one has the knowledge, ability or skills to succeed at a given task" (p. 163). That is, students with higher ratings on the Foreign Language Classroom Anxiety Scale (FLCAS), a measure of language anxiety, scored lower on the Counselor Self-Estimate Inventory (COSE), a measure of counselor self-efficacy. Moreover, of the five factors measured by the COSE, the following had the strongest negative relationship with the FLCAS: (a) *Counseling Process*: counselors ability to naturally respond to the client, understand client meaning, and asses client problems; (b) C*ultural Competence*: counselor's ability to address cultural differences between themselves and client, and

have the ability to view the client's issues through the client's cultural beliefs and worldview; and (c) *Awareness of Values*: counselor's ability to avoid imposing their own values on the client, giving advice, being judgmental, and imposing personal issues onto the client. As noted, students' confidence in meeting the aforementioned factors decreased as their language anxiety increased, and these findings provide insight into the experience of non-native English-speaking counselors who may become discouraged over time.

Another factor to consider when discussing bilingualism among mental health professionals is *language brokering*. Delgado-Romero et al. (2018) defined language brokering as the process by which therapists bridge language and cultural challenges that non-English-speaking clients experience. In their investigation into the experiences of bilingual therapists, Delgado-Romero and colleagues identified three categories that captured the experience of therapists providing services in Spanish: (1) mental health professionals who have received formal training and supervision in Spanish; (2) Monolingual English-speaking therapists who provide services to Spanish-speaking clients with the aid of translators or language brokers, and (3) Bilingual mental health professionals who provide services in Spanish without having received any formal training or supervision in that language. It was noted that most therapists do not fall into the first category because of a lack of U.S. graduate programs that provide formal training and supervision in Spanish. Additionally, the use of translators in therapy, the second category, has not been the subject of much research attention; therefore, further inquiry into this area is needed. The third group, therapists providing services in Spanish without training, is, by far, the most common experience of bilingual therapists.

In their study, Delgado-Romero et al. (2018) unpacked the experience of bilingual therapists counseling in Spanish without formal training. The investigators found that bilingual counselors-in-training reported frustration because of the added responsibilities of providing non-English counseling. For example, trainees were often asked to translate transcriptions of sessions for their monolingual, English-speaking supervising professors. Paradoxically, despite the added responsibilities, Spanish-speaking Latinx counselors experienced less burnout and more personal satisfaction than did monolingual counselors, perhaps as a result of the cultural connection that counselors experienced with their clients. Furthermore, the investigators discussed their approach to train counselors in a community agency serving mostly Latin American immigrants. Although the investigation did not explore the counseling dynamic, it did provide insight into the training practices for counselors-in-training who provided services in Spanish. The authors discussed their use of a graduated model of individual supervision to slowly transition trainees into the role of language brokers. They provided in-session support to assist trainees with developing appropriate, culturally sensitive language. After obtaining competence, trainees were allowed to transition to independent practice. Central to the investigation was the role of language, with the researchers underscoring the importance of language within the counseling relationship.

Language "is complex, emotionally loaded and continually changing" (Hays, 2016, p. 65). Language carries much more than the words and phrases that are spoken (Hays, 2016). In fact, culture (Ivers & Villalba, 2015) and emotion (Delgado-Romero et al., 2018) are intertwined within language. Because communication is a key component

in therapy, it is important to consider language within the context of the counseling relationship.

The impact of language within the counseling relationship has received research attention. For example, *language matching*, or speaking the same languages, between the client and therapist was a more important variable among clients who speak English as a second language than was ethnic or cultural matching between client and therapist (Delgado-Romero, 2018). *Language switching*, or the ability to transition from speaking one language to another, was another language-related variable addressed in the literature. On the other hand, research uncovered that clients may use language as an emotional barrier (Delgado-Romero, 2018). That is, clients utilized English in therapy to distance themselves from emotions contained within their native language. Whether done consciously or unconsciously, the use of language as an emotional barrier can negatively impact the therapeutic process. In fact, sessions lacking the client's emotional and cultural expression may be void of critical depth, which can result in ineffective counseling outcomes and negative perception of the counselor (Ramos-Sanchez, 2009).

As discussed, there has been an increased drive within counseling to address the linguistic challenges faced by counselors-in-training and, in turn, their ability to address the needs of diverse clientele. But there are no studies that have addressed the language fluency of practicing therapists trained in the United States who engage in bilingual or multilingual counseling. This gap is addressed by this dissertation.

The growing diversity of clients requires mental health professionals to have the ability to meet their clients' unique language needs. Bilingualism and language fluency are of interest because graduate programs only prepare counselors to provide services in

English. Therapists' lack of adequate training could result in language-related anxiety that can negatively impact therapists' self-efficacy. Moreover, providing bilingual therapy often results in additional roles for therapists, including that of language brokers, interpreters, and translators. Notably, it is important for therapists, bilingual or not, to account for the benefits and barriers associated with clients' language switching. Thus, it is important to better understand the role that language plays within the therapeutic environment. From a cultural perspective, it is important to acknowledge that ethnically diverse individuals have an advantage because many of them are bicultural and bilingual (Sue et al., 1982). Yet, our society currently, as well as historically, has rewarded the monolingual and monocultural perspective, which are limiting factors for multi- and cross-cultural interactions (Sue et al., 1982). For this reason, it is important to look further into the unique factors, especially language, involved in providing counseling to culture-specific, ethnically diverse clients.

Counselors Working with Ethnically Diverse Populations

Addressing the needs of ethnically diverse clients was the main crux of the movement toward multicultural counseling competence. Because being a member of an ethnically diverse, minority group did not automatically render a counselor culturally competent (Arredondo et al., 2008), and given that a large number of counselors were branding themselves multicultural counselors without particular training (Arredondo, 1999), standards to assess the cultural competence of mental health professionals, discussed previously, were adopted. The MCC standards apply within counseling relationships where the client and therapist are culturally similar or different (Arredondo et al., 1996). Correspondingly, these standards can be applied in all counseling

relationships. Of particular interest within this dissertation is the provision of mental health services to culture-specific minority clients. Therefore, relevant literature on counseling ethnically diverse clients will be discussed next.

Following the release of the American Psychological Association (APA) Multicultural Guidelines, Fuertes et al. (2005) contributed a chapter to the book *Strategies for Building Multicultural Competence in Mental Health and Educational Settings*. Their chapter addressed the following: (a) mental health needs of ethnically diverse populations, (b) barriers to treatment in community clinics and hospitals, and (c) multicultural guidelines.

Several factors have contributed to the ineffectiveness of mental health services for ethnically diverse clients. Chief among these factors are poverty and language barriers. Provider-specific factors including ignorance, racism, and culturally insensitive treatment are other barriers for ethnically diverse clients. Thus, accounting for culture within the counseling relationship was important because it influenced how clients perceived, experienced, and sought mental health services. In all, ethnic minority individuals with ongoing mental health challenges faced decreased access to and quality of treatment in community mental health centers (CMHC) and hospitals. The U.S. Surgeon General, David Satcher, MD, PhD, emphasized that outcome disparities between minority and majority clients stemmed from insufficient, low-quality care rather than from the severity of the mental health diagnosis (DHHS, 2001).

Additionally, community mental health centers and hospitals faced challenges when serving ethnic minorities. Language barriers prevented ethnically diverse clients from accessing services, and the authors underscored that the language barrier was one of

the major challenges that CMHCs and hospitals faced. The stigma and shame associated with receiving mental health services presented another barrier to the treatment among ethnically minority clients. Mistrust of service providers and CMHCs stemming from misinformation and negative experiences also prevented access to care for ethnically diverse clients.

Finally, Fuertes et al. explored multicultural guidelines to address the needs and barriers experienced by ethnically diverse clients. Similar to the multicultural counseling competencies outlined by Sue et al. (1992), the APA Multicultural Guidelines emphasized the importance of providers increasing their awareness, improving their knowledge of specific cultures, and utilizing culturally tailored skills. Other recommendations outlined by the APA and addressed in the chapter included multicultural education in graduate programs and continuing education offered in workshops and conferences. Unfortunately, the authors did not expound on these recommendations; however, the suggestions made are in line with literature discussed in previous sections and also provide a foundation from which to build a culturally sensitive therapeutic environment. A discussion of the counseling relationship within the context of culture-specific minority clients will follow.

In his article, Hannigan (2016) provided insight into counseling Hispanic/Latinx students from Chile, Costa Rica, Mexico, and Spain. For the sake of brevity, this summary of the article will not delve into the specific information for clients from each of the four nations. Instead, the main overarching goals of the author will be reviewed. Guided by his personal experience and a review of the literature, Hannigan provided insight into the demographics, sociopolitical and historical contexts, and the interpersonal

styles of individuals from the aforementioned countries. The author discussed important factors to consider when providing services to this population. For example, he urged counselors to consider regional language differences between countries. In this case, between four nations with a majority of Spanish-speaking individuals. Hannigan emphasized that therapists may unwittingly impose individualistic thinking among Hispanic clients. And, in doing so may go against their clients' collectivistic cultural beliefs. It is, therefore, recommended that counselors have an understanding of and appreciation for the clients' familial context.

Immigration status is another important factor to consider when counseling individuals from Latin America. In 2014, there was a dramatic increase in the influx of individuals from Guatemala, Honduras, and El Salvador to the United States. Since then, tens of thousands of children, adolescents, and adults have made the arduous journey to the United States without legal immigration status. Therefore, immigration status, acculturation, and immigrant stress are important concepts for counselors to understand, especially when working with clients from Latin America. According to Hannigan, "We should become informed not only about the main languages, cultures. and worldviews of each nation, but also the cultural differences in distinct regions of each nation" (p.82). All therapists should practice cultural humility. That is, they should not assume to know or understand the client's background or worldview. Rather, Hannigan states, therapists should walk alongside clients to explore the importance of culture for them. Hannigan provided insight into the provision of services to culture-specific clients. The literature reviewed in this section provided a foundation from which to build when working with

clients originating from Latin America. The history of Latin America and the experience of Latin American immigrants in the United States will be discussed next.

Latin American Immigrants

Latin America is home to nearly 500 million people (Kent, 2016). As a geographic region it spans two continents (i.e., North and South America) and includes many areas of the Caribbean. Yet, Latin America denotes a cultural region, rather than the geographic area of the American nations with Spanish and Portuguese colonial histories (Kent, 2016). Therefore, language is perhaps the single most important trait shared among these nations. Likewise, Central America, the cluster of nations that bridge North and South America, is another descriptive term for a specific region. Central America includes Guatemala, Honduras, El Salvador, Belize, Nicaragua, Costa Rica, and Panama. Of those, Guatemala, Honduras, and El Salvador make up the Northern Triangle of Central America. Additionally, immigrants originating from Mexico will be included within the focus of this study.

Although often used interchangeably, within this dissertation, the term *Latin America[n]* will be used as a culturally descriptive term describing migrant individuals and the term *Central America* will be used to describe the region from which these individuals originate. More specifically, this dissertation will focus will be on immigrants originating from Mexico, Guatemala, Honduras, and El Salvador. Historically and presently, the United States has been the principal destination of Latin American immigrants (Kent, 2016), with immigrants from the four aforementioned countries accounting for the largest increases in the Latin American population density in the

United States (Obinna & Field, 2019). Thus, understanding the experiences of Latin American immigrants is essential in the quest for multicultural counseling competence.

Factors that Influence Latin American Migration

For many, the decision to migrate is wrought with anxious wonder and hopeful optimism. Infinite motives lead Latin American migrants to tackle the more than 2,000-mile journey to the United States. Although the research on Latin American migration is scant, the research that does exists points to safety concerns and economic hardships as top migration motivators (Apostolidou, 2016; Obinna & Field, 2019; Santa-Maria & Cornille, 2007; Sawyer & Marquez, 2017; Tello et al., 2017). These factors are especially salient to individuals from Mexico and Central America's Northern Triangle—Guatemala, Honduras, and El Salvador. To better understand the context of Latin American migration, one must look back to this region's history.

Safety Concerns. Although often grouped together, each of the four countries was shaped by unique experiences. Civil wars throughout the latter part of the 20th century in Guatemala and El Salvador set the stage for the violent conditions that continue to this day (Swanson & Torres, 2016: Sawyer & Marquez, 2017; Hiskey et al., 2018). A 36-year civil war resulted in the deaths of over 200,000 Guatemalan, and murders, abductions, rapes, and extortions continue to this day in Guatemala (Sawyer & Marquez, 2017). The Salvadoran civil war led to a mass exodus in the early 1990s with many of these refugees resettling in the Los Angeles area (Sawyer & Marquez, 2017). The Mara-Salvatrucha (MS-13) gang was formed by Salvadoran refugees as protection against existing gangs in the United States and was later established in El Salvador following the deportation of many of the gang members. Honduran violence, on the other

hand, has its origins in the 2009 military coup that resulted in the government suspending freedom of assembly and of the press, as well as authorizing the use of excessive force on peaceful demonstrators (Sawyer & Marquez, 2017). Since then, crime has appeared to go unchecked and unprosecuted, not only in Honduras, but in Guatemala and El Salvador alike. In fact, between 2013 and 2017, El Salvador and Honduras ranked at the top of the list of countries with the highest murder rates in the world (Hiskey et al., 2018; Sawyer & Marquez, 2017). Likewise, Mexico has experienced high rates of violence since the 1990s (Swanson & Torres, 2016). The historical and present-day state of violence in Central America helps explain the decision of many Latin Americans to travel to the United States (Vogt, 2013).

In fact, the violence in this region is not only inflicted by gang members and criminals, but also embedded within social structures that, when considered collectively, create an environment of systemic injustices that affect the most vulnerable individuals. This structural form of violence is ingrained in this region.

Structural Violence. The Northern Triangle of Central America is among the most violent areas in the world. Despite holding this unfortunate distinction for over 20 years, this region has had a much longer history with social and economic injustices (Sawyer & Marquez, 2017). Structural violence, a term developed by anthropologist Paul Farmer, refers to the social inequalities that are experienced by marginalized individuals from low socioeconomic backgrounds (Farmer, 2004). The concept of structural violence does not only encompass environmental or situational factors, but also adverse life events, such as death, injury, subjugation, stigmatization, and psychological terror (Farmer, 2004). The social conditions that produce structural forms of violence impact

millions of individuals across Central America (Prado Perez, 2018; Vogt, 2013). In addition to violence, economic hardship has also been identified as a major motivator for Latin American migration.

Economic Hardships. Latin American immigrants turn to the United States as an answer to their financial woes. They have experienced more inequality and higher rates of poverty (Hiskey et al., 2018; Lorenzen, 2017) than other countries in the western hemisphere (Meyer & Taft Morales, 2019); thus, economic improvement is a strong motivator for Latin Americans migrants. Moreover, within Mexico and the three countries that make up the Northern Triangle of Central America, Guatemalans are more likely to turn to migration to improve their economic conditions since they face some of the most unequal wealth distribution in Central America (Obinna & Field, 2019). Thus, economic hardships impact thousands of individuals who see migration as their only path to stability.

In sum, the literature on the factors that influence Latin American migration illuminates the factors that provide the impetus to emigrate. Individuals' decisions to separate from loved ones and leave their countries of origin is, in most cases, altruistic. Many decide to emigrate to protect and improve the lives of family members left behind. However, Latin American immigrants must contend with a new life once they arrive in the United States.

Latin American Immigrants in the United States

The majority of foreign-born individuals (53%) in the United States come from Latin American countries (Kim et al., 2017). The Latinx community accounts for a large portion of the population growth in the United States, with the vast majority of Latinx

children being first- (11%) or second- (52%) generation immigrants (Lorenzo-Blanco et al., 2016). Given that a major portion of the U.S. population is composed of immigrants originating from Latin America, the context in which they lived and the challenges they faced pre- and post-migration must be considered. Latin American immigrants face dire situations during their journey to the United States that may further complicate their adjustment. Therefore, this section will discuss the most salient factors affecting immigrants, based on the review of the literature. Most notable is the impact of family separation on adult immigrants, the challenges of acculturation among Latin American parents within the United States, and the barriers that Latin American mothers face with transnational parenting.

Impact of Separation on Adult Immigrants

People of all cultures have experienced a parent's decision to separate from loved ones and the disruption of the family unit that follows. Latin American parents decide to immigrate to the United States to improve the lives of their children (Lorenzo-Blanco et al., 2016). Likewise, immigrants originating from China seeking to improve their financial situation and provide a better future for their children have sought support from family in their native country when emigrating to the United States (Kwon & Yu yu, 2017). As discussed previously, an individual's immigration status can serve as a risk or a protective factor. In fact, undocumented immigrants have been more likely to live alone, be separated from family members, and have lower levels of English proficiency (Arbona et al., 2010).

Research on the impact of separation among immigrants has provided inconclusive results. Santa-Maria and Cornille (2007) uncovered an increased incidence

of posttraumatic stress disorder (PTSD) among adult immigrants who were separated from their families. The researchers noted that the distress of family separation increases the likelihood of serious psychopathology. However, the presence of a support system helped to mitigate some of the negative sequelae.

The inconsistencies disclosed by immigrants separated from families were described by McCabe et al. (2017). The authors reported that immigrant mothers presented with higher levels of pre-migratory history of abuse, including history of violence during adolescence and young adulthood. However, the mothers expressed less depression, substance use, sexual risk, or current intimate partner violence than non-immigrant women with similar experiences.

In short, the literature on the impact of separation experienced by adult immigrants is contradictory. On one hand, researchers have noted that separation from family and loved ones increased mood disturbance and psychopathology in adult immigrants. Those who experienced pre-migration trauma or abuse are more likely to develop serious psychopathology. In fact, there are higher incidences of abuse and violence among immigrants. On the other hand, there exists a protective factor among first-generation immigrants—immigrant paradox (Booth & Anthony, 2015). The presence of a support system was believed to mitigate the challenges presented by the separation. Yet, little is known about these protective factors found within the immigrant population. Additional investigation is needed to better understand the impact of separation. Latin American parents immigrate to the United States to improve their lives, but once in the United States, newly immigrated individuals face negative attitudes that

affect their adjustment (Lorenzo-Blanco et al., 2016). The acculturation of Latin American parents will be addressed next.

Acculturation of Latin American Parents

Parents experience acculturation stress when attempting to integrate into U.S. culture. Language and values are two of the biggest stressors that impact these individuals (Lorenzo-Blanco et al., 2016). In Latin American cultures, the role of the family can define the relationship between acculturation and distress (Booth & Anthony, 2015). That is, the level of acculturation impacts the immigrant's functioning and interpersonal conflict. Latin American parents responded to acculturation stress by being more engaged with family members (Lorenzo-Blanco et al., 2016), and their control and supervision of youth decreased after becoming more acculturated (Booth & Anthony, 2015). Overall, Latin American immigrant, who were less acculturated, reported less stress than U.S-born Latin American adults (Booth & Anthony, 2015). Another factor closely associated with immigrant acculturation is immigration status.

Immigration status is an especially salient determinant of adjustment within this population. Hershberg and Lykes (2015) reported that more than 11 million migrants are living in the United States without authorized immigration status. Investigations have uncovered that undocumented immigrants experience higher levels of acculturation and immigration challenges as a result of their undocumented status (Arbona et al., 2010). Attending to the unique challenges experienced by Latin American immigrants helps foster their mental health (Arbona et al., 2010), thereby supporting improved integration into U.S. culture.

The mental health and well-being of immigrants is paramount. For many, traveling to the United States was a dangerous, complex experience (Sawyer & Marquez, 2017). For example, Latin American immigrants listed physical and sexual assault, combat, and being taken hostage as the most traumatic events experienced during the journey (Santa-Maria & Cornille, 2007).

To summarize, the literature on immigrant acculturation in the United States highlights the positive correlation between acculturation and distress. That is, immigrants with lower levels of acculturation report less emotional disturbance and distress than non-immigrants. Immigration status and trauma experiences are factors that may also negatively impact adjustment and acculturation among Latin American immigrants. Moreover, the parenting practices of Latin American immigrants parents have been found to be a protective factor for children. For example, immigrant parents with less acculturation reported increased engagement with and supervision of their children. Those parenting practices are consistent with the Latin American collectivistic culture. Long-distance parenting practices among Latin American mothers in the United States will be discussed next.

Transnational Parenting among Latin American Mothers

Transnational parenting is the long-distance parenting practice across two countries between immigrant mothers residing in the United States and their children living in their native country (McCabe et al., 2017). As discussed previously, many Latin American immigrant mothers place their children in the care of family when they decide to travel to the United States. This arrangement allows mothers to emigrate to the United States in search of financial opportunities that benefit the entire family unit, including

extended family members charged with caretaking responsibilities. Having family support decreases the negative aspects of transnational parenting by reassuring mothers that their children are cared for by trusted family members (McCabe et al., 2017). This section will review noteworthy investigations on transnational parenting.

Hongdagneu-Sotelo and Avila (1997) related that beginning in the 1980s, women originating from Mexico and Central America migrated to the United States in search of employment opportunities. To examine this phenomenon, they used qualitative measures (e.g., in-depth interviews, surveys, and ethnographic fieldwork) to examine how Latinx immigrant domestic workers manage parenting while physically separated from their children. The participants all lived in the Los Angeles area and included 26 live-in and daytime nanny housekeepers originating from Mexico, El Salvador, and Guatemala. Interviews with participants revealed that many Latin American immigrant domestic workers left their children behind under the care of grandmothers, female kin, the children's fathers, or other paid caregivers to achieve their financial goals. Their decision to migrate to the United States was seen as necessary to improve the family's financial situation. However, the decision meant going against long-held cultural beliefs that mothers should raise their children. Although the article did not expand on these cultural beliefs, one of the goals of this dissertation is to understand the influence of social and historical factors on an individual's perspective.

Moreover, the research by Hongdagneu-Sotelo and Avila (1997) indicated that the participants also felt concern for the well-being of their children. Mothers were concerned by the possible abuse or neglect of their children, and also worried that the physical, educational, and emotional needs of their children would not be met. To

alleviate some of that concern, immigrant mothers preferred to have grandmothers take on caregiving responsibilities. Participants reported experiencing negative emotions after arriving in the United States. In fact, those mothers who primarily identified as homemakers before emigrating from their native countries experienced a deeper sense of loss than non-homemakers. In response to this sense of loss, many of the participants working as nannies in the United States coped by projecting their love onto the children they cared for. However, if faced with a disruption in employment, their feelings of loss worsened, and they reacted by becoming guarded and emotionally, thus, impacting attachment and interaction within other relationships.

Within the last 10 years, there has been more research focusing on transnational parenting. In 2015, Hershberg and Lykes studied the experience of families involved in cross-border, transnational parenting using qualitative methodology. Thirty-four participants, including 14 Guatemala-based adolescents, seven Guatemala-based caregivers, and 13 U.S.-based parents participated in semi-structured interviews. The findings demonstrated that sending remittances sent to family in their native country and giving *consejos* (advice) to their children helped these parents to maintain a presence in the lives of their children. The researchers noted that all of the parent participants remained firm in their mission to return to their native country; however, the date of repatriation from the United States was unknown because of unforeseen challenges. For example, the parents were unaware of the challenges they would face with paying back the debt they incurred to finance their journey to the United States. The delay in reunifying with family members took an emotional toll on transnational families. For example, Guatemalan adolescents voiced disappointment with their parents because of

their prolonged stay in the United States. To counteract the disappointment, parents arranged for the children to travel to the United States without legal status.

Another study examined the experience of separated African-Caribbean families and added to the understanding of transnational parenting. Best (2014) used qualitative ethnographic interviews to investigate transnational parenting among 20 African-Caribbean women (i.e., West Indies) living in New York City. Consistent with other studies, Best discovered that having trusted family members care for children allowed the women to migrate for economic opportunities. Extended families played a key role in the success of transnational parenting by addressing the needs of children. However, the author noted that intergenerational conflict between older caregivers and children led to disruptions within the childcare relationships. Another important factor in transnational parenting was the financial support provided by immigrant parents. The earnings sent back to their country of origin, that were intended to support children, yet, over time, entire family units came to depend on them. In fact, remittances contributed to the reduction of poverty across many countries. Finally, the study addressed the adjustment of migrant mothers within the United States. Transnational parenting forced women to contend with their own acculturation while facing the responsibility of financially supporting two households. To strike a balance and ensure their emotional well-being, migrant mothers created a network of support for each other. As has been noted, the experience of West Indies migrant mothers resembles that of women from other countries. In addition to the challenges discussed so far, there also exists emotional and psychological costs to transnational parenting.

Bohr (2010) discussed transnational infancy within the context of attachment. According to the qualitative study, many immigrant families make childcare arrangements that involve separation over great distances while continuing to meet cultural expectations of their native countries. To do so, families are tasked with bridging two cultures while living in separate countries. For example, mothers must adapt unique parenting practices to remain actively involved in their children's rearing. For immigrant families, resettlement brings with it the realities of low-paying jobs, the need to learn a new language, and the high cost of childcare. As such, the decision to separate from children was seen as a coping strategy for dealing with economic hardship. However, the impact on children is immeasurable. For a child, this separation is likely to be the first of many separations—first from the biological caregiver, then from extended family, friends, and their country—until they reunify with parents in the United States.

The quality of care provided by extended family was another important factor that the researcher considered. Bohr (2010) discussed the association between the quality of care and the sensitivity of caregivers to meet the needs of the child. Higher levels of caretaking sensitivity by family members led to the children experiencing higher levels of security, thus improving the quality of parent-child attachment relationship. Despite the challenges regarding transnational arrangements, it should not be assumed that parent-child attachment relationships are "equally and irreparably damaged as a result of separation" (p. 192). Rather, securely attached children show appropriate developmental outcomes when they are placed in supportive environments. That is, separated children flourish when care is resumed by compassionate individuals. The author recommended that host countries improve their understanding of the social-emotional ramifications for

children who experience family separation and transnational parenting. This is especially pertinent given current United States practices of separating children detained by border patrol.

A further complication of preserving attachment was the challenge of maintaining contact. Communication between transnational families was often obstructed by emotional and practical barriers (Schapiro et al., 2013). Families often grew apart as a result of the extensive time spent apart and the considerable physical distance that separated family members. To assuage these hardships, children often sought emotional support from extended family, leaving parents to feel that they had lost authority over their children. Because a large number of the Latin American immigrants remained in the United States for longer periods of time than expected, as time progressed, parents made the decision to have their children travel to the United States. In many cases, more than 10 years would elapse before reunification took place between parents and children.

The topic of transnational parenting practices across has gained limited, if any, attention within the field of counseling. Thus, the information discussed in this section was derived from the field of sociology. Overall, literature on transnational parenting report similar findings. Ethnic-minority mothers emigrate to improve their economic conditions because minimal financial opportunities are available in their native countries. Immigrant mothers rely on extended family members to care for their children, and, in turn, these mothers improve the financial security of entire households in their native countries by sending remittances. Consequently, immigrant mothers must contend with a sense of loss of their children while figuring out how to remain involved in their children's lives.

The next section focuses on the children who, after being separated for a prolonged period of time, migrate to the United States to reunify with family. Attention is given to this population to fully understand the experience of the family unit that has been impacted by separation, transnational parenting, and U.S-based reunification. Caretakers and extended family play an important role in children's pre- and post-migratory phases. As mentioned previously, children must contend with another loss when they separate from auxiliary caretakers to reunify with parents in the United States. Thus, separation and reunification often result in trauma and emotional pain for children (Best, 2014). Of special interest within this dissertation are children who immigrate without a legal guardian to the United States to reunify with their absent parents.

Unaccompanied Minors

Over 130,000 unaccompanied minors were referred to the Office of Refugee Resettlement (ORR) from 2015 to 2017 after being detained within the United States by the Department of Homeland Security (ORR, 2018). An unaccompanied migrant minor is defined by the Homeland Security Act of 2002 as an individual who has not yet reached 18 years of age, has no lawful immigration status, and who was detained by Immigration and Customs Enforcement (ICE) without a parent or legal guardian (ORR, 2018). Many of the youth migrate to reunify with families living in the United States. However, separation from primary caregivers often leads to emotional and cultural maladjustment in many of the youth.

Migration of Unaccompanied Minors. Linton et al. (2018) provided insight into the four phases of the migration journeys of unaccompanied immigrant minors. The first phase, the pre-migration experience, led to the ultimate decision to emigrate from Central

America. Similar to adult immigrants, youth fled the violence that they had experienced throughout their lifetime. The second phase, migration, described the journey that the youth endured from their countries of origin to the United States. The youth were often victimized during this journey. For example, the youth were often victims of sexual and physical violence by adults during the journey. They endured this trauma without the protection of a supportive adult, leaving youth who survive the journey to cope with the ongoing effects of the trauma they experienced.

According to Linton et al. (2018), the third migratory phase of youth was arrival to the United States. Unaccompanied minors, as well as immigrant adults and families, presented themselves to immigration at ports of entry or were detained by border patrol agents when unlawfully entering the United States. Youth were transported to processing centers, where they remained in close quarters under what has been described as very cold conditions, leading to the universal description by immigrants of the facilities as 'hieleras' (ice boxes). While at these processing centers, officials attempted to obtain information for possible asylum claims; however, because of the trauma experienced by many youths, they often provide inconsistent accounts or were unable to effectively answer questions. Unique to the migratory experience of unaccompanied minors was their placement in ORR-funded shelters. Youth remained in shelter-detention until they were reunified with family in the United States or repatriated to their native countries. While in care, youth received medical attention, schooling, limited mental health services in their language, and were allowed phone contact with family.

The final phase discussed by Linton et al. (2018) was the youth's release into the community. After detention in ORR shelters, unaccompanied minors were placed with

sponsors (family or caregivers) in communities across the United States. This final phase transitioned the youth into acculturation to a new family, language, and culture. The authors' account illustrated the experiences of unaccompanied minors and provided great insight into the obstacles these youth faced throughout their journeys. Although this new chapter is often met with delight and hope, caregivers oftentimes underestimate the challenges associated with acculturation, adaptation, post-trauma exposures, and other emotional issues that arise in youth over time. The impact of trauma on unaccompanied minors will be addressed next.

Emotional and Cultural Maladjustment. As discussed previously, immigrants undertake a perilous 2,000-mile journey to flee violence and to reunify with family in the United States. Because of the treacherous travel conditions and because youth are often left to fend for themselves, one may assume that only negative consequences occur for unaccompanied minors. However, migration also has its benefits. For example, children separated from parents experience pain, distress, anger, feelings of abandonment, insecurity, anxiety, and depression. On the other hand, migration provides youth an escape from the violent conditions they faced in their native countries (Shapiro et al., 2013). Yet, for those that are negatively impacted by their experience, they are fraught with psychological sequelae. Disruptions in family relationships intensifies trauma in children and impairs the child's ability to cope with trauma (Santa-Maria & Cornille, 2007). Thus, the impact that trauma has on unaccompanied minors is an important factor to consider.

In a study of immigrant minors, Huemer et al. (2016) reported that experiencing trauma affected the brain's ability to linguistically and cognitively organize the

experience. This left the individual with a decreased ability to provide a narrative account of the traumatic event. The author's investigation revealed discrepancies between client-reported and therapist-rated symptoms and psycholinguistic narrative indicators of trauma. For example, therapists identified trauma symptoms in youth who denied symptoms. The investigators described the following in youth who had experienced trauma: (a) youth were avoidant of the narrative tasks; (b) youth produced narratives that were devoid of emotion; (c) youth appeared overwhelmed by the emotion and did not have the ability to emotionally or linguistically process their emotions; or (d) youth were able to describe the experience with adequate narrative and emotional processing ability. Thus, trauma impacted youth in a variety of ways.

Notably, Jani (2017) proposed that the arrival to a host country marked the beginning point for unaccompanied minors, rather than an end point for these migrants. Therefore, the impact of reunification on children and families is important. Unaccompanied minors and their families experience unique stressors that may further exacerbate their long-awaited reunion. Reunification following great lengths of time and distance is likely to reconfigure familial ties and relationships.

Reunification between Latin American Immigrant Mothers and their Immigrant Children

The sociopolitical and economic conditions in Latin America leads many women to migrate to the United States. Separation is seen by mothers as a temporary yet unfavorable decision, a decision that they hoped to remediate sooner rather than later by returning to their native country. However, the length of time, and even the distance, of the separation is uncertain. Immigrant women are separated from their children for

months, and in some cases, well over a decade (Bohr, 2010; McCabe et al., 2017). One may think that reuniting with a loved one after a prolonged separation would prompt the continuation of a loving relationship; however, reunification between immigrant mothers and their migrant children is often fraught with interpersonal and cultural challenges (Jani, 2017; Linton et al., 2018). This section outlines some of the challenges that reunified families face.

In a study of reunified unaccompanied minors, Jani (2017) related that parents of unaccompanied minors were tasked with locating schools and other resources for their children following reunification. To do so, parents integrated into their communities differently than they had previously, despite, in some cases, having lived in the United States for a number of years. Parents often looked to school personnel for guidance and support to meet the needs of their children. Managing the legal system and obtaining affordable legal representation was the biggest concern of unaccompanied minor families. Through doing their best to meet the needs of their children, parents and families often denied the existence of mental health problems in their children. They did so despite the high rates of trauma exposure by unaccompanied minors and high incidence of psychological concerns. This disparity may be due to a lack of awareness of U.S. cultural norms and the fact that parents may attribute mental health symptoms to physical health complaints. Communities could assist the integration of recently reunified unaccompanied minors and their families by providing educational campaigns aimed at educating families about trauma and destigmatizing mental health services. Prior to addressing the needs of immigrant children, service providers should prioritize connecting reunified families with critical services to assist families with adaptation.

Therefore, it is important to consider the mental health of immigrant parents and unaccompanied minors alike. Mental health professionals should be able to identify how adult stress leads to adolescent maladjustment in order to focus interventions on reducing parents' stress and enabling parent support of their migrant children (Lorenzo-Blanco et al., 2016) The role that cultures play in parental stress is another important factor to consider. Researchers found that cultural values of ethnic minority parents were influenced by the social context, and that the presence of social stressors may create a home environment with inconsistent parenting practices (Garcia Coll et al., 1996). Inconsistent home environments can have a negative effect on the acculturation of migrant children. Since parenting responses to environmental stressors may be culturally defined and dependent on the values of the larger group (White et al., 2015), having a support system with similar values and beliefs may be beneficial to the families' adjustment. In fact, Pineros-Leano et al. (2017) reported that neighborhoods with large ethnic concentration safeguarded against depressive symptoms in Hispanic immigrants. Although there is no exact explanation for this finding, one possibility is that immigrants experience support from families and other salient individuals in ways distinct from their U.S.-born peers; this support might be a protective factor for them (Tummala-Narra, 2015). Therefore, it is important to understand the affect that cultural expectations and parenting practices have on the acculturation of unaccompanied minors and the adaptation of reunified families. This is especially salient given that many children reunify with family members whom they may not know.

In some instances, unaccompanied minors have reunified with family members whom they have not seen in many years; at times they may not even know their sponsors

(Roth & Grace, 2015). Unaccompanied minors and families from the Northern Triangle of Central America (i.e., Guatemala, Honduras, and El Salvador) have mixed motives for their migration to the United States (Lorenzen, 2017). According to Lorenzen (2017), economic motives were the most important reason for migrating for all three nationalities, with family reunification reported as the second most significant motive. Honduran and Salvadoran minors had more mixed motives for immigrating to the U.S than did Guatemalan minors. That is, Honduran and Salvadoran minors identified economic hardships, violence, and reunification as motivators for migration, whereas Guatemalan children emphasized economic opportunities as a motivator.

Individuals fleeing violence also have the need to provide for themselves, and those seeking economic improvement are most likely to prioritize occupation. Additionally, children fleeing violence may also be searching for educational opportunities. Furthermore, the only way to evade violence for many youths is through reunification with family in the United States. In some cases, children may not be fully aware of the reason for their migration (Lorenzen, 2017). Although discussed previously, it is relevant to restate the motives for the migration of unaccompanied minors because the reason for migration may provide insight into the challenges that may arise post-reunification. For example, children who flee violence may experience trauma-related symptoms as a result of their experiences. The communities that receive these immigrant families are also important to consider.

Roth and Grace (2015) reported in their study that a growing number of unaccompanied minors are arriving at locations that have not been home to immigrants in the past; thus, with fewer resources and less support available to them. Furthermore, the

researchers noted that parents and therapists expected youth to smoothly transition into the U.S. culture—learn English, enroll in school, and adapt to life with their sponsors. However, there is limited information exists on the process of integration of unaccompanied minors following discharge from ORR shelters. The information that Roth and Grace (2015) presented pointed to a disconnect between the expectation and the reality of reunified families. That is, unaccompanied minors and parents reported that reunification did not live up to what they had envisioned. Children were surprised by the cultural and societal differences between their native country and the U.S, and parents were ill prepared to meet the expectations placed on them by service providers and their children.

As mentioned previously, reunification marks the starting point for unaccompanied minors and their families. The impact that distance, economic and cultural stressors, and transnational parenting has on youth and mothers is immense. Latin American immigrants travel to the United States for various reasons, notably, undue economic hardships and violence faced in their countries of origin. Transnational parenting is common among immigrant women who leave their children under the care of family in their native countries. This type of parenting places more pressure on mothers and their children. The loss and trauma experienced prior to and during the journey add to this pressure, as does the psychological impact of sociopolitical stressors experienced by immigrant families. As was discussed in this section, sociopolitical and historical contexts impact the beliefs of individuals. These beliefs are not, however, confined to the context in which they were formed; rather, they are ingrained within the individual. Thus,

understanding the worldviews of others is important. Social constructivist theory provides the lens through which to understand the cultural worldview of others.

Theoretical Conceptualization

Cultural and societal forces play a role in constructing knowledge for individuals by creating an ideology from which perspectives and frames of reference are formed (Burr, 2015; Lock & Strong, 2010). That is, our understanding of each other is, in large part, defined by the overarching social, political, and cultural contexts in which we live (Burr, 2015). Our knowledge and understanding of our world, therefore, is derived from how we think and what we observe. Likewise, social constructivist theory posits that we seek to understand the world in which we live and work, and, in doing so, create subjective meanings of our experiences (Creswell & Poth, 2018). And, through understanding these meanings, we gain access to the cultural worldview of others. As such, social constructivist theory aids the therapist's understanding of the client's perspective and will be the guiding theory for this dissertation. Furthermore, the MCC Tripartite Model, discussed at the beginning of this chapter, will serve as a framework to guide therapists when working with diverse clients.

Social Constructivist Theory

To gain a better understanding of social constructivism, it is helpful to look back at one of its most influential voices. Lev Vygostksy, a Marxist psychologist, became a leading figure in the social constructivist movement during the middle of the 20th century. Even though his career as a psychologist lasted only ten years due to his premature death at the age of 37, his contributions have stood the test of time (Lock & Strong, 2010). The following themes highlight his main idea about the contextual factors

that influence worldviews: (a) higher cognitive processes result from social context, and (b) an individual's perspective and frame of reference is shaped by the larger cultural context (Lock & Strong, 2010).

According to Burr (2015), "Human beings were born into a world of social relations, language, norms, and customs and it is this social world that constructed them as recognizable persons who are capable of meaningful conduct" (p. 224). To better appreciate and understand qualities of diverse individuals, one must account for the larger social and historical contexts in which individuals originate. Accordingly, social constructivism aligns with MCC ideology in its stance against categorizing or generalizing clients because clients have their own unique experience that should be acknowledged and respected (Burr, 2015). Culturally sensitive therapists agree with social constructivists in their rejection of the belief that their own current, local way of thinking is a better and more accurate account than that of their clients. Social constructivist theory, therefore, serves as a vehicle for helping therapists maintain a sense of awareness during their interaction with clients. This awareness of self, along with the awareness of the worldview of others, is necessary to the development of multicultural competence. Moreover, with its "explicit attention to the cultural, historical, and political contexts… and to the significance [it places on] language and discourse" (Young & Collin, 2004, p.380), social constructivism aids in the understanding of the way shifting societal norms result in the ever-evolving worldviews of individuals. This constant evolution especially applies to individuals—such as immigrants—who transition from one culture to another. Thus, social constructivist theory complements this study because it helps to explain the societal factors that influence the views of individuals while

simultaneously informing us how the shifting cultural norms result in evolving perspectives.

In sum, social constructivism accounts for the larger societal factors that influence and shape an individual. Without societal context, we are unable to identify the unique qualities of others, and we are left without the realization that there exist multiple perspectives—potentially as many versions of events and things as there are people (Burr, 2015). Social constructivism recommends that we remain skeptical of our own views and of the manner in which we understand others (Burr, 2015). It is through this lens that therapists can gain the awareness, knowledge, and skills needed to become multiculturally competent.

MCC Tripartite Model

The MCC Tripartite Model, discussed previously, will also inform the theoretical underpinnings of this dissertation. The lens through which therapists interpret and make clinical assumptions is linked to personal, professional, and societal value systems (Sue et al., 1982). The three domains that make up the model provide standards by which to measure the cultural competence of therapists and will add value to the analysis of data obtained from this dissertation. In short, the standards include: (a) counselors' awareness of their own assumptions, values, and biases; (b) awareness of clients' worldview; and (c) culturally appropriate intervention strategies (Arredondo et al., 1996).

Notably, literature focusing on measuring MCC in therapists who work with Latin American immigrants is lacking. Though there is opportunity to work with specific populations after graduation, most research focuses on counselors-in-training. In fact, the majority of the studies discussed previously measured MCC in students, with only

limited studies addressing the cultural competence of practicing therapists. Furthermore, the results of MCC investigations indicate that quantitative scales most often measure factors associated with the awareness and knowledge dimensions. P. Arredondo, a leading psychologist and author of the MCC, reinforced these results by stating that MCC measures "typically [yield] findings about counselor awareness and maybe some findings about counselor knowledge, but rarely anything about skills" (personal communications, May 27, 2020).

To address the gaps summarized herein, this dissertation will investigate the relationship of multicultural exposure on MCC in therapists using quantitative methodology. The methodology of this dissertation will be discussed in the following chapter.

Summary

The increased diversification of the United States called for standards to increase Multicultural Counseling Competence within the field of counseling. To address this need, Sue et al. (1982; 1992) and Arredondo et al. (1996) authored seminal articles that provided the foundation from which to incorporate cultural sensitivity into ethical mandates and therapist education. Quantitative investigations have provided insight into self-perceived MCC in graduate students and practicing therapists; however, there have not been studies investigating the MCC of counselors working with specific populations, such Latin American immigrants. Furthermore, multicultural exposure, or the degree and intentionality to which individuals engage in activities that boost their multicultural awareness, knowledge, and skills (Dickson et al., 2010; Gillem et al., 2016; Weatherford & Spokane, 2013), was introduced to account for factors that may influence MCC. For

example, multicultural coursework, continuing education, occupation-related training, and bilingualism have been identified as contributing to increased perception of multicultural competence. However, these factors have yet to be investigated collectively among practicing therapists working with Latin American immigrants.

Plainly, immigration is not a new phenomenon in the United States. However, this decade has seen an increase in children and adults immigrating from Mexico and Central America. Immigrants cite violence and economic hardships as determinants for emigrating from their native countries. Although migration is undertaken by mothers and fathers, the experience of mothers has garnered more attention from the research community that of fathers. The experience of mothers is especially noteworthy given the cultural expectations of child-rearing in Central America. Research focusing on immigrant mothers has provided insight into the multiple roles they inhabit, including that of a financial provider, supporter of other immigrant women, and parent to their separated children.

The concept of transnational parenting is not one often discussed and explored within the field of counseling. However, given the large number of immigrant mothers who reside in the United States and who are separated from their children, it is important to gain insight into the experience of these women in order to increase the cultural competency of counseling professionals. An exhaustive search of the literature revealed no other studies that addressed the unique experiences of counselors who work with Latin American immigrants.

As has been discussed throughout this chapter, the aim of this dissertation is to determine the factors that predict counselor cultural competence. Specifically, the factors

investigated by this study included multicultural coursework, continuing education, occupation-related training, bilingualism, and experience working with specific ethnic minority individuals. Further, this study investigated how those factors impacted counselors' self-perception of MCC. Additionally, this dissertation investigated whether the Multicultural Counseling Competence and Training Survey (MCCTS) was a valid instrument to measure multicultural awareness, knowledge, and skills.

The methodology of this study will be discussed in the next chapter. Included within that chapter is the selection of participants, instrumentation, data collection, and data analysis.

Research Questions

To address gaps in research and literature, this study will investigate the following questions:

1. What is the factor structure of the MCCTS for this particular sample?
2. What are the mediating effects of multicultural exposure (coursework, continuing education, occupation-related training, bilingualism, and experience) on the multicultural counseling competencies (awareness, knowledge, and skills) of mental health professionals who work with Latin American immigrants?

CHAPTER III

Methods

The purpose of this study is to validate the factor structure of the Multicultural Counseling Competence and Training Survey (MCCTS). The second purpose is to investigate the mediating effects that multicultural exposure has on the multicultural counseling competencies (e.g., knowledge, skills, and awareness) of mental health professionals who work with Latin American immigrants.

Based on the literature reviewed in Chapter II, the purpose of this study was to investigate which variables (multicultural coursework, continuing education, occupational-related training, bilingualism, and experience working with minority populations) have mediating effects of MCC in mental health professionals working with immigrant families from Latin America. Thus, the following research questions were addressed within this dissertation:

1. What is the factor structure of the MCCTS for this particular sample?
2. What are the mediating effects of multicultural exposure (coursework, continuing education, occupation-related training, bilingualism, and experience) on the multicultural counseling competencies (awareness, knowledge, and skills) of mental health professionals who work with Latin American immigrants?

Chapter III is organized into four sections: a) research design, b) selection of participants, c) instrumentation, d) data collection, e) data analysis, and g) summary.

Research Design

This study utilized a correlational quantitative design. Embedded within quantitative design are "fundamental precepts of scientific inquiry including sampling and population issues, validity and scientific control, probability and statistics, power, significance, and generalizability" (Rumrill et al., p. 145, 2017), which were discussed within this dissertation. Correlational quantitative designs allowed for the examination of the relationship between two or more variables (Heppner et al., 2016) by using statistical data to compare variables to assess the relationship between them (Mligo, 2016). Moreover, correlational research allowed for the prediction of future events (Stangor & Walinga, 2014). Thus, correlational quantitative design provided the framework from which to examine the relationship between multicultural exposure factors and the multicultural competencies of professional counselors who work with Latin American immigrants.

Selection of Participants

Participants were recruited using criterion sampling after receiving Institutional Review Board (IRB) approval from Sam Houston State University (See Appendix C). Criterion sampling allows for the selection of participants who represent characteristics an investigator wants to study (Creswell, 2012). Additionally, snowball sampling was introduced. Thus, participants were selected because they met inclusion criteria, and the researcher also asked participants to identify other participants to take part in the study (Creswell, 2012). Participants were recruited using private social media accounts from local, state, and national organizations, such as the Houston Counselor Networking Group, Maryland Counselors for Social Justice, and National Board of Certified

Counselors (NBCC) Minority Fellowship Program. Additionally, assistance was sought from state and national academic and mental health organizations (i.e., university email listservs, NBCC National Certified Counselor listserv, Society for the Psychological Study of Culture, Ethnicity, and Race listserv) to disseminate the study recruiting material to their listserv members. Data was collected using an online questionnaire. The primary advantage of an online survey was the ease of data collection from participants throughout a wide geographic area (Heppner et al., 2016). Moreover, online data collection was helpful in attempting to obtain a large data set, especially when recruiting participants with predetermined characteristics (Heppner et al., 2016). For instance, this dissertation recruited licensed mental health professionals who have experience working with Latin American immigrants. Because participants were recruited via listservs of national organizations, the participants who took part in this study lived throughout the United States. Hence, it is beneficial to review the number of mental health practitioners across the country.

There are an estimated 524,690 mental health professionals in the United States, including: (a) 140,760 counselors, (b) 53,080 marriage and family therapists, (c) 239,410 social workers, and (d) 91,440 psychologists (HRSA, 2020). Despite these projections, it is likely that most of the estimated total number of mental health professionals were not members of national and state organizations. Therefore, the number of mental health professionals represented in the email listservs were expected to be far fewer.

To determine the necessary sample size for this study, a power analysis was conducted. The power analysis table by Cohen (1992) was used to calculate the necessary sample size. Thus, with a medium effect size at an alpha level of .05 with five

independent variables at 80% power, the suggested sample size was 91. Therefore, a total of 125 participants was sought to account for attrition. Additionally, G*Power analysis was conducted for multiple regression with 4 predictors and a sample size of 146 was needed (Faul et al., 2009). However, most of the literature indicated that samples close to 200 were more likely if several predictors were used (Hoogland & Boomsma, 1998, 2001; Kline, 2016). Although it is desirable to have a 20:1 ratio for the total subjects to the number of parameters in a model, aiming for a 10:1 ratio is a realistic goal while estimates below a 5:1 ratio are acceptable for normally or elliptically distributed data (Schumacker & Lomax, 1996). One way to ensure an ample sample size was to recruit as many participants as possible.

Instrumentation

The instrumentation for this study included a demographic questionnaire to obtain relevant participant information such as age, ethnicity, multicultural education and training, and bilingualism and language fluency. To assess multicultural competencies, participants completed the Multicultural Counseling Competence and Training Survey (MCCTS; Holcomb-McCoy & Myers, 1999).

Demographic Questionnaire

Participants were asked to provide demographic information including gender, age, race, ethnicity, and country of birth. All participants had to be independently licensed mental health professionals in a state or territory of the United States and have experience working with Latin American immigrants (Fuertes et al., 2005; Hannigan, 2016). With an open-ended question, participants were asked to identify the state or country in which they had spent the majority of their childhood. Next, they rated their

level of comfort with communicating in English and providing counseling in English, and they identified other language(s) spoken and the level of comfort communicating with clients in those language(s) (Delgado-Romero et al., 2018; Haley et al., 2015; Ivers & Villalba, 2015; Ulupinar, 2018). Participants were also asked to identify the location of their graduate program and date of graduation. Then, they were asked to identify the type of license they held and the state in which they were licensed.

Multicultural exposure was assessed by asking questions derived from the review of the literature. For example, participants were asked about their involvement in multicultural coursework (Barden et al., 2017; Hall & Theriot, 2016; Holcomb-McCoy & Myers, 1999; Kim et al., 2003; Malott et al., 2010; McBride & Hays, 2012), continuing education (Aga Mohd Jaladin, 2017; Hall & Theriot, 2016; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999; McBride & Hays, 2012; Rawls, 2007; Richardson & Quinn, 1983), and occupation-related trainings (Darnell & Kuperminc, 2006). Additionally, participants were asked to rate their degree of cultural preparation as a result of these activities. Participants were asked to identify the top three reasons for Latin American migration to the United States. and answer whether they actively sought to work with this population. Finally, participants rated the degree to which they agreed or disagreed with social constructivist ideology by responding to questions assessing this construct (Burr, 2015; Young & Collin, 2004).

Multicultural Counseling Competence and Training Survey (MCCTS)

The Multicultural Counseling Competence and Training Survey (MCCTS) was chosen from the review of instruments that measure the cultural competence of counselors (Holcomb-McCoy & Myers, 1999). Permission to use the MCCTS within this study was obtained by Dr. Holcomb-McCoy (see Appendix A).

The MCCTS is a self-rated measure composed of 32 behaviorally stated items that assess the MCC areas of awareness, knowledge, and skills (Sue et al., 1992). Respondents rate their perception of multicultural competence for each item using a 4-point Likert-style scale (*1 = not competent, 2 = somewhat competent, 3 = competent, 4 = extremely competent*). The MCCTS is scored by computing mean scores and mean subscale scores, with higher scores indicating higher levels of self-perceived MCC. Scores range from 1 to 4 because mean scores are used. The initial validation study (Holcomb-McCoy & Myers, 1999) indicated the existence of five factors: (a) Knowledge, (b) Awareness, (c) Definitions, (d) Racial Identity Development, and (e) skills. The K*nowledge* subscale examined the counselor's knowledge of multicultural issues. Because counselors were encouraged to continuously identify the impact of their own experiences, it is important to examine their ability to self-reflect; the *Awareness* subscale examines that. The *Definition* subscale asked counselors about multicultural terms. The *Racial Identity Development* subscale addressed counselor's ability to discuss implications for working with minority clients. Finally, the *Skills* subscale examined the skills-based multicultural abilities of counselors.

The first factor, Knowledge, consisted of 16 items. The second factor, Awareness, consisted of 5 items. Factors three (Definition), four (Racial Identity Development), and

five (Skills) consisted of 4, 2, and 3 items, respectively. Items were written in first-person to allow for the rating of self-perceived competence.

Reliability. Holcomb-McCoy & Myers (1999) established psychometric properties of the MCCTS with a study of 151 participants of which 102 identified as women. The ethnic representation of the participants included European/White (66%), African/Black (19%), Latinx/Hispanic (6%), Asian or Native American (5%), and other (4%). Participants were professional counselors from across the United States with 119 holding master's degrees and 22 doctoral degrees. The work settings of the participants included schools (31%), mental health agencies (24%), college and university campuses (17%), and a job-category best described as business/industry, government, corrections facility or other (12%). Internal consistency measured by coefficient alphas rendered the following across subscales: (a) .92 for Knowledge, (b) .92 for Awareness, (c) .79 for Definitions, (d) .66 for Racial Identity Development, and (e) .91 for Skills.

Holcomb-McCoy (2005) conducted a study using an adapted version (MCCTS-Revised) of the original MCCTS with a stratified sample of 209 school counselors from across the United States. The language of the original MCCTS was revised to reflect the school setting. For example, the term student was used instead of client. The ethnic and racial composition of the sample included 89% White/European, 3% African/Black, 1% Hispanic/Latinx, 2% Asian, 2% Native American, and 2% "other." Most of the school counselors (37%, n = 78) had 1–4 years of experience followed by 5–10 years of experience (26%, n = 54) and 11–14 years of experience (14%, n = 30). Unlike the original study, only three factors were identified from the instrument. The following are the factor subscales, as well as the associated instrument items loaded to each subscale

and the coefficient alphas: (a) *Multicultural Terminology* (4 items; .97); (b) *Multicultural Knowledge* (19 items; .95); (c) *Multicultural Awareness* (9 items; .85).

Barden et al. (2017) conducted a replication study of the original MCCTS by Holcomb-McCoy and Myers (1999). As with the original study, participants in the replication study consisted of a national sample of professional counselors ($N = 171$), composed predominantly of female participants (77%). Participants' ethnic and racial identity included White/Caucasian (67%), African American/Black (16.4%), Hispanic/Latinx (8.2%), Asian (2.9%), biracial/multicultural (2.3%), other (1.8%), or Native American (0.6%). This replication study resulted in two factors, *Knowledge* and *Awareness*. The Knowledge factor consisted of 16 items with a coefficient alpha of .95. The Awareness factor had 15 items with a coefficient alpha of .95. Of note is the erroneous omittance of item 32 of the MCCTS; thus, only 31 items were analyzed.

Validity. Holcomb-McCoy and Myers (1999) established criterion validity by using participants' ethnicity and completion of a multicultural counseling course. Those participants who identified as belonging to a minority ethnic group and who completed a multicultural counseling course perceived themselves as more multicultural counseling competent. Similarly, Holcomb-McCoy (2005) and Barden et al. (2017) established criterion validity by using participants' ethnicity and multicultural coursework and also uncovered that belonging to a minority group and having taken a multicultural course resulted in higher scores on the MCCTS-R and MCCTS, respectively. Furthermore, the MCCT was developed around the MCC framework (Sue et al., 1982, 1992) and the explanatory statements described by Arredondo et al. (1996).

Data Collection

Participant recruitment began after receiving Institutional Review Board (IRB) approval from Sam Houston State University. The Qualtrics Survey Software was used to administer the demographic questionnaire and the MCCTS. To ensure clarity of questions and appropriateness of survey layout, feedback from professionals was obtained. Additionally, participants provided consent prior to commencing the online questionnaire.

No identifying information was obtained from the participants when completing the demographic questionnaire and MCCTS. The settings in Qualtrics were adjusted to ensure anonymity of the participants. Participants' email information was obtained via listservs from national and state mental health professional organizations. Additionally, the Qualtrics link was posted on open and closed Facebook groups. However, participants did have an opportunity to enter a $5 gift card raffle. To enter the raffle, participants would answer yes to the final question of the questionnaire and would be redirected to a separate Qualtrics link to enter their email information. This ensured anonymity while enabling participants to enter the gift card raffle.

Data Analysis

The data was analyzed using the procedures for conducting Structural Equation Modeling (SEM) and were conducted in several phases. SEM it is a confirmatory data analysis that tests if the theory fits the data while simultaneously testing measurement and structural relationships (Hoyle, 2012). The initial phase consisted of running frequencies, means, and standard deviations for all variables. The second phase consisted of conducting a principal components analysis to determine the factor structure, validity,

and reliability of the MCCTS for this particular sample. The third phase consisted of using a Pearson Product Moment Correlation to produce a variance/covariance matrix to determine important relationships and use the significant ones for testing the model.

The fourth phase consisted of testing the model fit of the data that was conducted in several steps. First, a review of the relevant theory and research literature was used to support the model specification. Second, the model was specified using a sample path diagram (see Figure 1) to hypothesize the possible variable interactions. Third, the model was identified considering unique values for parameter estimation as well as the number of degrees of freedom for model testing. Fourth, preliminary descriptive statistical analysis (scaling, missing data, collinearity issues, outlier, normality of data) was conducted. Fifth, parameters in the model were estimated. Sixth, the model fit was assessed using the following Chi-square goodness of fit indices: (a) Comparative Fit Index (CFI), (b) Tucker-Lewis Index (TLI), and (c) Root Mean Square Error of Approximation (RMSEA). After model fit was achieved, hypotheses were formed to analyze the relationships of interest.

Finally, the theory was tested using structural equation modeling (SEM) to analyze the data because this statistical approach allowed for the analysis of latent variables (Hoyle, 2012). SEM analysis tests whether the theory fits the data, and tests measurement and structural relationships (Hoyle, 2012). This analysis was appropriate within this study because it is important to find out which mediators (multicultural coursework, continuing education, occupation-related training, bilingualism, and experience working with Latin American immigrants) have the most effect on multicultural counseling competencies.

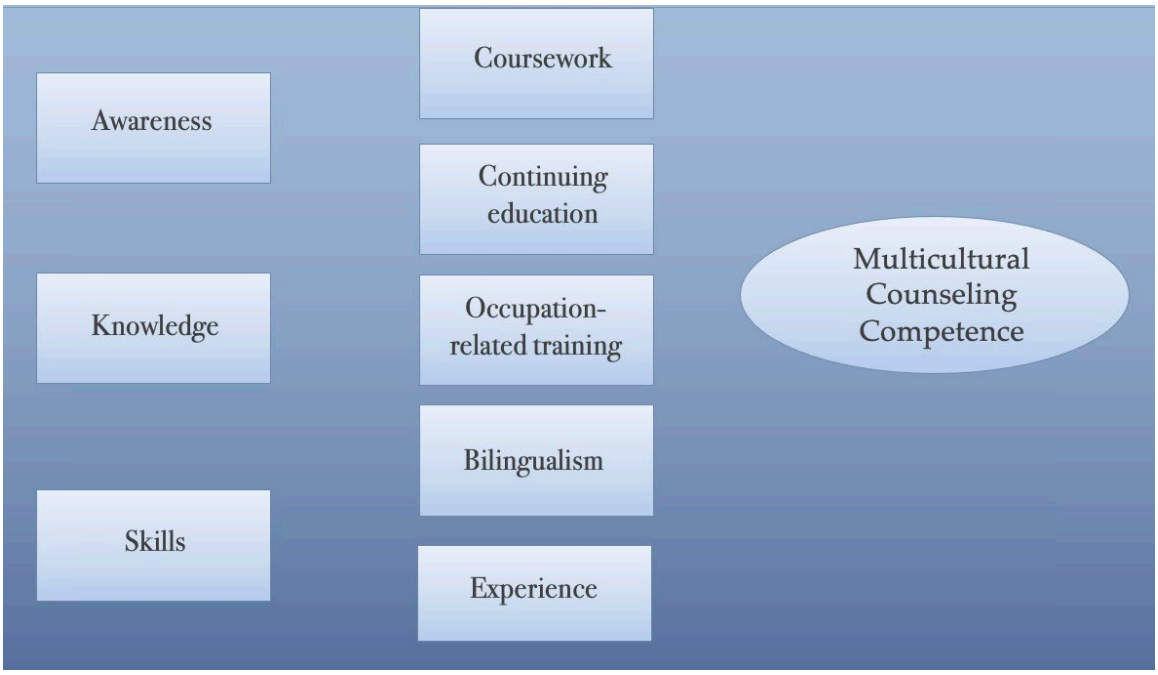

Figure 1

Exploratory Path Diagram of Mediating Effects of Multicultural Exposure on MCC

Note. The exploratory pathway provided the foundation to conceptualize the observed MCC variables (awareness, knowledge, and skills), observed multicultural exposure variables (coursework, continuing education, occupation-related training, bilingualism, and experience working with Latin American immigrants), and the latent variable (MCC). No analysis was conducted using this path.

Summary

This chapter described the quantitative methodology that was utilized in the investigation of the multicultural competencies of mental health professionals who work with Latin American immigrants. A correlational quantitative design was used because it allowed for the examination of the relationship between two or more variables (Heppner et al., 2016). Mental health professionals were recruited from email listservs of national and state professional organizations using stratified random sampling. The instrumentation of this study included a demographic questionnaire and a multicultural counseling competence instrument (MCCTS). First, participants completed a

questionnaire, which obtained demographic information, as well as capture participants' multicultural exposure through multicultural coursework, continuing education, occupation-related training, bilingualism, and experience working with ethnically diverse populations. Second, the Multicultural Counseling Competence and Training Survey (MCCTS) was used to identify therapists' multicultural awareness, knowledge, and skills.

The chapter also discussed data collection procedures, along with the procedures for the analysis of the data. Collection of data from participants began after receiving Institutional Review Board (IRB) approval from Sam Houston State University. Permission to utilize the MCCTS was obtained from Dr. Holcomb-McCoy (see Appendix A). The Qualtrics Survey Software was used to administer the demographic questionnaire and the MCCTS. IBM SPSS Statistics (Version 25) predictive analytics software was utilized to obtain a description of data in terms of demographic and multicultural competence variables, frequencies, and percentages, as well as to obtain Pearson Product Moment correlations to determine the association between the variables. Moreover, SPSS Amos (Version 25) predictive analytics software structural equation modeling was used to analyze observed and latent variables (Arbuckle, 2017). Hypotheses were then formed to analyze the relationship of interest. The results of the data will be presented in the next chapter.

CHAPTER IV

Data Analysis

The purpose of this study is to validate the factor structure of the Multicultural Counseling Competence and Training Survey (MCCTS). The second purpose is to investigate the mediating effects that multicultural exposure has on the multicultural counseling competencies (e.g., knowledge, skills, and awareness) of mental health professionals who work with Latin American immigrants.

A description of the sample precedes the discussion of the results of the exploratory factor analysis and confirmatory factor analysis. Subsequently, the results of the structural equation modeling (SEM) employed will be discussed.

Description of the Sample

The sample for this study was obtained using nonprobability sampling. Nonprobability sampling allowed for the convenient selection of participants who embodied specific characteristics of interest (Creswell, 2012). Specifically, participants were identified using criterion and snowball sampling. Thus, participants were selected because they met inclusion criteria. Eligibility criteria included: (a) being a licensed mental health professional (professional counselor, marriage and family therapist, social worker, school counselor, and psychologist), and (b) experience working with Latin American immigrants. Additionally, participants were also encouraged to request participation from other mental health professionals who met criteria (Creswell, 2012). Participants were recruited using private social media accounts from the Houston Counselor Networking Group and Maryland Counselors for Social Justice. Additionally,

listserv members were sought from universities, the National Board of Certified Counselors, and the Society for the Psychological Study of Culture, Ethnicity, and Race.

Because recruitment information was posted on several social media groups and emailed through listservs of national and state agencies, it is not possible to determine the total number of individuals who had access to the material. In comparison to other studies where the MCCTS was used, this study had similar total response rate ($N = 135$). Of those individuals who initially accessed the Qualtrics survey, 27% (n = 31) did not complete their participation. Specifically, four individuals did not progress past the informed consent, 10 individuals did not meet the criteria to take part in the study, and 17 individuals did not progress past the demographic data. Of the individuals who did not complete the entire questionnaire, three identified as Black/African American, seven as Caucasian, and seven as Hispanic. Moreover, eight of the 17 individuals were professional counselors, two were social workers, two were school counselors, and three identified as psychologists. The demographic data for the sample that completed the entire Qualtrics survey ($N = 104$) is described in Table 2. Included within the table is the participants' ethnicity, nationality, license information, experience working with Latin American immigrants, and bilingualism. Additionally, the national sample included individuals from across 26 U.S. states.

Table 2

Participant Demographic Characteristics (N = 104)

Participants	*N*	%
Age		
20–29	14	14
30–39	42	40

(Continued)

Participants	*N*	%
40–49	27	26
50–59	11	11
60–69	7	7
70+	3	3
Gender Identity		
Female	91	12
Male	12	88
Prefer not to say	1	1
Ethnicity		
Asian	9	9
Black/African American	15	14
Caucasian	27	26
Hispanic/Latinx	48	46
Native American	2	2
Self-Identify:	3	3
Hispanic-Caucasian-Iberian	1	
Middle Eastern	2	
Sexual Orientation		
Heterosexual	91	88
Gay/Homosexual	9	9
Bisexual	2	2
Country of Birth		
Brazil	1	1
Chile	1	1
Colombia	3	3
India	2	2
Iran	1	1
Japan	1	1
Mexico	6	6
Philippines	1	1
Puerto Rico	4	4
Spain	1	1
Thailand	1	1
The Netherlands	1	1
United States	81	78
Counseling Language		
English only	45	43
Bilingual/Multilingual:	59	57
Spanish and English	50	
Armenian, Farsi, and English	1	
Hindi, and English	1	

(continued)

Participants	*N*	%
Khmer and English	1	
Ojibwe and English	1	
Portuguese, Spanish, and English	1	
Spanish, American Sign Language, English	1	
Spanish, Catalan, and English	1	
Spanish, Hindi, Gujarati, and English	1	
Mental Health Profession		
Professional Counselor	46	44
Marriage and Family Therapist	8	8
Social Work	19	18
School Counselor	15	14
Psychologist	16	15
Experience Working with Latin American Immigrants		
Fewer than 3 years	29	28
4–7 years	34	33
8–11 years	19	18
12–15 years	7	7
More than 15 years	15	14

Note. Demographic information obtained from participants with complete data.

Research Question One

What is the factor structure of the MCCTS for this particular sample?

Exploratory Factor Analysis

To determine the factor structure of the Multicultural Counseling Competence and Training Survey (MCCTS), an exploratory factor analysis (EFA) using principal components was utilized. The Statistical Package for Social Science (SPSS), Version 25, was employed for this analysis. The 32-items of the MCCTS were analyzed, using a varimax rotation, to determine the extent to which the measurements overlapped. After the rotation, the analysis yielded six components that explained 70% of the variance. However, the sixth factor only accounted for 3% of the variance and had a large number

of cross-loading items. A cross-loading item is an item that loads above .32 on two factors (Costello & Osborne, 2005). Thus, a 5-component factor model was obtained using extraction based on a fixed number of factors rather than on Eigenvalue. The loadings of the rotated matrix for all items were above the recommended minimum of .40 (Costello & Osbourne, 2005). There were some cross-loading items in the 5-factor model. For instance, items 19, 24, 18, 20, 17, and 13 loaded above .40 on both the multicultural knowledge and multicultural awareness factors; however, only items 17 and 13 loaded similarly across both factors. Ultimately, the decision was made to keep these items because literature supported leaving cross loading items intact (Guadagnoli & Velicer, 1988; Osborne & Costello, 2004).

Furthermore, previous analysis into the factor structure of the MCCTS garnered inconsistent findings. For example, relevant studies uncovered two (Barden et al., 2017), three (Holcomb-McCoy, 2005), and five (Holcomb-McCoys & Myers, 1999) factors. Therefore, additional analysis using confirmatory factor analysis, discussed next, provided added support for the five-component (factor) model. The five components (Multicultural Knowledge, Multicultural Awareness, Awareness of Social Injustice, Self-Awareness, and Cultural Awareness) explained 65% of the total variance for the entire set of variables. A Cronbach's α reliability coefficient was calculated to be .953, and thus the scores had high internal consistency reliability (Field, 2018). The five components obtained during the principal component analysis are discussed next.

The first component, labeled Multicultural Knowledge, accounted for 22.97% of the variance. Multicultural Awareness, the second component, accounted for 13.06% of the variance. The third component, Awareness of Social Injustice, accounted for 12.22%

of the variance. The variance for factors four, Self-Awareness, and five, Cultural Responsiveness, was 8.65% and 8.38%, respectively. Table 3 provides information about the factor loading of questionnaire items.

Following the exploratory factor analysis, a confirmatory factor analysis was utilized to specify and identify the components and model fit for the Multicultural Counseling Competence and Training Survey (MCCTS).

Table 3

Results from the Exploratory Factor Analysis of the Multicultural Counseling Competence and Training Survey (MCCTS)

MCCTS Item	Factor Loading				
	1	2	3	4	5
Factor 1: Multicultural Knowledge					
29. I can discuss the potential bias of two assessment instruments frequently used in the counseling process.	**.78**	.09	-.02	.30	.11
27. I can discuss how the counseling process may conflict with the cultural values of at least two ethnic groups.	**.76**	.14	.08	.01	.22
30. I can discuss family counseling from a cultural/ethnic perspective.	**.71**	.35	.23	.08	.18
28. I can list at least three barriers that prevent ethnic minority students from using counseling services.	**.70**	-.01	.26	.13	.10
23. I can discuss how culture affects the manifestations of psychological disorders.	**.69**	.33	.17	.02	.15
26. I can discuss research regarding mental health issues among culturally/ethnically different populations.	**.65**	.32	.16	.07	.13
19. I can discuss the counseling implications for at least two models of racial/ethnic identity development.	**.63**	.45	.03	.22	.11
31. I can anticipate when my helping style is inappropriate for a culturally different client.	**.63**	.36	.00	.12	.06
32. I can help clients determine whether a problem stems from racism or biases in others.	**.63**	.21	.28	.09	.07
25. I can explain how factors such as poverty and powerlessness have influenced the current conditions for at least two ethnic groups.	**.63**	.38	.33	.14	.08

(Continued)

MCCTS Item	Factor Loading				
	1	2	3	4	5
24. I can describe the degree to which a counseling approach is appropriate for a specific group of people.	**.61**	.47	.12	.11	.05
14. I can identify my negative and positive emotional reactions toward persons of other racial and ethnic groups.	**.53**	.31	.12	.13	.37
16. I can give examples of how stereotypical beliefs about culturally different persons impact the counseling relationship.	**.52**	.17	.35	.12	.31
15. I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.	**.51**	.23	.15	.15	.43
8. I can discuss models of White Racial Identity Development.	**.47**	.12	.11	.30	.03
Factor 2: Multicultural Awareness					
21. I can discuss how culture affects a client's vocational choice.	.19	**.73**	.31	.09	.07
22. I can discuss how culture affects the help-seeking behaviors of clients.	.28	**.72**	.28	.04	.13
18. I can articulate the possible differences between the verbal behavior of the five major ethnic groups.	.44	**.72**	.04	.05	.12
20. I can discuss within-group differences among ethnic groups. (e.g., low SES Puerto Rican client vs. high SES Puerto Rican client).	.44	**.64**	.01	.14	-.00
17. I can articulate the possible differences between the nonverbal behavior of the five major ethnic groups.	.51	**.57**	.11	.06	.15
13. I can identify the cultural bases of my communication style.	.40	**.47**	.27	.37	.21

(Continued)

MCCTS Item	Factor Loading				
	1	2	3	4	5
Factor 3: Awareness of Social Injustice					
11. I can define discrimination.	.10	.15	**.90**	.13	.15
9. I can define racism.	.17	.11	**.85**	.22	.04
10. I can define prejudice.	.17	.10	**.84**	.13	.22
12. I can define stereotype.	.17	.19	**.83**	.09	.20
Factor 4: Self-Awareness					
1. I can discuss my own ethnic/cultural heritage.	.23	.08	.18	**.82**	.05
3. I am able to discuss how my culture has influenced the way I think.	.06	.20	.15	**.81**	.30
2. I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	.21	.00	.18	**.80**	.21
Factor 5: Cultural Responsiveness					
6. I nonverbally communicate my acceptance of culturally different clients.	.19	-.17	.11	.09	**.76**
5. I verbally communicate my acceptance of culturally different clients.	.06	.09	.25	.09	**.73**
7. I can discuss my family's perspective regarding acceptable and non-acceptable codes-of-conduct.	.12	.33	.13	.21	**.61**
4. I can recognize when my attitudes, beliefs, and values are interfering with providing the best services to my clients.	.23	.21	.09	.30	**.48**

Note. $N = 104$. The extraction method was principal components factor analysis with a Varimax rotation. Factor loadings above .40 are in bold.

Confirmatory Factor Analysis

Confirmatory factor analysis (CFA) for this analysis was conducted to compare the model fit for 2-, 3-, and 5-factor models of the MCCTS. IBM SPSS Statistics (Version 25) and SPSS Amos (Version 25) predictive analytics software were utilized for the CFA. The analysis allowed for a comparison of the factor findings of the three studies previously mentioned (Barden et al., 2017; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999). The evaluation of fit determined whether the model: (a) is consistent with the data, (b) should be respecified, or (c) should be rejected (Hoyle, 2012). Therefore, the three models were compared using a variety of model fit parameters, including the Comparative Fit Index (CFI $\geq$ .9; Kline, 2016), the Tucker-Lewis Index (TLI $\geq$ .9; Whittaker, 2016), and the Root Mean Square Error of Approximation (RMSEA $\leq$ .08; Brown & Cudeck, 1993). The aforementioned guiding parameters were indicative of an acceptable fitting model, with higher values on the CFI and TLI being indicative of a superior fit and lower values on the RMSEA being indicative of a close-fitting model (Brown & Cudeck, 1993; Kline, 2016; Whittaker, 2016).

The results of the primary confirmatory factor analysis uncovered that none of the three models fit particularly well to the data. Although the five-factor model had a more adequate fit than the other two models, the model fit was not acceptable according to the model fit parameters discussed above. Table 4 provides an overview of the model fit for the models analyzed.

Table 4

Confirmatory Factor Analysis Comparing Overall Fit of the 2-, 3-, and 5-factor Models Without Removal of Questions or Covariances added.

Model	χ^2	*df*	CFI	TLI	RMSEA
A: Two-factor Model [a]	1109.8	463	.713	.698	.116
B: Three-factor Model [b]	960.5	461	.783	.766	.103
C: Five-factor Model [c]	879.3	454	.815	.798	.095

Note. Confirmatory Factor Analysis was used for the analysis. CFI = comparative fit index; TLI = Tucker-Lewis Index; RMSEA = root-mean-square error of approximation. [a] In Model A, all 32 items of the MCCTS were loaded onto two factors. [b] In Model B, all 32 items of the MCCTS were loaded onto three factors. [c] In Model C, all 32 items of the MCCTS were loaded onto five factors.

The poor overall fit for the models led to the examination of modification indices (MI). Specifically, MI for the 5-factor model were analyzed because that model had a better fit than the other two models. The MI analysis led to the removal of items 4, 6, and 8, along with the covariation of items 8 to 3, 10 to 8, 11 to 6, 13 to 4, 12 to 14, 13 to 12, 20 to 21, and 22 to 24. The correlation of errors is appropriate when correlations among measurement errors is unavoidable (Landis et al., 2009), and it was determined that these measurement errors were unavoidable with the current data. The removal of items and covariation between the error terms of the other items resulted in an acceptable fit for the five-factor model ($\chi^2 = 547.7$, $df = 359$, CFI = .912, TLI = .901, RMSEA = .071). Furthermore, the CFA model fit demonstrated scale validity, which represented how well the measure reflected its intended constructs. Figure 2 illustrates the five-factor model with the appropriate model fit. Following acceptable fit of the model, the data from the model was imputed to consolidate the latent variables into observed variables (see Figure

3). Given that the data set did not contain missing variables, the regression imputation was based solely on multiple regression analysis rather than on an assumption of the predictability of non-missing variables (Kline, 2016).

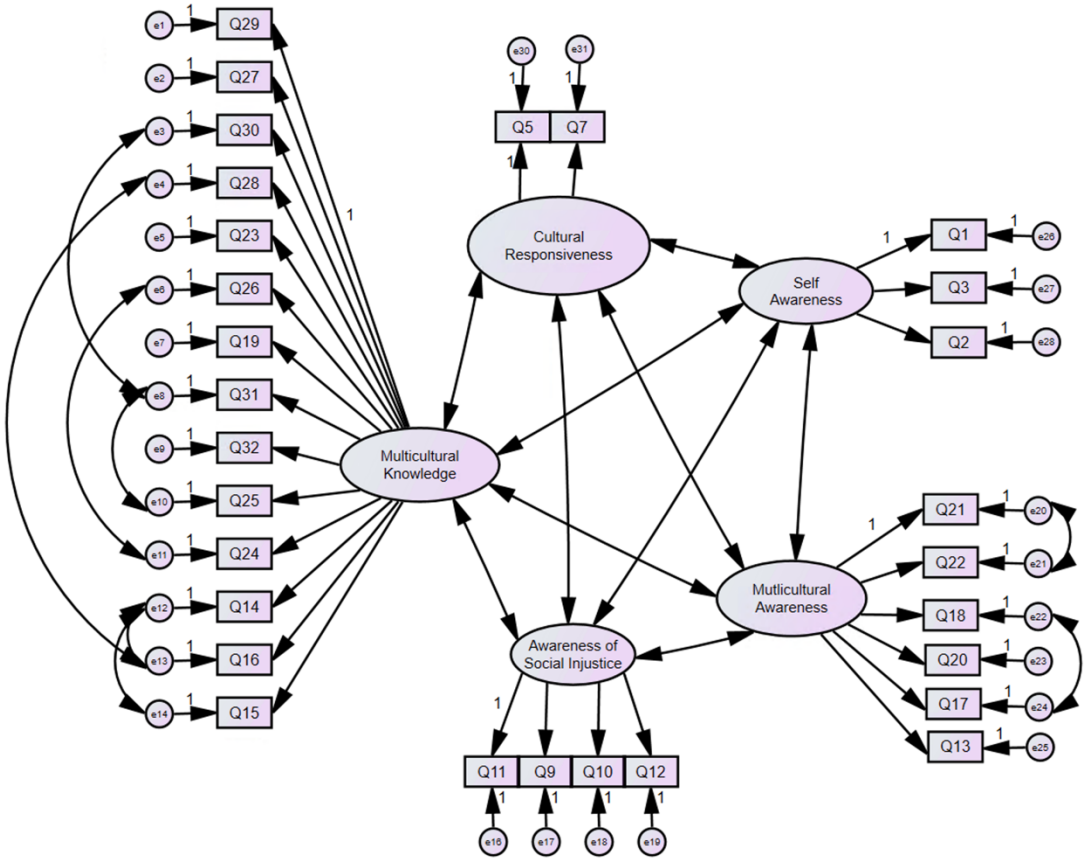

Figure 2

Confirmatory Factor Analysis: 5-factor Model with Appropriate Model Fit

Note. SPSS Amos figure depicting five-factor model with deleted items and covariances between the unique errors of items. Observed items (Q1-Q32) correspond to the MCCTS questionnaire items listed in Table 3.

After obtaining the aforementioned acceptable model fit for the five-factor model, the relationship between multicultural exposure (i.e., multicultural coursework, continuing education, occupation-related training, experience working with Latin American immigrants, and bilingualism) and multicultural counseling competence was

analyzed using structural equation modeling (SEM). SEM analysis and results will be discussed next.

Research Question Two

What are the mediating effects of multicultural exposure (coursework, continuing education, occupation-related training, bilingualism, and experience) on the multicultural counseling competencies (awareness, knowledge, and skills) of mental health professionals who work with Latin American immigrants?

Structural equation modeling using SPSS Amos (Version 25) was utilized to analyze the second question of this dissertation. This section provides a detailed account of the SEM analysis, beginning with a review of the sample size.

Sample Size

A sample size of at least 200 participants is generally recommended for Structural Equation Modeling (Hoogland & Boomsma, 1998, 2001; Kline, 2016). Furthermore, it is desirable to have a 20:1 ratio of sample size to number of free parameters with a 5:1 ratio being acceptable for normally or elliptically distributed data (Schumacker & Lomax, 1996). Although the goal was to recruit as many participants as possible, the total sample of 104 mental health professionals was fairly close to the required 115 participants recommended to test the hypothesized model with 23 free parameters. Ultimately, the sample size ($N = 104$) did not compromise the model and the subsequent SEM analysis because it did not contain any missing data.

Structural Equation Modeling with Moderating Variables

Structural equation modeling (SEM), a statistical method for modeling the relations and estimating causal effects between variables (Hoyle, 2012), was employed to

determine the mediating impact of multicultural exposure on participants' self-perceived multicultural counseling competence. A strength of SEM is its ability to test models that represent theoretical hypotheses. These hypothesized relationships are specified and represented graphically in the form of path diagrams (West et al., 2012). Within this study, the relationship explored the mediating effects of multicultural exposure on multicultural awareness and multicultural knowledge, and bilingualism among mental health professionals.

The implementation of the SEM framework included the following: (a) specification of the model; (b) evaluation of model fit; (c) re-specification, and (d) interpretation and reporting (Hoyle, 2012). These steps will be discussed next.

Specification of the Model. The initial step of the SEM framework included specification of the direct and indirect relationships of the variables of interest (Arredondo et al., 1996; Barden et al., 2017; Burr, 2015; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999; Ivers & Villalba, 2015; Sue et al., 1982; 1992). The model for this study included observed and implied, or latent, constructs. The scores from the questionnaire data collected from the participants are made up of the observed variables (Kline, 2016). Observed variables were depicted by square, or rectangular, shapes within the specified model. On the other hand, latent variables are "hypothetical constructs or explanatory entities presumed to reflect a continuum that is not directly observable" (Kline, 2016, p. 12). That is, latent variables conceptualize questionnaire items into unobservable constructs. Latent variables were depicted in the model with round, or oval, shapes. Because latent variables cannot be measured directly, the specification of the SEM model required reformulation of the mediating variables—

intervening variables that transmit effect of one variable to another variable (Kline, 2016)—described previously (see Figure 1). As such, analysis of multicultural exposure included the following mediating variables: (1) *Education Completed*: observed variable representing the total number of multicultural courses, continuing education workshops, and occupation-related trainings completed by mental health professionals; (2) *Education Preparedness*: observed variable representing mental health professionals' perception of the preparation to work with Latin American immigrant received specifically from multicultural courses; and (3) *Experience*: observed variable representing the number of years providing services to Latin American immigrants (ranged from 1–15 years). The effect of the multicultural exposure variables as mediators between the three awareness factors (e.g., Self-Awareness, Multicultural Awareness, and Awareness of Social Injustice) and the Multicultural Knowledge factor were then analyzed. Furthermore, education preparedness and experience consisted of one question each. Next, exogenous and endogenous variables will be discussed, followed by an explanation of the theoretical framework of the SEM model.

The latent and observed variables were further defined by their placement within the SEM path diagram. The five factors obtained from the CFA were transformed to observed variables. Three of the factors were organized into exogenous (independent) variables (i.e., Self-Awareness, Multicultural Awareness, and Awareness of Social Injustice) and two were set as endogenous (dependent) variables (i.e., Multicultural Knowledge and Cultural Responsiveness). Following the MCC framework, the endogenous variables (awareness factors) represented the awareness dimension and were likely impacted by societal factors (Burr et al., 2005; Sue et al, 1992). Multicultural

Knowledge and Cultural Responsiveness were set as endogenous variables because these factors, it was theorized, were dependent on the awareness factors. Furthermore, the latter factors represented the two remaining dimensions of the MCC: knowledge and skills. Finally, the mediating variables (i.e., Education Completed, Education Preparedness, and Experience) were introduced into the hypothesized model.

Of note is the role that bilingualism played within the model. Initially, bilingualism was conceived as a possible mediating variable; however, because the goal was to compare bilingual and monolingual counseling services among mental health therapists, multigroup analysis was more appropriate for the comparison of the two groups (Gaskin, 2016). Thus, the interpretation of the model included bilingualism as a moderating variable. Figure 3 illustrates the specified model for this study.

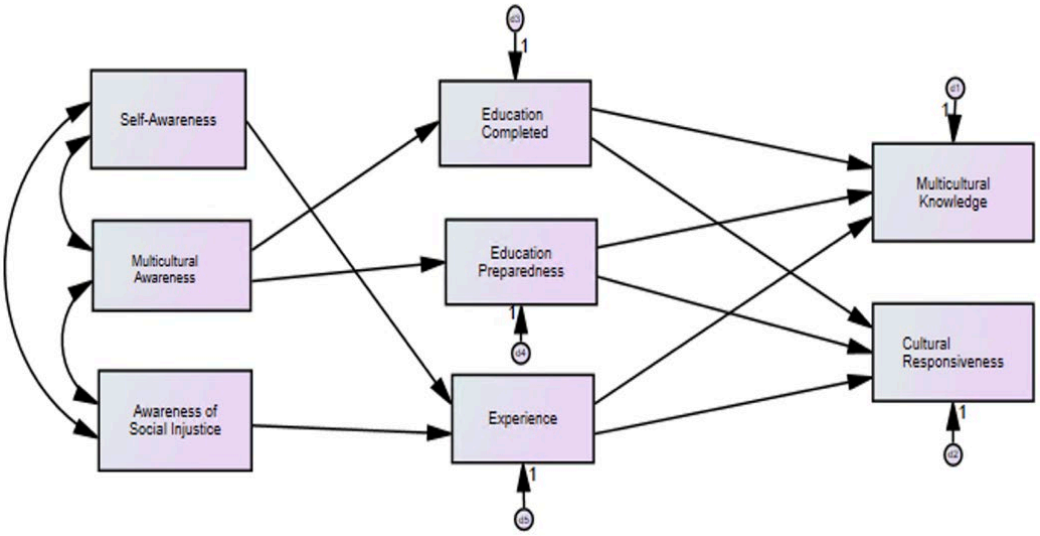

Figure 3

Specified 5-Factor Model with Mediating Factors

Note. Initial structural equation model with observed variables.

The relationships between the variables were designated next. The relationships between the variables were grounded in a sound theoretical framework of the Social Constructivist Theory and multicultural counseling competence framework. Social Constructivist Theory posits that an individual's attitudes and beliefs are influenced by the society in which they live (Burr, 2015; Young & Collin, 2004). That is, societal influences help individuals create a meaning from experiences. Society also influences interpersonal interaction with others. Thus, social influences were indirectly assessed through the awareness factors of the MCCTS (i.e., Self-Awareness, Multicultural Awareness, and Awareness of Social Injustice). Moreover, according to the MCC framework, awareness of cultural factors leads to knowledge (Multicultural Knowledge) as well as the acquisition of skills (Cultural Responsiveness) needed to address the multicultural needs of clients (Arredondo et al., 1996; Sue et al., 1982; 1992). Utilizing the theoretical framework to guide the relationships between variables allowed for the

testing of hypotheses (see Table 5) specific to the model and ultimately address the second research question.

Table 5

Proposed Hypotheses for the Direct, Mediated, and Multigroup Effects for the Model

Direct Effects
H1a. Education Completed has a positive effect on Multicultural Knowledge.
H1b. Education Completed has a positive effect on Cultural Responsiveness.
H1c. Education Preparedness has a positive effect on Multicultural Knowledge.
H1d. Education Preparedness has a positive effect on Cultural Responsiveness.
H1e. Experience has a positive effect on Cultural Responsiveness.
Mediated Effects
H2a. Education Completed mediates the relationship between Multicultural Awareness and Multicultural Knowledge.
H2b. Education Preparedness mediates the relationship between Self-Awareness and Multicultural Knowledge.
H2c. Experience mediates the relationship between Self-Awareness and Cultural Responsiveness.
H2d. Experience mediates the relationship between Awareness of Social Injustice and Cultural Responsiveness.
Multigroup Effects
H3a. The positive relationship between Multicultural Awareness and Education Completed will be stronger for monolingual mental health professionals.

(Continued)

Multigroup Effects
H3b. The positive relationship between Multicultural Awareness and Education Preparedness will be stronger for bilingual mental health professionals.
H3c. The positive relationship between Self-Awareness and Experience will be stronger for bilingual mental health professionals.
H3d. The positive relationship between Awareness of Social Injustice and Experience will be stronger for bilingual mental health professionals.

Note. Testing of the hypotheses was dependent on the acceptance of the proposed model.

In addition to designating the relations among variables, the status of the parameters of the model was also specified. The model for this study was composed of free parameters (Hoyle, 2012). The values for the parameters were estimated from the data. However, during the estimation of the data, it was determined that transforming E*ducation Completed* from an observed to a latent variable would better account for the educational requirements of mental health professionals (i.e., multicultural courses, continuing education training, and occupation-related trainings). Figure 4 illustrates the reconceptualized model that underwent SEM analysis.

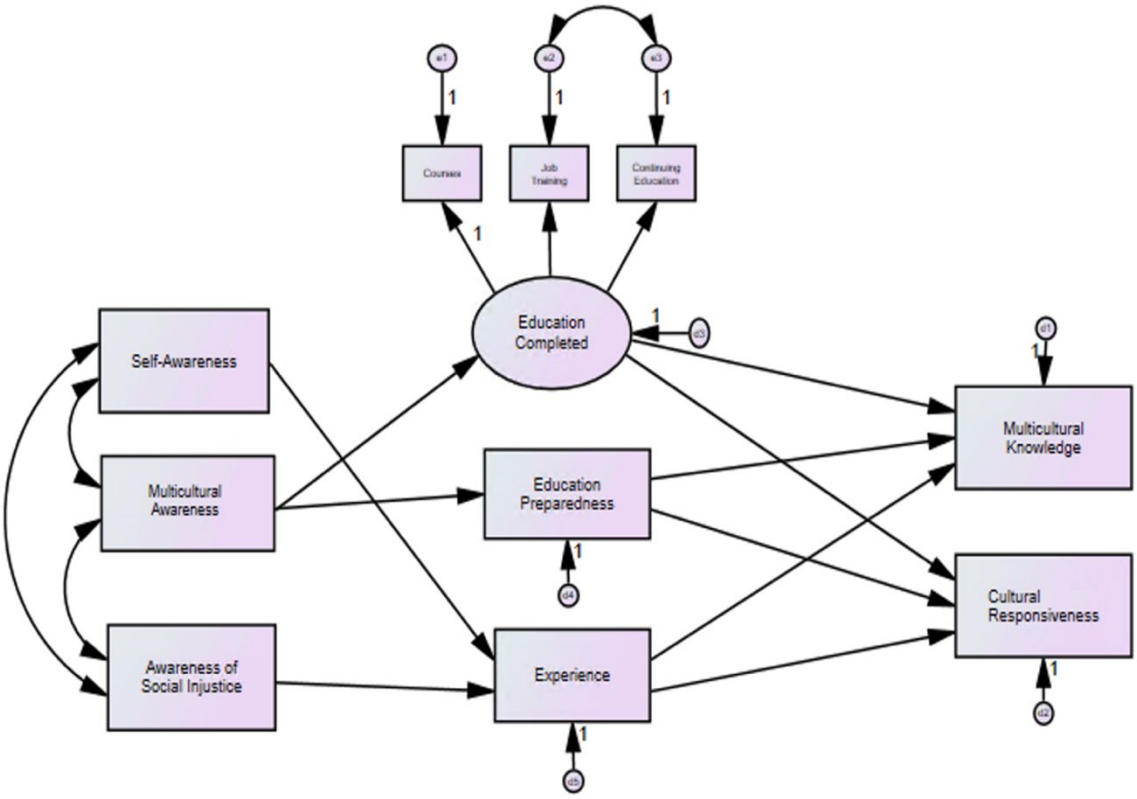

Figure 4

Reconceptualized Model

Note. Model with observed and latent variables.

Evaluation of model fit. Structure equation modeling (SEM) analysis followed the specification of the model. The analysis of the model resulted in a model with iterative estimation that failed to converge. According to Kline (2016), most SEM estimation methods are iterative. In other words, the initial estimates are computer derived then modified through subsequent cycles of calculation (Kline, 2016). The analysis of this model was not successful because the iterative estimation failed as a result of poor start values (Kline, 2016). Thus, not having proper iterative estimation led to results that were invalid. Moreover, there was inadequate fit based on the model fit indices ($\chi^2 = 138.78$, $df = 29$, CFI = .819, TLI = .718, RMSEA = .192). Because the

results were invalid, analysis of modification indices to attempt to improve the model fit through deletion of items and covariation of error parameters for items was not possible. Thus, leading to respecification of the model.

Respecification. Because the evaluation of fit did not produce support for the specified model, the model was respecified. That required a reconsideration of the identification of the model, then a return to the evaluation of fit for the new model (Hoyle, 2012). The initial step in reconsidering the model was to return to the literature foundation of this study. It was ultimately determined that the removal from the model of *Cultural Responsiveness*, as a skills dimension of the MCC, was supported by the literature. For example, the results of previous MCC investigations showed that quantitative multicultural scales often measured only the awareness and knowledge dimensions (Barden et al., 2017; Holcomb-McCoy, 2005; Malott et al., 2010). Moreover, personal communication with a leading figure and founding scholar of the MCC movement added credence to these findings by stating that these measures "typically [yield] findings about counselor awareness and maybe some findings about counselor knowledge, but rarely anything about skills" (P. Arredondo, personal communication, May 27, 2020). The model was then respecified and reanalyzed on account of the literature findings. Figure 5 illustrates the respecified model.

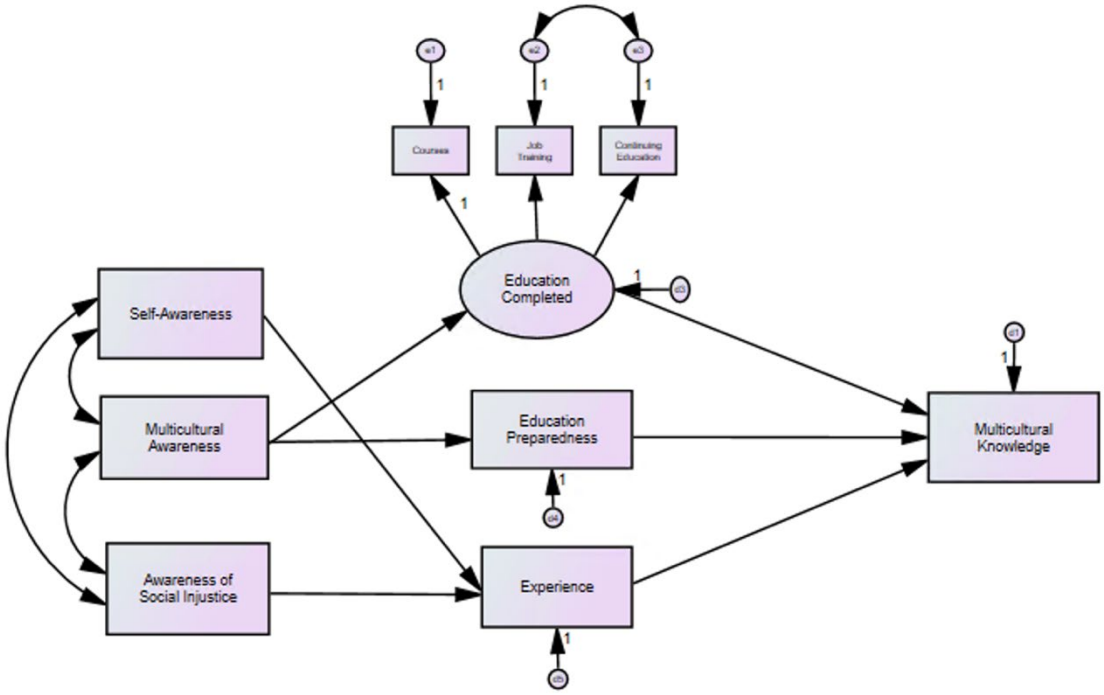

Figure 5

Respecified Model with Removal of the Cultural Responsiveness Factor

Note. Model respecified based on previous literature findings and theoretical framework.

After the model was respecified, SEM analysis was conducted. Iterative estimation minimum was reached. That is, the starting values and the theoretical model were appropriate. The removal of the Cultural Responsiveness endogenous variable resulted in improved model identification (Kline, 2016). A review of the modification indices led to the covariation of the error terms beween the CE training and job training items of the *Education Completed* factor. The fit indices were indicative of a superior fit for the respecified model ($\chi^2 = 35.7$, $df = 22$, CFI = .97, TLI = .95, RMSEA = .078). The evaluation of fit yielded support for the modified model and allowed for the final step in the SEM implementation framework: interpretation and reporting of results.

Interpretation and Reporting. The basis for the model was *a priori*. Namely, *a priori* models reflect theoretical models and include a set of interrelated hypotheses (Hoyle, 2012). Additionally, an "*a priori* model afforded stronger conclusions and allowed for more straightforward interpretation based primarily on the concepts and their interrelations" (Hoyle, 2012, p. 11). The interpretation and reporting of the model were accomplished through the testing of the hypotheses, which were adjusted after the model was respecified. The results were accomplished through the testing of the direct, mediated, and multigroup effect hypotheses, discussed next.

Direct Effects. First, the direct effects of the mediating variables on the Multicultural Knowledge factor of the MCCTS were tested. Direct effect testing allowed for analyzing the direct impact of mediating factors on the endogenous (dependent) variable: Multicultural Knowledge.

H1a. Education Completed has a positive effect on Multicultural Knowledge.

The hypothesized positive effect of education completed on multicultural knowledge was supported (ß = 1.0, p = .008).

H1b. Education Preparedness has a positive effect on Multicultural Knowledge.

The hypothesized positive effect of education preparedness on multicultural knowledge was not supported. Results demonstrated a negative effect between education preparedness on multicultural knowledge that was not statistically significant (ß = -0.29, p = .23).

H1c. Experience has a positive effect on Multicultural Knowledge.

The hypothesized positive effect of experience on multicultural knowledge was not supported because the results demonstrated a negative effect (ß = -0.47, p = .048).

However, the effect of experience on multicultural knowledge was inversely statistically significant, indicating that the more experienced a mental health professional had working with Latin American immigrants, the less competent they rated their multicultural knowledge.

Mediated Effects. Mediation was used to describe the paths of causation. Mediated effects provided more accurate explanation of the causal impact of the exogenous (independent) variables on the endogenous (dependent) variable by means of the mediating variable (Gaskin, 2016). The analysis of mediated effects was conducted with user-defined estimands (Gaskin, 2016). This analysis allowed for the naming of two parameters to create an indirect effect. In order to conduct an analysis using a user-defined estimand, bootstrapping commands (2,000 bootstrap samples with bias-corrected confidence interval of 95%) (Gaskin, 2016) were included during the SPSS Amos analysis.

H2a. Education Completed mediates the relationship between Multicultural Awareness and Multicultural Knowledge.

The hypothesis was supported. Education Completed was found to have a mediating effect on the relationship between Multicultural Awareness and Multicultural Knowledge (ß = 1.4, p =. 001).

H2b. Education Preparedness mediates the relationship between Self-Awareness and Multicultural Knowledge.

The hypothesis was not supported. Education Preparedness was not found to mediate the relationship between Multicultural Awareness and Multicultural Knowledge (ß = -.006, p =.103).

H2c. Experience mediates the relationship between Self-awareness and Multicultural Knowledge.

The hypothesis was not supported. Experience was not found to mediate the relationship between Self-Awareness and Multicultural Knowledge (ß = .001, p =.663).

H2d. Experience mediates the relationship between Awareness of Social Injustice and Multicultural Knowledge.

The hypothesis was not supported. Experience was not found to mediate the relationship between Awareness of Social Injustice and Multicultural Knowledge (ß = -.001, p =.638).

Multi-Group Effects. Multi-group comparison is a form of moderation that divides the dataset along values of a grouping variable (Gaskin, 2016). This form of comparison was used to determine if the hypothesized relationships differed based on the selected grouping value. The groups that were compared in this study were mental health therapists who provide counseling solely in English (monolingual) and therapists who provide counseling in more than one language (bilingual). Furthermore, to analyze the model locally, a chi-square difference test was conducted with the unconstrained versus constrained (only individual) paths to examine the hypothesized multigroup effects (Gaskin, 2016).

H3a. The positive relationship between Multicultural Awareness and Education Completed will be stronger for monolingual mental health professionals.

The hypothesis that monolingual mental health therapists would have a stronger positive relationship between Multicultural Awareness and Education Completed was not supported, $\chi^2(1, N = 104) = 1.348$, $p = .246$. There was no statistically significant

difference between monolingual (ß = .93) and bilingual (ß = .89) mental health professionals.

H3b. The positive relationship between Multicultural Awareness and Education Preparedness will be stronger for bilingual mental health professionals.

The hypothesis that bilingual mental health professionals would have a stronger positive relationship between Multicultural Awareness and Education Preparedness was not supported, $\chi^2(1, N = 104) = .039$, $p = .843$. There was no statistically significant difference between monolingual (ß = .13) and bilingual (ß = .06) mental health professionals.

H3c. The positive relationship between Self-Awareness and Experience will be stronger for bilingual mental health professionals.

The hypothesis that bilingual mental health professionals would have a stronger positive relationship between Self-Awareness and Experience was not supported, $\chi^2(1, N = 104) = .611$, $p = .434$. There was no statistically significant difference between monolingual (ß = -.07) and bilingual (ß = .10) mental health professionals.

H3d. The positive relationship between Awareness of Social Injustice and Experience will be stronger for bilingual mental health professionals.

The hypothesis that bilingual mental health professionals would have a stronger positive relationship between awareness of social injustice and experience was not supported, $\chi^2(1, N = 104) = 2.07$, $p = .15$. There was no statistically significant difference between monolingual (ß = -.23) and bilingual (ß = .08) mental health professionals.

Additionally, the constrained and unconstrained model comparing monolingual and bilingual mental health professional was examined for the overall global model

(Figure 5). A chi-square difference test showed that there was no significant difference between monolingual and bilingual mental health professionals for the overall respecified model, $\chi^2(9, N = 104) = 13.77, p = .13$.

Summary

This chapter presented the descriptive statistics of the data obtained from a national sample of 104 mental health professionals. To determine the factor structure of the MCCTS (Research Question 1), an exploratory factor analysis was employed. The following five factors were uncovered by the EFA: (a) Multicultural Knowledge, (b) Multicultural Awareness, (c) Awareness of Social Injustice, (d) Self-Awareness, and (e) Cultural Responsiveness. A confirmatory factor analysis provided added support for these parameters over models with 2- and 3-factors. The CFA model fit showed satisfactory model fit after 3 items were dropped and 8 covariation of error terms were added. The results demonstrated scale validity for the MCCTS which ultimately signified that the measure reflected its intended constructs.

Imputation of the five factors provided the foundation for the Structural Equation Modeling (SEM) to analyze the mediating effect of multicultural exposure on the multicultural competencies of mental health professionals (Research Question 2). The respecified SEM model included Education Completed as a latent mediating variable along with Education Preparedness and Experience as observed mediating variables. Moreover, the respecified model demonstrated superior model fit after removal of the Cultural Responsiveness factor. The interpretation and reporting of the respecified model were accomplished through the testing of direct, mediated, and multigroup effect hypotheses. Ultimately, the hypothesized positive effect of Education Completed on

Multicultural Knowledge was supported (H1a), while the hypothesized positive effect of Education Preparedness on Multicultural Knowledge (H1b) and the hypothesized positive effect of Experience on Multicultural Knowledge (H1c) were not supported. Although experience was not found to have a positive effect on Multicultural Knowledge, the inverse relationship was statistically significant. That is, as Experience increased among mental health professionals, their self-rated Multicultural Knowledge competence decreased. Education Completed was found to have a mediating effect between Multicultural Awareness and Multicultural Knowledge (H2a), while Education Preparedness was not found to mediate the relationship between Multicultural Awareness and Multicultural Knowledge (H2b). Additionally, Experience was not found to mediate the relationship between Self-Awareness and Multicultural Knowledge (H2c) or between Awareness of Social Injustice and Multicultural Knowledge (H2d). Multi-group analysis comparing mental health therapists who provided counseling solely in English (monolingual) and therapists who provided counseling in more than one language (bilingual) did not provide support for any of the hypothesized relationships (H3a, H3b, H3c, or H3d). The discussion of the results, implications, and future research recommendations will be addressed in the following chapter.

CHAPTER V

Discussion

The purpose of this study is to validate the factor structure of the Multicultural Counseling Competence and Training Survey (MCCTS). The second purpose is to investigate the mediating effects that multicultural exposure has on the multicultural counseling competencies (e.g., knowledge, skills, and awareness) of mental health professionals who work with Latin American immigrants. This chapter includes: (a) discussion of the findings, (b) limitations of the study, (c) implications for practice, (d) recommendations for future research, and (e) conclusions.

Discussion of the Findings

Research Question One

What is the factor structure of the MCCTS for this particular sample?

An exploratory factor analysis was used to examine the factor structure of the MCCTS for mental health professionals who work with Latin American immigrants. Then, a confirmatory factor analysis was used to examine the model fit for the factors of the MCCTS.

Findings. The results of the exploratory factor analysis indicated that the factors measured by the MCCTS are inconsistent. Studies have uncovered 2-, 3-, and 5-factor models during previous research (Barden et al., 2017; Holcomb-McCoy, 2005; Holcomb-McCoys & Myers, 1999). There are several possible explanations for these findings. First, the MCCTS and other quantitative measures of MCC rely on the self-rated perception of competencies among the participants (Barden et al., 2017; Cartwright et al., 2008; Dickson et al., 2010; Hall & Theriot, 2016; Holcomb-McCoy & Myers, 1999; Ivers

& Villalba, 2015; Ivers et al., 2016; Kim et al., 2003; Matthews et al., 2018; McBride & Hays, 2012; Toomey & Storlie, 2015), despite the mixed validity-related results of using self-rated measures (Constantine et al., 2002). The inconsistent factor findings may be potentially confounded by participant-related factors such as education, experience, licensure, and motivation to participate in research. The MCCTS was chosen from among various other measures for this study because it had undergone investigation with national samples of practicing mental health professionals. It was assumed that these samples would provide clinically relevant insights into the multicultural counseling competence and, ultimately, information about the ethical practices of licensed mental health professionals. However, a national sample of participants subject to differing state guidelines, may have created inconsistencies, thus, amplifying the varying factor findings across previous studies.

Second, evolving social, cultural, and political norms likely influence the views of individuals. According to Social Constructivist Theory, the theoretical framework of this study, society influences and shapes individuals (Burr, 2015). It is important to understand societal and historical factors to maintain an awareness and appreciation of the unique qualities of diverse individuals (Young & Collin, 2004). As social factors evolve, so do the views of the individuals. With this context in mind, the inconsistent factor findings of the MCCTS can be attributed to societal changes throughout the past two decades. More specifically, recent cultural movements, such as Black Lives Matter, separation of Latin American immigrant families, the insurrection at the U.S. Capitol, and the COVID-19 pandemic with its disproportionate impact on Latinx and African American communities, likely influenced the participants of this study. To this end, self-

rated measures, such as the MCCTS, are subject to inconsistent findings as time and views evolve and change.

Third, the construction of the items may contribute to the inconsistent factor loadings of the MCCTS. This was apparent by the number of items that cross loaded on more than one factor. A cross-loading item loads above .32 on at least two different factors (Costello & Osborne, 2005). For example, items 19, 24, 18, 20, 17, and 13 loaded above .40 on both the Multicultural Knowledge and Multicultural Awareness factors; however, only items 17 and 13 loaded similarly across both factors. Ultimately, the decision was made to keep these items because literature supported leaving cross-loading items intact (Guadagnoli & Velicer, 1988; Osborne & Costello, 2004). It must be noted that cross-loaded items are indicative of poorly written statements (Costello & Osborne, 2005). This can be overcome by reevaluating the wording, and perhaps, even considering the placement of the items within the measure.

Additionally, although the factors obtained are inconsistent across different studies, the Multicultural Knowledge and Multicultural Awareness factors were consistently identified. This lends support to the ability of the MCCTS to hone in on two of the three dimensions of the MCC framework. Nevertheless, because of the inconsistencies with the factor analysis results, a confirmatory factor analysis was conducted to provide a more thorough assessment of the MCCTS.

A confirmatory factor analysis was conducted to better understand the parameters of the MCCTS. It allowed for the inspection of the MCCTS factors by analyzing its constructs and for an objective comparison of the 2-, 3-, and 5-factor models. The CFA results revealed the fit of the latent constructs that are not directly measured by the

MCCTS. All factors were correlated, and all items contained an error variance. Model fit was evaluated by analyzing the loading structure of the items onto the latent constructs, or the factors obtained from the EFA. The initial results of the CFA for the 2-, 3-, and 5-factor models failed to meet the model fit requirements. However, the 5-factor model had more appropriate fit indices. Thus, the model was reanalyzed after the removal of items and covarying of error terms obtained from the SPSS Amos modification indices. Items 4, 6, and 8 were removed because they had low factor loadings on the latent constructs (Costello & Osborne, 2005; Osborne & Costello, 2004). Moreover, because the MCCTS variables shared components, the error terms were correlated. According to Landis et al. (2009), correlation of errors is appropriate when correlations among measurement errors is unavoidable. The removal of the items and the correlation of errors resulted in changes to the chi-square test statistics that led to model fit. Obtaining model fit for the 5-factor model of the MCCTS supported the MCC theoretical framework of the instrument, and ultimately, maintained that the hypothesized constructs fit the observed data on each of the variables (Hoyle, 2012).

By incorporating an EFA and CFA to the analysis, this study not only assessed the dimensionality of the items that measure underlying latent variables, but, more importantly, confirmed the interrelationships among the scale's variables (Baglin, 2014). The results ultimately provided a more thorough assessment of the structure and, specifically, the theoretical framework of the MCCTS.

Research Question Two

What are the mediating effects of multicultural exposure (coursework, continuing education, occupation-related training, bilingualism, and experience) on the multicultural counseling competencies (awareness, knowledge, and skills) of mental health professionals who work with Latin American immigrants?

Structural equation modeling (SEM) was performed to analyze the mediating effects of multicultural exposure (education completed, education preparedness, and experience) on the multicultural knowledge of mental health professionals. The discussion of the findings of the SEM analysis will address the hypotheses for the respecified model: (a) direct effects, (b) mediated effects, and (c) multi-group effects. Finally, the global SEM model will be discussed.

Findings for Direct Effects. Direct effect testing allowed for the analysis of the direct impact of mediating factors on multicultural knowledge. The results of the three direct effects hypotheses will be discussed next.

H1a. Education Completed has a positive effect on Multicultural Knowledge.

First, the hypothesized positive effect of Education Completed (e.g., multicultural courses, continuing education training, and job-related training) on Multicultural Knowledge was statistically significant. This is consistent with results by Holcomb-McCoy and Myers (1999) who reported that competence was rated higher by professional counselors who had completed multicultural counseling courses. The MCCTS was utilized to investigate the MCC of professional counselors. Similarly, Holcomb-McCoy (2005), in their MCCTS-R investigation on the multicultural competence of school counselors, reported that participants who completed multicultural courses scored higher

on the Multicultural Knowledge factor. Although research into the effects of continuing education was limited, there was one study that investigated the role of continuing education on MCC acquisition, and that study was conducted with a sample of psychologists (Richardson & Quinn, 1983). The continuing education practices of psychologists were investigated by Richardson and Quinn (1983). They reported that there was a consensus among their participants of the importance of continuing education on maintaining multicultural knowledge. Unfortunately, the direct impact of job-related training on multicultural knowledge was not analyzed. However, Barden et al. (2017) recommended professional training to promote multicultural knowledge among practicing therapists. Although this recommendation did not explicitly state job-related training, it can be assumed that professional training would include training received in professional settings, including occupation-related training. Overall, multiple investigations revealed that mental health professionals believed that multicultural coursework was instrumental in improving their multicultural knowledge, and quantitative results from these studies demonstrated higher scores on self-rated MCC measures for participants who completed multicultural courses (Barden et al., 2017; Hall & Theriot, 2016; Holcomb-McCoy & Myers, 1999; Kim et al., 2003; McBride & Hays, 2012).

H1b. Education Preparedness has a positive effect on Multicultural Knowledge

The hypothesized positive effect of Education Preparedness (e.g., perceived preparedness to work with Latin American immigrants as a result of multicultural coursework) was not statistically significant. Whereas, feeling prepared to conduct clinical work has been known to increase counselor self-efficacy (Haley et al, 2015),

Education Preparedness was not found to have a positive effect on Multicultural Knowledge. In fact, education preparedness had a negative effect on Multicultural Knowledge, albeit not a statistically significant one. Although this finding is contrary to what was hypothesized and not statistically significant, it is consistent with findings reported by Holcomb-McCoy and Myers (1999). In their investigation into the MCC of professional counselors, the authors noted that participants perceived themselves to be multiculturally competent despite rating the preparation they received from multicultural coursework as less than adequate. Thus, in the sample of professional counselors for that investigation, similar to the sample for this current study, multicultural knowledge was not influenced by perceptions of preparedness stemming from education. In fact, it is likely that multicultural knowledge is strengthened by other factors not related to multicultural coursework. Moreover, the results of this current study may have been impacted by the Education Preparedness variable being composed of one single question. This may have impacted the effect Education Preparedness had on Multicultural Knowledge.

H1c. Experience has a positive effect on Multicultural Knowledge.

The hypothesized positive effect of Experience (e.g., number of years working with Latin American immigrants) on Multicultural Knowledge was not supported. In fact, the result of the hypothesis demonstrated a statistically significant negative effect of Experience on Multicultural Knowledge. According to these findings, the more experience mental health professionals have with working with Latin American immigrants, the less competent they rate their multicultural knowledge. The finding was supported by Holcomb-McCoy (2005). This study on school counselors identified that

having more years of experience working within the school systems did not influence their multicultural knowledge (Holcomb-McCoy, 2005). However, research has demonstrated inconsistent findings related to experience.

For instance, results by Barden et al. (2017) pointed to experience gained through teaching and clinical work as a higher predictor of multicultural knowledge than education, including completion of a doctoral degree. Additionally, McBride and Hays (2012) identified that greater client contact from graduate students and master's- and doctoral-level professional counselors resulted in increased multicultural knowledge when working with geriatric populations. The participants reported minimal, if any, education completed prior to beginning to work with the population. Thus, the multicultural competencies of mental health professionals were more heavily influenced by client contact than through multicultural coursework (Barden et al., 2017; McBride & Hays, 2012).

As has been discussed, the effect of Experience on Multicultural Knowledge has garnered inconclusive results. These results are consistent with the mixed results obtained by previous findings. Therefore, the results of this current study added to the ambiguity of assessing multicultural knowledge through direct experience. Based on almost 10 years' experience counseling Latin American immigrants, I would explain these findings as follows. The inverse relationship between experience and multicultural knowledge may result because experienced mental health professionals have an awareness that working with ethnically diverse individuals requires increased multicultural knowledge and further training. In other words, the more mental health professionals interact with Latin American immigrant clients, the more they understand that Latin American

immigrants are not a monolithic group. This understanding leads to an increased awareness that additional multicultural knowledge is required to adequately meet their clients' needs. However, inexperienced mental health professionals may perceive themselves as multiculturally competent on account of their coursework and views that Latin American immigrants are a homogenous group.

Findings for Mediated Effects. Mediated effect testing allowed for the analyzing of the indirect effect of the exogenous variables on endogenous variables by means of the mediating variable (Gaskin, 2016). The findings of the four mediated effects hypotheses will be discussed next.

H2a. Education Completed mediates the relationship between Multicultural Awareness and Multicultural Knowledge.

The first hypothesis addressing the mediating effect of Education Completed between Multicultural Awareness and Multicultural Knowledge was supported. The statistically significant finding emphasized the importance of formal education and ongoing training on overall multicultural awareness and multicultural knowledge. Specifically, Education Completed assessed the total number of multicultural courses, continuing education, and occupation-related trainings completed by mental health professionals in order to work with Latin American immigrants. Thus, this variable provided important information about the fulfillment of educational requirements placed by academia, state licensure boards, and employers, as well as training sought out by mental health professionals. Analyzing education cumulatively was paramount to understanding its global impact on Multicultural Awareness and Knowledge.

Previous research investigated the direct relationship between education and perceived multicultural competence in mental health therapists; however, the mediating role of education practices between multicultural awareness and multicultural knowledge had not been previously explored. For instance, multicultural courses were instrumental in increasing the knowledge dimension of the MCC among mental health professionals (Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999), with the completion of terminal degrees leading to higher perceptions of multicultural competence in the area of knowledge (Barden et al., 2017). Moreover, Barden et al. (2017) theorized that professional training promoted multicultural knowledge. Similarly, psychologists believed that continuing education workshops were instrumental in keeping their multicultural knowledge current (Richard and Quinn, 1983). The role that occupation-related training has on multicultural knowledge has not been directly investigated, but research indirectly measuring the impact of employment training showed that it helped increase multicultural practices (Darnell & Kuperminc, 2006).

Comparatively, studies have analyzed the role of educational practices on multicultural awareness. Whereas education completed was found to have a direct relationship to multicultural knowledge, education completed did not impact multicultural awareness. For example, in a sample of school counselors, multicultural awareness was not significantly affected by multicultural coursework (Holcomb-McCoy, 2005). Ivers and Villalba (2015) had similar findings in their investigation into the factors that impact multicultural awareness. The results of the study did not support a relationship between multicultural coursework and multicultural awareness.

Therefore, the results of the mediating effect of Education Completed on the relationship between Multicultural Awareness and Multicultural Knowledge were noteworthy. The mediating effect of education completed provided the basis of the relationship between the most commonly identified multicultural competence dimensions cited within the literature: Multicultural Awareness and Multicultural Knowledge. It did so by quantifying the cumulative impact of education obtained through coursework, continuing education, and job-related training. Moreover, the findings provide support for the role that education completed has in facilitating the progression from multicultural awareness to multicultural knowledge.

H2b. Education Preparedness mediates the relationship between Self-Awareness and Multicultural Knowledge.

The hypothesis of the mediating effect of Education Preparedness (i.e., perception of the preparation to work with Latin American immigrants received specifically from multicultural courses) between Self-Awareness and Multicultural Knowledge was not supported. Therefore, Education Preparedness could not be said to mediate the relationship between Self-Awareness and Multicultural Knowledge for the sample in this study. These results were strikingly difference from those reported by Barden et al. (2017). In their investigation into the MCC from a national sample of professional counselors, the authors revealed that the preparation received from counseling programs was associated with higher levels of awareness of counselors' own worldview and increased perceptions of multicultural competence. That is, graduate preparation led to an increased in the self-awareness in mental health professionals and an increased perception of themselves as culturally competent. The investigators attributed this finding

to the counselor training programs remaining focused on increasing counselors' self-awareness.

Equally important is the role that Educational Preparedness has on the multicultural knowledge needed to work with ethnically diverse populations. It is possible that the lack of support for the mediating hypothesis is due to inadequate attention placed by graduate programs to addressing the unique needs of ethnically diverse populations. As a result, mental health professionals may gain an increased awareness of their own views, as described above, but may ultimately feel unprepared to address the needs of Latin American immigrants.

H2c. Experience mediates the relationship between Self-Awareness and Multicultural Knowledge.

The hypothesis of the mediating effect of Experience between Self-Awareness and Multicultural Knowledge was not supported. Even though this current study did not uncover a mediating effect of Experience on Self-Awareness and Multicultural Knowledge, previous studies have provided that link. For instance, results by Ivers and Villalba (2015) provided a link between experience, self-awareness, and multicultural knowledge among counselors in training. They noted that bilingual therapists had higher levels of self-awareness stemming from their experience with bridging two cultures, which enhanced their overall multicultural knowledge. Surprisingly, the results of this current study did not uncover similar findings, even though 56% of the participants reported providing bilingual or multilingual counseling services. Admittedly, Experience may play an important role in increasing Self-Awareness and Multicultural Knowledge, though not a mediating role.

No other studies were found to refute the mediating role of Experience; therefore, my study contributes to the mediating effect of Experience. In my opinion, after 15 years in the field, the clinical implication of this finding is that mental health professionals may become complacent within their practice. Reasons for this abound, but it may be that there is a hesitation to work with certain populations.

H2d. Experience mediates the relationship between Awareness of Social Injustice and Multicultural Knowledge.

The final hypothesis in this section explored the effect of Experience as a mediator between Awareness of Social Injustice and Multicultural Knowledge. The results of the study did not support the hypothesis. Previous research has uncovered a relationship between these factors. For instance, Holcomb-McCoy and Myers (1999) found that mental health professionals perceived themselves as more multicultural competent in the area of Definitions, which were labeled as Awareness of Social Injustice in the current study. The factor was labeled as Awareness of Social Injustice in this current study because the items loading onto that factor inquired into the participants' ability to define racism, prejudice, discrimination, and stereotype, which required an awareness of social injustice. Nevertheless, the Holcomb-McCoy and Myers (1999) study reported that mental health therapists in rated their competence in definitions (or Awareness of Social Injustice) as higher than their competence in multicultural knowledge. The higher competence level in the Definitions factor was attributed to their real-world experience. Although the study did not prove an interaction between Experience, Awareness of Social Injustice, and Multicultural Knowledge, it demonstrated

a connection between Experience and Awareness of Social Injustice. However, the study did not investigate a possible underlying relationship between the two factors.

On the other hand, Hannigan (2016) explored which factors to consider when working with Latin American immigrants. The author recommended that therapists have an awareness of the cultural differences between themselves and the client, including a multicultural awareness and an awareness of social factors. For instance, Hannigan placed importance on acknowledging collectivistic cultural beliefs and considering the client's immigration status. The author also emphasized the importance of considering the cultural differences between the United States and the birth country of Latin American immigrants. Although the article did not investigate the relationships between Experience, Awareness of Social Injustice, and Multicultural Knowledge, it provided insight into the factors that can delve into the Experience construct.

Whereas the results for this study did not support the mediating effect of Experience between the Awareness of Social Injustice and Multicultural Knowledge, one possible explanation for this finding is that the Experience variable did not capture an accurate representation of that construct. The Experience variable focused on the total number of years working with Latin American immigrants originating from Mexico, Honduras, Guatemala, or El Salvador. The variable was composed of only one question, and this may have impacted the analysis of that variable. Additional quantitative and qualitative inquiry into the construct of Experience is needed. Consideration of the information provided by Hannigan (2016) to address experience would be beneficial.

Findings of Multigroup Effects. Multi-group moderation analysis allowed for the comparison of two groups (Gaskin, 2016). For this current study, multigroup effects

allowed for the comparison of mental health therapists who provide counseling solely in English (monolingual) and therapists who provide counseling in more than one language (bilingual). Specifically, multigroup effects focused on the relationship between select exogenous variables and the mediating, endogenous variables.

H3a. The positive relationship between Multicultural Awareness and Education Completed will be stronger for monolingual mental health professionals.

The hypothesized stronger positive relationship between Multicultural Awareness and Education Completed for monolingual mental health professionals was examined. The findings were not statistically significant, yet a stronger positive relationship between Multicultural Awareness and Education Completed was shown for monolingual mental health professionals. Despite the lack of statistical support, the rationale for the differences between monolingual (ß = .93) and bilingual (ß = .89) therapists will be explored. It was initially hypothesized that monolingual mental health professionals would have an advantage because coursework and trainings are conducted in English in the United States. Yet, a previous investigation reported higher levels of MCC among bilingual mental health professionals (Ivers & Villalba, 2015). In fact, bilingualism was found to influence cultural competencies more so than multicultural education. This finding was contrary to the SEM findings of this study. The current findings demonstrated that MCC and Education Completed were somewhat impacted by language. Further, as demonstrated by the demographic description of the sample of this study, there was a variety of language fluency among the bilingual participants. The fact that bilingualism among the participants was not specific to Spanish may have impacted the findings.

H3b. The positive relationship between Multicultural Awareness and Education Preparedness will be stronger for bilingual mental health professionals.

The hypothesized multigroup comparison between monolingual and bilingual mental health therapists was analyzed. Specifically, the relationship between Multicultural Awareness and Education Preparedness was compared between both groups. The results indicated that monolingual mental health professionals had a stronger positive relationship between the factors of interest. The finding was contrary to the hypothesis and no significant difference was identified between both groups. Although there was no significant difference between both groups, the relationship was stronger for monolingual (ß = .13) than bilingual (ß = .06) mental health professionals. This finding suggests that monolingual therapists had a stronger relationship between multicultural awareness and education preparedness. However, the literature has reported that bilingual mental health professionals have an advantage because of their bicultural and bilingual status (Delgado-Romero et al., 2018; Ivers & Villalba, 2015; Suet et al., 1982). That is, bilingual individuals are thought to innately have cultural competence because they are bicultural and bilingual (Sue et al., 1982). However, U.S. society has rewarded monolingual and monocultural perspectives, and this may be a limiting factor for multi- and cross-cultural interactions (Sue et al., 1982). The rewarding of monolingual and monocultural perspectives may help explain the stronger positive relationship between multicultural awareness and education preparedness in monolingual participants.

The role of language may also help account for the discrepancy between the hypothesis and the findings. Language anxiety, or experiencing feelings of self-consciousness, results when individuals have a decreased confidence in their ability to

communicate in another language (Ulupinar, 2018). This phenomenon was captured in a study of counselors-in-training by Haley et al. (2015). The results of the investigation demonstrated a significant relationship between language anxiety and counselor self-efficacy. Specifically, it was noted that the cultural competence of the mental health professionals decreased as language anxiety increased. Because most bilingual therapists are providing services in more than one language with only academic training in English (Delgado-Romero, 2018), it is likely that they would rate the level of education preparation needed to work with Latin American immigrants as low. Thus, the lack of education preparedness may add to the language anxiety they may experience, and the experience of language anxiety may be impacting their overall cultural competence.

H3c. The positive relationship between Self-Awareness and Experience will be stronger for bilingual mental health professionals.

The relationship between Self-Awareness and Experience underwent a multigroup analysis comparing monolingual and bilingual mental health therapists. It was hypothesized that bilingual participants would have a stronger positive relationship with both factors. Although the findings were not statistically significant, they were congruent with the hypothesis and identified a positive relationship among bilingual participants (ß = .10) and an inverse relationship among monolingual participants (ß = -.07). It is possible that bilingual individuals have an increased self-awareness due to their ability to bridge and be within two cultures (Delgado-Romero et al., 2018; Ivers & Villalba, 2015; Suet et al., 1982). This bicultural status is facilitated by their bilingual abilities (Sue et al., 1982). For example, Aga Mohd Jaladin (2017), in their inquiry into the origins of multicultural counseling, ascertained that socialization during the racial and ethnic

identity development of Malaysian professional counselors resulted in increased MCC, with bilingual counselors having higher MCC. Hence, minority bilingual counselors rated MCC higher than their counterparts and it was found that self-awareness stemming from their own racial and ethnic development also played a role in their MCC.

Furthermore, the inverse relationship between Self-Awareness and Experience among monolingual mental health professionals can be explained by Ivers and Villalba (2015). They reported that bilingual therapists had higher levels of self-awareness than monolingual therapists because their bilingual language abilities allowed them to bridge two cultures. Therefore, it was possible that an opposite effect existed among monolingual therapists who work with Latin American immigrants. Their inability to integrate more deeply into another culture or bridge two cultures via language may have negatively impacted the relationship between self-awareness and experience for monolingual participants. Although the differences between monolingual and bilingual mental health therapists was not statistically significant, the findings of this current study add to the existing literature supporting a link between awareness and experience among bilingual mental health therapists.

H3d. The positive relationship between Awareness of Social Injustice and Experience will be stronger for bilingual mental health therapists.

The hypothesis that bilingual mental health professionals would have a stronger positive relationship between Awareness of Social Injustice and Experience was not supported. However, the relationship between Awareness of Social Injustice and Experience was positive among bilingual (ß = .08) but inversely related among monolingual (ß = -.23) mental health professionals.

As has been mentioned, bilingual mental health professionals have the ability to bridge and exist in two cultural worlds (Delgado-Romero et al., 2018; Ivers & Villalba, 2015; Suet et al., 1982). This ability helps them expand the awareness of their world as well as that of their clients. Through direct experience working with ethnically diverse populations, such as Latin American immigrants, mental health professionals obtain insight into the unique needs of the population. For example, Hannigan (2016) discussed the importance of addressing immigration status when working with Latin American immigrants. The authors recommended that mental health professionals become cognizant of the regional language and cultural differences that exist across different countries. Among mental health therapists, the ability to communicate in multiple languages led to an increased awareness of self and others, and, more importantly, an increased sensitivity to the worldview of others (Ivers & Villalba, 2015). By having the ability to bridge two cultures through a shared language connection, bilingual mental health professionals gained a deeper understanding of their clients. This language connection can result in an increased awareness of the client and the social injustices they face. In fact, bilingual therapists were found to experience less burnout and more personal satisfaction as a result of the cultural connection that they experienced with their clients (Delgado-Romero et al., 2018). The findings of this current study add to prior research that found bilingual therapists to have a greater ability to understand the worldview of their clients, and, therefore, be more aware of social injustices faced by ethnically diverse clients, such as Latin American immigrants.

Additional Findings. In addition to analyzing direct, mediating, and multi-group effects for the model, the final analysis compared the entire model by participant's

language. Results of the overall global model indicated no significant difference between monolingual and bilingual mental health professionals ($\chi^2(9, N = 104) = 13.77, p = .13$). These results were different than those of other investigations that reported a significant difference for bilingual therapists in MCC (Haley et al., 2015; Ivers & Villalba, 2015). Although the results seem contradictory to previous studies, it is important to consider that the analysis included a comparison of the entire model, including all variable interactions. Because all participants had experience working with ethnically diverse individuals (Latin American immigrants), one explanation of the results is that there exists global multiculturalism for monolingual and bilingual therapists. That is, the multicultural awareness and multicultural knowledge is similarly garnered by both monolingual and bilingual mental health professionals similar through experience working with ethnically diverse populations.

In this case, through their work with Latin American immigrants, therapists gain the awareness and knowledge necessary to address the needs of that population regardless of the language utilized.

In summary, this section discussed the mediating effect of multicultural exposure on multicultural awareness and multicultural knowledge. Moreover, the relationships specified by the SEM model were analyzed using direct, mediating, and multi-group effect comparisons. Education Completed, as a mediating variable, was statistically significant in bridging Multicultural Awareness and Multicultural Knowledge. Therefore, this study's findings highlighted the importance that multicultural courses, continuing education, and occupation-related training have on transitioning from the awareness dimension to the knowledge dimension of the MCC framework. Other important findings

were discussed in this section. Overall, the results provided an important and thorough conceptualization of multicultural counseling competence by incorporating clinically relevant factors such as didactic education, perceived effectiveness of education, years of experience, and language. Next, the limitations of the study will be discussed.

Limitations of the Study

There are many limitations to this study. The first limitation involves the sample. Participants were recruited via email listservs of national, state, and regional organizations, as well as via private and public social media groups. The goal was to make recruitment information widely accessible; however, only those individuals who had direct access to the recruitment information had the opportunity to take part in the study. It is possible that an entire segment of mental health professionals was not provided equitable access to the study. The recruitment methods inadvertently excluded mental health professionals who were not active in social media or who did not participate in professional organizations.

Another limitation related to the sample is missing or incomplete data. There was a sizeable percentage (27%) of participants who did not qualify or did not complete the entire Qualtrics questionnaire. Four of the participants did not progress past the informed consent. Thus, they had access to the recruitment information and opened the online questionnaire, but decided not to go through with their participation. Seventeen other participants did not progress past the demographic data. This suggests that individuals who did take part in the study may not be representative of the population of mental health professionals. Additionally, 10 individuals did not meet the criteria to take part in the study. This represents another limitation of the study, the inclusion criteria.

The inclusion criteria for the study—being a licensed mental health professional and having experience working with Latin American immigrants—impacted the total number of participants. The focus of the study was to investigate multicultural exposure and multicultural counseling competence of mental health professionals who work with a very specific client population (i.e., Latin American immigrants). Therefore, the pool of possible participants was greatly reduced. This brings forth another limitation of the study: generalizability.

As was discussed, experience working with Latin American immigrants was one of the two inclusion criteria for this study. As such, the findings are not generalizable to the entire mental health profession or the entire population of licensed mental health providers. Rather, the findings are applicable to professionals who work with Latin American immigrants or other closely related populations (e.g., refugee, asylum seekers, or immigrant individuals not originating from Latin America). However, it is possible that the results identified within this study can serve as a foundation from which to analyze multicultural counseling competence and consider the factors that impact the acquisition of culturally responsive practices among mental health professionals.

Other sample-related limitations include licensure, education, and occupation requirements. Because participants responded from across the United States, the licensure and educational requirements differed greatly. Therefore, the questionnaire items may not have fully captured pertinent information based on state requirements. For example, the required total number of multicultural courses likely varied by school and by state. Not only are requirements for continuing education are not only guided by each state, but also these requirements differ by mental health profession (i.e., professional counselors,

marriage and family therapists, social works, school counselors, and psychologists). Thus, even within the same state, the requirements may be different based on type of license and the school attended. Finally, mental health professionals work in a variety of settings. The data collected did not reflect the settings in which the mental health professionals practiced. The varied settings may have had an impact on the access to and requirement for occupation-related training.

Another limitation is the instrumentation used in this study was another limitation. The MCCTS is one of several questionnaires that exist for measuring the multicultural counseling competence of mental health professionals. So, the MCC findings of this study are limited to that questionnaire. Additionally, the factor analyses of the MCCTS have produced inconsistent findings across different studies (Barden et la., 2017; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999), including this current study. This suggests that the factor findings are strongly influenced by participants, and possibly, the social factors in which those individuals live.

An additional limitation for this study stems from the mediating variables utilized during the structural equation modeling. Education preparedness (participant belief that coursework prepared them to work with Latin American immigrants) and experience (number of years working with Latin American immigrants) were composed of one questionnaire item. Therefore, those one-item mediating variables may have impacted the findings of the relationships for the specified and respecified SEM models. Moreover, the array of languages spoken by bilingual and multilingual mental health professionals may have also impacted the multigroup comparisons between monolingual and bilingual participants.

Another limitation for the study is related to the data. The data was imputed using SPSS Amos as the analysis transitioned from the CFA to the SEM. Imputation of the data allowed for the consolidation of the factor items into one observed variable. This permitted the analysis of the SEM model. However, transforming latent variables into observed variables may have impacted the analysis of the data (Gaskin, 2016; Kline, 2016).

One final limitation is not part of the study, yet is very pertinent. This study was conducted during a global pandemic the likes of which had not been seen in over 100 years. Economic disparities disproportionately impacted people of color who faced greater challenges accessing medical treatment and counseling. The social isolation that resulted from the COVID-19 pandemic led to telemental health practices that may have impacted the perceived multicultural competencies of mental health professionals. Moreover, telemental health services may have further impacted the help-seeking behavior of disenfranchised and minority populations, such as Latin American immigrants, who may not have had access to reliable internet and technology. Additionally, and if the pandemic did not have enough of an impact, social unrest this past year was front and center, and resembled the civil rights movement of the 1960s. Through the lens of Social Constructivist Theory, these global events impacted societal views, and ultimately the individuals who lived them (Burr, 2015). Finally, another event, witnessed by the nation on January 6, 2021, further shook the very foundation of our democracy, creating fractures among us. The attack on the U.S. Capitol divided many down party lines and shifted our views of ourselves and each other. Individually, each one of these events would have confounded any study. Collectively, these events likely

had a direct impact on the participants, the data collection process, and the analysis of the data.

Implications

One important implication of this study is the insight obtained into the influence of multicultural exposure on the multicultural counseling competence of mental health providers. As was mentioned, multicultural exposure included multicultural courses, continuing education training, occupation-related training, experience working with ethnically diverse population, and bilingualism. Although these are not all of the factors that may impact multicultural counseling competence, the findings of this study highlight the importance of identifying salient areas that promote cultural competencies.

An additional implication of this study is the analysis of the relationships of the factors measured by the MCCTS. Analysis of the items and factors provided confirmatory information about the inconsistency of the measure. For example, findings by Holcomb-McCoy and Myers (1999), Holcomb-McCoy (2005), and Barden et al. (2017) identified 5, 3, and 2 factors, respectively. The analysis of this study provided support for a 5-factor model over the 2- and 3-factor models; however, the findings are specific to the participants who fit the inclusion criteria. Furthermore, the inconsistent results of the factor analysis among all four studies demonstrated the challenge of measuring multicultural counseling competencies.

Moreover, the exclusion of the Cultural Responsiveness factor, which was closely related to the measurement of the skills dimension of the MCC, is of importance. It points to another challenge faced by instruments that attempt to capture multiculturalism as a competency. Research has shown that these instruments do not adequately measure

multicultural skills in mental health professionals. As Dr. Patricia Arredondo stated, "[MCC measures] typically [yield] findings about counselor awareness and maybe some findings about counselor knowledge, but rarely anything about skills" (personal communications, May 27, 2020). Therefore, the ideal of multicultural counseling competence is difficult to achieve without moving from awareness to knowledge, and ultimately, to culturally sensitive skills.

Another implication for this study is the role of language within the field of mental health. Graduate programs do not emphasize the training of bilingual and multilingual mental health professionals (Delgado-Romero et al., 2018). Without the appropriate training and supervision, bilingual mental health professionals' self-efficacy is at risk. That is, because of an absence of training, they may lack belief in their ability to adequately communicate in more than one language, which may result in language anxiety (Ulupinar, 2018). Hayley et al. (2015) proposed a significant relationship between language anxiety and counselor self-efficacy. They pointed to a connection between language anxiety and a decreased ability of therapists to attend to the counseling process, sustain awareness of values, and uphold cultural competence.

One final implication of this study relates to the educational requirements for mental health professionals. There are multicultural course requirements that vary by school, continuing education guidelines that vary by profession and by state, and occupation-related trainings that may be mandated depending on the setting. Thus, accounting for the educational requirements and the benefits of trainings was a goal for this study. Although education completed was found to be a strong mediator between multicultural awareness and multicultural knowledge, further research is needed is to

investigate the benefits and impact that each type of training has on the three dimensions of MCC (i.e., awareness, knowledge, and skills).

Recommendations

Although studies have analyzed multicultural counseling competence, there is limited, if any, research on the relationship between multicultural exposure and MCC. The present study took a first step in analyzing that relationship, but replication of this study could further validate findings. Furthermore, incorporating additional multicultural exposure factors could provide further insight into other factors that impact multiculturalism. For instance, future studies could investigate nativity, occupation setting, and fluency as multicultural exposure factors.

In fact, the role of language within the counseling relationship and its impact on MCC could be a sole focus of future studies. Previous studies have investigated language anxiety (Ulupinar, 2018), language matching, and language switching (Delgado-Romero, 2018); however, these concepts have not been investigated together. Thus, an investigation into the role of language within the counseling relationship would not only provide culturally relevant information but may also lead to culturally responsive interventions.

Another area in need of focus is the instrumentation utilized to measure MCC. The items of these instruments could be analyzed to ensure that they are adequately capturing and measuring the intended concepts. Specifically, the construction and validation of these instruments should be investigated to ensure that the MCC dimensions of awareness, knowledge, and skills are all being measured.

Although the construction and readaptation of MCC instruments would be helpful, it would also be extremely beneficial to obtain an objective measure of cultural competence and move away from only including self-rated instruments in studies may be needed. For example, future studies could employ feedback from clinical supervisors and professors which could be used to triangulate information from self-rated measures of mental health professionals.

Furthermore, investigating the protective factors of bilingual counselors identified by Delgado-Romero et al. (2018) can provide insight into the benefits of bridging cultures through language. There is a need to identify ways by which to decrease burnout and therapist impairment. Therefore, identifying potential protective factors would be beneficial. Additionally, investigating the role that connectedness and empathy play in the personal satisfaction of bilingual therapists is important.

Conclusion

The multicultural counseling competence framework introduced by Sue et al. (1982) has provided the foundation for multiculturalism for the past 40 years. Since the publication of that seminal article, cultural competencies have been integrated into graduate programs, ethical mandates, and daily interpersonal interactions. The current study addressed multicultural counseling competencies by integrating multicultural exposure factors into the analysis. Specifically, this study provided insight into the direct, mediating, and multigroup effects on the dimensions of awareness and knowledge.

The results of this study demonstrated the importance of coursework, continuing education, and occupation-related training. Additionally, a different understanding of experience was uncovered. Experience working with ethnically diverse population had a

negative effect on Multicultural Knowledge. Furthermore, Education Completed was found to have a mediating effect between Multicultural Awareness and Multicultural Knowledge. Finally, the relationships investigated among all variables provided helpful information that supported and contributed to the existing literature.

Most importantly, this study provided insight into mental health therapists who work with ethnically diverse populations. Incorporating Social Constructivist Theory into the investigation of multicultural counseling competence highlighted the influence of society on culture. This is crucial because no one is culturally deprived; we all inherit culture (Sue et al., 1982).

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APPENDIX A

Letter of Permission to use the MCCTS

Cheryl Holcomb-McCoy <cholcomb@american.edu>
Thu 8/27/2020 8:21 PM
2 attachments

Hi Adrian,

Thanks for your interest in the MCCTS. Attached is the school counseling version, MCCTS-R. You can adapt the language to counselors in general. You have my permission to use it and modify it. The initial MCCTS is no longer utilized.

CHM

Cheryl Holcomb-McCoy, PhD
Dean and Professor
School of Education
American University
4801 Massachusetts Avenue, NW
Washington, DC 20016
202-885-3720
https://www.american.edu/soe/
https://www.facebook.com/AUSchoolofEducation/
https://twitter.com/au_schoolofed?lang=en
Twitter: @chm91364

From: "Lira, Adrian" <axl089@SHSU.EDU>
Date: Thursday, August 27, 2020 at 7:58 PM
To: Cheryl Holcomb-McCoy <cholcomb@american.edu>
Subject: Permission to use the MCCTS

Lira, Adrian
Thu 8/27/2020 6:58 PM
Sent Items
To:
cholcomb@american.edu;

Dear Dr. Holcomb-McCoy,

I hope this email finds you well. My name is Adrian Lira and I am a current doctoral student in counselor education at Sam Houston State University. For my dissertation, I plan to study the relationship between multicultural coursework, continuing education, occupation-related training, bilingualism, and experience working with ethnically diverse populations on the multicultural counselor competence of mental health professionals practicing within the U.S. After reviewing several multicultural competency assessments, I really liked the MCCTS and was hoping to use it within my dissertation. I would like to ask for your permission to use the MCCTS. If so, would you please provide me a copy of the instrument and the scoring instructions.

Thank you so much for your time and consideration.

Sincerely,

Adrian Lira

Adrian Lira, MA, LPC, NCC | Doctoral Candidate
Department of Counselor Education
Sam Houston State University | Huntsville, TX 77341
Email: axl089@shsu.edu | Phone: [redacted]

APPENDIX B

Multicultural Counseling Competence and Training Survey (MCCTS)

Please rate your level of competence for each of the following statements:
1 = not competent, 2 = somewhat competent, 3 = competent, 4 = extremely competent

1	I can discuss my own ethnic/cultural heritage.
2	I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.
3	I am able to discuss how my culture has influenced the way I think.
4	I can recognize when my attitudes, beliefs, and values are interfering with providing the best services of my clients.
5	I verbally communicate my acceptance of culturally different clients.
6	I nonverbally communicate my acceptance of culturally different clients.
7	I can discuss my family's perspective regarding acceptable and unacceptable codes of conduct.
8	I can discuss models of White identity development.
9	I can define racism.
10	I can define prejudice.
11	I can define discrimination.
12	I can define stereotype.
13	I can identify the cultural bases of my communication style.
14	I can identify my negative and positive emotional reactions toward persons of other racial and ethnic groups.
15	I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.
16	I can give examples of how stereotypical beliefs about culturally different persons impact the counseling relationship.
17	I can articulate the possible differences between the nonverbal behavior of the five major ethnic groups (i.e., African/Black, Hispanic/Latino, Asian, Native American, European/White).
18	I can articulate the possible differences between the verbal behavior of the five major ethnic groups (i.e., African/ Black, European/White, Hispanic, Asian, Native American).
19	I can discuss the counseling implications for at least two models of "Minority Identity Development."
20	I can discuss within-group differences among ethnic groups (e.g., low socioeconomic status [SES] Puerto Rican client vs. high SES Puerto Rican client).
21	I can discuss how culture affects a client's vocational choices.
22	I can discuss how culture affects the help seeking behaviors of clients.

23	I can discuss how culture affects the manifestation of psychological disorders.
24	I can describe the degree to which a counseling approach is appropriate for a specific group of people.
25	I can explain how factors such as poverty, and powerlessness have influenced the current conditions of at least two ethnic groups.
26	I can discuss research regarding mental health issues and culturally different populations.
27	I can discuss how the counseling process may conflict with the cultural values of at least two ethnic groups.
28	I can list at least three barriers that prevent ethnic minorities from using mental health services.
29	I can discuss the potential bias of two assessment instruments frequently used in the counseling process.
30	I can discuss family therapy from a cultural/ethnic perspective.
31	I can anticipate when my helping style is inappropriate for a culturally different client.
32	I can help clients determine whether a problem stems from racism or biases in others.

APPENDIX C

Sam Houston STATE UNIVERSITY
A Member of The Texas State University System

Date: Oct 22, 2020 2:31 PM CDT

TO: Adrian Lira Rebecca Robles-Pina
FROM: SHSU IRB
PROJECT TITLE: The Impact of Multicultural Exposure on the Multicultural Counseling Competence of Mental Health Professionals who work with Latin American Immigrants
PROTOCOL #: IRB-2020-231
SUBMISSION TYPE: Initial
ACTION: Exempt
DECISION DATE: 2020-10-22
EXEMPT REVIEW CATEGORY: Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

REVISED SPECIAL UPDATE RE: COVID-19 CRISIS: The IRB has released specific guidelines for easing or transitioning existing IRB-approved studies or any new study subject to IRB oversight to in-person data collection. Please be advised, before ANY in-person data collection can begin, you must have IRB approval specifically for the conduct of this type of research. Please see the IRB response page for COVID-19 here.

REVISED: ATTENTION RESEARCHERS! Effective Monday, July 27, 2020, the IRB has revised its online office hours to 12-2 on Zoom Monday through Thursday. These will be permanent office hours. To access Zoom during the IRB's office hours, click here. Just in case, here is the meeting ID: 712-632-8951. **SEE YOU ON ZOOM FROM 12-2 MONDAY-THURSDAY!**

Greetings,

Thank you for your submission of Initial Review materials for this project. The Sam Houston State University (SHSU) IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

Since Cayuse IRB does not currently possess the ability to provide a "stamp of approval" on any recruitment or consent documentation, it is the strong recommendation of this office to please include the following approval language in the footer of those recruitment and consent documents: IRB-2020-231/2020-10-22.

We will retain a copy of this correspondence within our records.

*** What should investigators do when considering changes to an exempt study that could make it nonexempt?**

It is the PI's responsibility to consult with the IRB whenever questions arise about whether planned changes to an

exempt study might make that study nonexempt human subjects research.

In this case, please make available sufficient information to the IRB so it can make a correct determination.

If you have any questions, please contact the IRB Office at 936-294-4875 or irb@shsu.edu. Please include your project title and protocol number in all correspondence with this committee.

Sincerely,

Chase Young, Ph.D.
Chair, IRB
Hannah R. Gerber, Ph.D.
Co-Chair, IRB

VITA

Adrian Lira, LPC, NCC

EDUCATION

Ph.D.	**Sam Houston State University** Program: Counselor Education (CACREP Accredited) Expected: 2021
M.A.	**University of Houston Clear Lake** Program: Clinical Psychology (CAMPP) December 2014
B.S.	**University of Texas El Paso** Major: Psychology December 2005

LICENSURE

Licensed Professional Counselor, Texas (LPC)
National Certified Counselor (NCC)

CLINICAL EXPERIENCE

Clinical Director 2017-Current	**Family Houston** Provide administrative and clinical supervision to 22 mental health therapists Supervise Manager of Administration and Billing and appointment services department Site supervisor for practicum and internship students
Senior Clinician 2016	**Family Houston** Individual, group, family, and couples' counseling to children, adolescents and adults
Item Reviewer 2019-Current	**National Board of Certified Counselors (NBCC)** Write and review test items for the National Counselor Examination (NCE)
Psychotherapist 2015-2016	**Shiloh Treatment Center** Individual, group, and family counseling to unaccompanied children and parents Consultation to Office of Refugee Resettlement officials

Clinician 2012-2015	**Southwest Key Programs** Individual, group, and family counseling to unaccompanied adolescents and parents Consultation to Office of Refugee Resettlement officials
Internship 2014-2014	**Chevron Corporation** Provided individual counseling to employees through Employee Assistance Program Supervisor: Jereline Kendrick, Ph.D.
Practicum 2013-2014	**University of Houston-Clear Lake Psychological Clinic** Provided individual and family therapy to adolescents and adults Provided psychological testing for adolescents and adults Supervisor: Mary B. Short, Ph.D.
EI Specialist 2010-2012	**Easter Seals of Greater Houston** Assessed and provided early intervention services to children ages 0-3 diagnosed with disabilities and developmental delays
Rehab Clinician 2008-2010	**MHMRA of Harris County** Provided medication education and skills training to adult consumers
CPS Investigator 2007-2008	**Texas Department of Family and Protective Services** Investigated reports of child abuse and neglect
Caseworker II 2006-2007	**El Paso MHMR** Provided initial intake assessment and crisis assessment to adult consumers

HONORS

2018 NBCC Doctoral Minority Fellowship

PROFESSIONAL PRESENTATIONS

Jain, K., & **Lira, A**. (2020). *Immigrants are here to Stay!: Strategies for Serving Immigrant, Refugee, and Undocumented Families in our Current Sociopolitical Climate*. Workshop presented at the National Board of Certified Counselors—Bridging the Gap Symposium, National Virtual Conference.

Lira, A. (2020). *The ethics of cultural awareness.* Workshop presented at the Network of Behavioral Health Programs community series. Houston, TX.

Lira, A. (2019). *The ethics of cultural competence: Increasing counselors' awareness of own cultural assumptions, values, and biases.* Workshop presented at Family Houston, Houston, TX.

Jain, K., & **Lira, A**. (2019). *Examining intersectionality, privilege & oppression: Strategies for working with minority and marginalized folx*. Workshop presented at the Association for Counselor Education and Supervision Conference, Seattle, WA.

Lira, A. (2019). *Helping Unaccompanied Minors and their Families*. Workshop presented at the National Board of Certified Counselors—Bridging the Gap Symposium, Atlanta, GA.

Lira, A. (2018). *The Ethics of Treating Minors.* Workshop presented at Family Houston, Houston, TX.

Lira, A. (2018). *Helping Immigrants and Refugees*. Invited keynote at the TexAMCD, Texas Counseling Association Conference, Dallas, TX.

Lira, A. (2018). *Human Trafficking: Identification and the provision of culturally competent care.* Workshop presented at Family Houston, Houston, TX.

Johnson, M., **Lira, A**., & Simonds, R.M. (2018). *Stress and self-care following natural disasters.* Featured panelist on United Way THRIVE collaborative, Houston, TX.

Lira, A. (2015). *Developmental stages: Infancy through adolescence.* Workshop presented at Southwest Key Programs, Houston, TX.

Lira, A. (2015). *Healthy personal boundaries and professional relationships.* Workshop presented at Southwest Key Programs, Houston, TX.

Lira, A. (2015). *Helping children cope with loss and family separation.* Workshop presented at Southwest Key Programs, Houston, TX.

Lira, A. (2015). *Identification of victims of human trafficking.* Workshop presented at Southwest Key Programs, Houston, TX.

Lira, A. (2015). *The integrative treatment of complex trauma.* Workshop presented at Southwest Key Programs, Houston, TX.

Bogdanos, T., Kendrick, J., & **Lira, A**. (2014). *Resilience and Stress Management.* Workshop provided at Chevron Corporation, Houston, TX.

LANGUAGE SKILLS

Spanish (ILR Level 5 Native or bilingual proficiency in speech, writing, and reading)