Journal of Counseling Psychology
2016, Vol. 63, No. 1, 57–66

0022-0167/16/$12.00 http://dx.doi.org/10.1037/cou0000118

A Dyadic Study of Multicultural Counseling Competence

Frank R. Dillon
University at Albany, State University of New York

Lilian Odera and Alia Fons-Scheyd
Florida International University

Hung-Bin Sheu and Ryan C. Ebersole
University at Albany, State University of New York

Lisa B. Spanierman
Arizona State University

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

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

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

Multicultural counseling competence (MCC) has been characterized as possessing the general ability to work effectively with clients from diverse cultural groups (Sue, Arredondo, & McDavis, 1992; Sue, Zane, Nagayama Hall, & Berger, 2009). Professional and ethical mandates have attempted to address counselors' multicultural counseling competence to reduce mental health disparities (American Psychological Association [APA], 2003; Arredondo et al., 1996; Mintz et al., 2009; Sue et al., 1992; Sue et al., 1982). In the early 1990s, for instance, the American Counseling Association (ACA) operationalized and published its multicultural

This article was published Online First October 5, 2015.

Frank R. Dillon, Department of Educational and Counseling Psychology, University at Albany, State University of New York; Lilian Odera and Alia Fons-Scheyd, Counseling and Psychological Services, Florida International University; Hung-Bin Sheu and Ryan C. Ebersole, Department of Educational and Counseling Psychology, University at Albany, State University of New York; Lisa B. Spanierman, Counseling and Counseling Psychology, Arizona State University.

Preliminary findings involving data from Year 1 of this 2-year study were presented as a poster at the 120th Annual Convention of the American Psychological Association in Orlando, FL, in August, 2012. We are grateful to Arnaldo Gonzalez for his editorial assistance in preparing this article, and to Hilary Ghansah for her assistance in data collection and management.

Correspondence concerning this article should be addressed to Frank R. Dillon, Department of Educational and Counseling Psychology, University at Albany, State University of New York, 1400 Washington Avenue, ED 220, Albany, NY 12222. E-mail: fdillon@albany.edu

counseling competencies to improve counselors' awareness of the influence of (a) their own cultural values and biases, (b) clients' worldviews, and (c) culturally appropriate intervention strategies (see Arredondo et al., 1996; Sue et al., 1992). Similarly, in 2003, the APA released the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*. These guidelines, in part, encouraged psychologists to be aware of their cultural biases, to work to improve the well-being of culturally diverse clients, and to better represent diversity in research (APA, 2003).

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

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

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

Perceiver, Partner, and Relationship Effects in MCC Research

Marcus and colleagues (2009, 2011) applied a dyadic methodological approach to examine the working alliance in counseling. The dyadic approach generally posits that interpersonal perceptions in the counseling process vary as a function of three main components: the perceiver, the partner, and the relationship. One type of dyadic design, termed the reciprocal *one-with-many* (OWM) design, matches the typical individual counseling research design, in which each counselor has multiple clients and provides ratings for each client, and each client rates the therapist. Marcus, Kashy, and Baldwin (2009, 2011) demonstrated that it is possible to estimate the variance associated with the perceiver, the partner, and the relationship in a single study using OWM.

To illustrate the utility of applying the OWM design, we adapt the Marcus et al. (2009) example of a client named Rosa. If Rosa, who is in counseling with Dr. A, rates Dr. A as high in MCC, this rating may be due to: (a) Rosa as the *perceiver* (i.e., Rosa would likely rate any counselor as high in MCC); (b) Dr. A as the *partner* (i.e., Dr. A's clients typically report high MCC ratings); or (c) Rosa's unique *relationship* with Dr. A (Rosa rates Dr. A higher in MCC than she would have with most other counselors, and this rating is stronger than the ratings provided by most of Dr. A's clients). In the same way, Dr. A's rating of her own MCC when working with Rosa is composed of (a) Dr. A's *perceiver* effect (Dr. A provides high MCC ratings with all clients); (b) Rosa's *partner* effect (most counselors would rate their MCC as high if they were counseling Rosa); and (c) Dr. A's relationship effect with Rosa (Dr. A rates her own MCC with Rosa as higher than for her typical clients, and this rating is higher than the ratings most other counselors would have given had they been counseling Rosa). The OWM design allows us to assess the extent to which each of these effects contributes to perceptions of MCC. The OWM design also allows us to examine whether each component of perception of MCC predicts change in psychological well-being over the course of counseling.

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

The present study involves three steps to address our research hypotheses. In Step 1, we calculated how much variance in counselor-rated *and* client-rated assessments of MCC is accounted for by each reporter of MCC. This step also involved estimating the variance contributed by the dyadic relationship over and above counselor and client-ratings (i.e., error variance and undifferentiated variance). Despite studies suggesting little variability in counselors' MCC across client reports (e.g., Owen, Leach, Wampold, & Rodolfa, 2011), we expected that the counselor would account for a significant amount of the variance in the client-rated MCC assessment because of (a) the uniqueness of the present study (large sample of clients of color, use of dyadic design); and (b) both of the originally posited hypotheses of Owen, Leach et al. (2011): (H_1) either multiculturally competent counselors consistently and broadly apply their abilities with *all* clients, *or* (H_2) specific client factors elicit culturally sensitive responses from counselors differentially from client to client. In other words, from the perspective of the clients, we expected some counselors to be rated as more multiculturally competent than others depending on counselors' level of MCC (H1) or a combination of counselors' MCC and client factors, such as culturally relevant presenting concern (H_2). We also hypothesized that the counselor will account for a significant amount of the variance in the counselor-rated MCC assessment. That is, across clients seen by each counselor, some counselors will consistently report higher levels of multicultural competence than other counselors. This hypothesis is based on literature suggesting that counselor self-assessment of MCC lacks evidence of validity due to social desirability, confounding constructs, and other factors that may introduce error variance to any variance in true MCC (Hoyt et al., 2006; Owen, Imel et al., 2011; Worthington & Dillon, 2011; Tao et al., 2015). Thus, as part of Step 1, we expected counselor self-reports to indicate a significant level of variance based on the combination of error and true variance of MCC across counselor reports. In step two, we assessed generalized reciprocity as part of the OWM analyses. That is, we estimated whether client-rated assessments of MCC were associated with counselor-rated assessments of MCC. Given the literature suggesting a lack of relationship between the two reporters (e.g., Fuertes et al., 2006; Hoyt, Warbasse, & Chu, 2006; Owen, Imel et al., 2011), we hypothesized no association between reporters. Finally, in Step 3, we investigated whether client reported well-being at the fourth session relates to MCC based on counselor and client reports. We hypothesized that a moderate association would be found between client-reports of MCC and psychological well-being (Tao et al., 2015), but no association between counselor-reports of MCC and clients' psychological well-being due to previously described questions about the evidence of validity of counselor self-rating of MCC (Hoyt et al., 2006; Owen, Imel et al., 2011; Worthington & Dillon, 2011; Tao et al., 2015).

Method

Participants

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

Counselors. Eligible counselors saw at least two clients during the course of the study. Twenty-four counselors (22 women and two men) participated in the study. This included nine staff psychologists, six postdoctoral psychologists, two licensed clinical social workers, four predoctoral interns, and three master's-level trainees. The mean number of client participants for each counselor was 5.79 clients ($SD = 3.63$). Forty-two percent of clients were counseled by psychologists, and 23% of clients worked with postdoctoral trainees, 13% of clients saw practicum students or predoctoral interns, respectively, and 9% saw a licensed clinical social worker. Nine (37.5%) counselors identified as White/non-Latino(a), seven (29.2%) identified as African American/Black, three (12.5%) identified as Latino(a)/Hispanic, two (8.3%) identified as Asian American/Asian, two as multiracial, and one preferred not to answer. Eighty-eight dyads (66%) consisted of a client and counselor of color, and 45 dyads (34%) consisted of a

client of color and a non-Latino, White counselor. Of note, no significant difference was found between dyad types for MCC as reported by the clients, $F(1, 132) = 2.52$, $p = .11$, and MCC as reported by the counselors, $F(2, 132) = 1.46$, $p = .23$.

Procedure

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

Measures

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

The Schwartz Outcome Scale-10 (SOS-10; Blais et al., 1999). The SOS-10 was used to assess psychological well-being during the week prior to assessment. The 10 items are rated on a 7-point Likert-type scale ranging from 1 (*never*) to 7 (*all the time or nearly all the time*), with higher scores indicating better psychological well-being. A total scale score was calculated by averaging clients' responses across the 10 items. Sample items include *I am generally satisfied with my psychological health* and *My life is progressing according to my expectations*. The SOS-10 has exhibited appropriate test–retest correlations and Cronbach's alphas above .85 (Blais et al., 1999; Hilsenroth, Ackerman, & Blagys, 2001; Owen, Tao et al., 2011; Young, Waehler, Laux, McDaniel, & Hilsenroth, 2003). Evidence for convergent and discriminant validity has been obtained in prior research (Owen & Imel, 2009). The present study's client sample yielded a Cronbach's alpha of .95. Mean client intake SOS-10 score was 35.98 (11.75), and 37.74 (12.15) at fourth session.

The Cross-Cultural Counseling Inventory—Revised (CCCI-R; LaFromboise et al., 1991). The CCCI-R assessed clients' perceptions of their therapists' MCC as well as counselors' self-assessments of their MCC. The CCCI-R includes 20 items, which are rated on a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). An average of the 20 items was calculated for total MCC scale score, with higher scores indicating greater levels of cultural competence. The CCCI-R originally was designed as an observer-based rating scale of counselors' multicultural counseling skills, sociopolitical awareness, and cultural sensitivity. For the present study, items were modified for client and counselor reports in accordance with previously described methods (Owen, Leach et al., 2011). For example, the item "*Counselor values and respects cultural differences*" was modified to "*My counselor values and respects cultural differences*" for client reports and "*I value and respect cultural differences*" for counselor reports. In the present study, Cronbach's alpha was .97 (clients) and .90 (counselors). Mean client CCCI-R score was 5.37(.72), and 5.16 (.34) for counselors. Client CCCI-R score reports ranged from 1–6, while counselor reports ranged from 4.45 to 5.95.

Table 1
Correlations and Descriptive Statistics for Counselor-Reported Cross-Cultural Counseling Inventory–Revised (CCCI-R) Across Assessment Time Points

Variable	*n*	*M*	*SD*	1	2	3
1. Fall 2011 CCCI-R	18	5.12	.32	—		
2. Spring 2012 CCCI-R	19	5.13	.41	.66**	—	
3. Fall 2012 CCCI-R	16	5.22	.42	.71*	.89**	—
4. Spring 2013 CCCI-R	12	5.29	.32	.83*	.91**	.61*

* $p < .01$. ** $p < .01$.

Results

Step 1: Variance Partitioning

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

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

Table 2
Variance Partitioning for the Cross-Cultural Counseling Inventory–Revised

	Proportion of the variance			
Rater	Perceiver	Partner	Relationship	Total variance
Client	—	3.5%*	96.5%**	3.18
Therapist	98.4%*	—	1.6%**	2.43

* $p < .01$. ** $p < .001$.

Step 2: Generalized Reciprocity

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

Step 3: MCC and Changes in Psychological Well-Being

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

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

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

Discussion

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

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

Second, clients' perceptions of their counselors' MCC and their counselors' self-perceptions were not correlated. Our findings replicate studies indicating the lack of concordance between counselors' self-report and clients' ratings of their therapists' MCC (e.g., Fuertes et al., 2006). The lack of generalized reciprocity suggests that counselors' self-assessments of multicultural competence do not relate with their clients' assessments of their multicultural competence. This differs from other dyadic studies suggesting counseling dynamics to be largely relational in nature, such

as working alliance (Kivlighan, Lo Coco, & Gullo, 2015; Marcus et al., 2011). Future research using the OWM designs or actor-partner interdependence model (APIM) is needed to investigate whether dyadic reciprocity (i.e., *When counselors report especially high levels of MCC with particular clients, do those clients also report especially high levels of MCC?*). This question was unanswered by the present study.

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

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

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

counselor demonstrates knowledge about my culture), it is unclear whether all clients possessed knowledge of MCC or cultural health literacy (Ridley & Shaw-Ridley, 2011) to validly answer items such as *My counselor understands the current sociopolitical system and its impact on me* and *My counselor is able to suggest institutional intervention skills*.

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

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

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

References

Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., . . . Alegría, M. (2007). Use of mental health-related services among immigrant and U.S.-born Asian Americans: Results from the National Latino and Asian American Study. *American Journal of Public Health, 97,* 91–98. http://dx.doi.org/10.2105/AJPH.2006.098541

Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C. N., Takeuchi, D., . . . Meng, X. L. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services, 59,* 1264–1272. http://dx.doi.org/10.1176/ps.2008.59.11.1264

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58,* 377–402.

Arredondo, P., Toporek, R., Pack Brown, S., Jones, J., Sanchez, J., Locke, D. C., . . . Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 24,* 42–78. http://dx.doi.org/10.1002/j.2161-1912.1996.tb00288.x

Atdjian, S., & Vega, W. A. (2005). Disparities in mental health treatment in U.S. racial and ethnic minority groups: Implications for psychiatrists. *Psychiatric Services, 56,* 1600–1602. http://dx.doi.org/10.1176/appi.ps.56.12.1600

Baldwin, S. A., Wampold, B. E., & Imel, Z. E. (2007). Untangling the alliance-outcome correlation: Exploring the relative importance of therapist and patient variability in the alliance. *Journal of Consulting and Clinical Psychology, 75,* 842–852. http://dx.doi.org/10.1037/0022-006X.75.6.842

Blais, M., Lenderking, W., Baer, L., deLorell, A., Peets, K., Leahy, L., & Burns, C. (1999). Development and validation of a brief mental health outcome questionnaire. *Journal of Personality Assessment, 73,* 359–373. http://dx.doi.org/10.1207/S15327752JPA7303_5

Cabassa, L. J., Zayas, L. H., & Hansen, M. C. (2006). Latino adults' access to mental health care: A review of epidemiological studies. *Administration and Policy in Mental Health and Mental Health Services Research, 33,* 316–330. http://dx.doi.org/10.1007/s10488-006-0040-8

Coard, S., Breland, A., & Raskin, P. (2001). Perceptions of and preferences for skin color, Black racial identity, and self-esteem among African Americans. *Journal of Applied Social Psychology, 31,* 2256–2274. http://dx.doi.org/10.1111/j.1559-1816.2001.tb00174.x

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist, 64,* 170–180. http://dx.doi.org/10.1037/a0014564

Constantine, M. G. (2002). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology, 49,* 255–263. http://dx.doi.org/10.1037/0022-0167.49.2.255

Constantine, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology, 54,* 1–16. http://dx.doi.org/10.1037/0022-0167.54.1.1

Constantine, M. G., & Ladany, N. (2001). New visions for defining and assessing multicultural counseling competence. In J. G. Ponterotto, J. M. Casa, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd, pp. 482–498). Thousand Oaks, CA: Sage.

DeBlaere, C. Brewster, M. E. Bertsch, K. N. DeCarlo, A. L. Kegel, K. A., and Presseau, C. (2013). The protective power of collective action for sexual minority women of color: An investigation of multiple discrimination experiences and psychological distress. *Psychology of Women Quarterly, 38,* 20–32.

Dewell, J. A., & Owen, J. (2015). Addressing mental health disparities with Asian American clients: Examining the generalizability of the common factors model. *Journal of Counseling and Development, 93,* 80–87. http://dx.doi.org/10.1002/j.1556-6676.2015.00183.x

Diala, C., Muntaner, C., Walrath, C., Nickerson, K. J., LaVeist, T. A., & Leaf, P. J. (2000). Racial differences in attitudes toward professional mental health care and in the use of services. *American Journal of Orthopsychiatry, 70,* 455–464. http://dx.doi.org/10.1037/h0087736

Dobalian, A., & Rivers, P. A. (2008). Racial and ethnic disparities in the use of mental health services. *The Journal of Behavioral Health Services & Research, 35,* 128–141. http://dx.doi.org/10.1007/s11414-007-9097-8

Fauth, J., & Hayes, J. A. (2006). Counselors' stress appraisals as predictors of countertransference behavior with male clients. *Journal of Counseling and Development, 84,* 430–440. http://dx.doi.org/10.1002/j.1556-6678.2006.tb00427.x

Foley-Nicpon, M., & Lee, S. (2012). Disability research in counseling psychology journals: A 20-year content analysis. *Journal of Counseling Psychology, 59,* 392–398. http://dx.doi.org/10.1037/a0028743

Fortuna, L. R., Alegría, M., & Gao, S. (2010). Retention in depression treatment among ethnic and racial minority groups in the United States. *Depression and Anxiety, 27,* 485–494. http://dx.doi.org/10.1002/da.20685

Fuertes, J. N., & Brobst, K. (2002). Clients' ratings of counselor multicultural competency. *Cultural Diversity & Ethnic Minority Psychology, 8,* 214–223. http://dx.doi.org/10.1037/1099-9809.8.3.214

Fuertes, J. N., Stracuzzi, T. I., Bennett, J., Scheinholtz, J., Mislowack, A., Hersh, M., & Cheng, D. (2006). Therapist multicultural competency: A study of therapy dyads. *Psychotherapy, 43,* 480–490. http://dx.doi.org/10.1037/0033-3204.43.4.480

Harris, K. M., Edlund, M. J., & Larson, S. (2005). Racial and ethnic differences in the mental health problems and use of mental health care. *Medical Care, 43,* 775–784. http://dx.doi.org/10.1097/01.mlr.0000170405.66264.23

Hatcher, R. L., & Barends, A. W. (1996). Patients' view of the alliance of psychotherapy: Exploratory factor analysis of three alliance measures. *Journal of Consulting and Clinical Psychology, 64,* 1326–1336. http://dx.doi.org/10.1037/0022-006X.64.6.1326

Hayes, J. A., & Erkis, A. J. (2000). Therapist homophobia, client sexual orientation, and source of client HIV infection as predictors of therapists' reactions to clients with HIV. *Journal of Counseling Psychology, 47,* 71–78. http://dx.doi.org/10.1037/0022-0167.47.1.71

Heppner, P. P., Kivlighan, D. M., & Wampold, B. E. (2007). *Research design in counseling* (3rd ed.). Belmont, CA: Brooks/Cole Wadsworth.

Hilsenroth, M. J., Ackerman, S. J., & Blagys, M. D. (2001). Evaluating the phase model of change during short-term psychodynamic psychotherapy. *Psychotherapy Research, 11,* 29–47. http://dx.doi.org/10.1080/713663851

Hoyt, W. T., Warbasse, R. E., & Chu, E. Y. (2006). Construct validation in counseling psychology research. *The Counseling Psychologist, 34,* 769–805. http://dx.doi.org/10.1177/0011000006287389

Imel, Z. E., Baldwin, S., Atkins, D. C., Owen, J., Baardseth, T., & Wampold, B. E. (2011). Racial/ethnic disparities in therapist effectiveness: A conceptualization and initial study of cultural competence. *Journal of Counseling Psychology, 58,* 290–298. http://dx.doi.org/10.1037/a0023284

Imel, Z. E., & Wampold, B. E. (2008). The importance of treatment and the science of common factors in psychotherapy. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (pp. 249–266). Hoboken, NJ: Wiley.

Jackson, P., & Williams, D. (2006). The intersection of race, gender, and SES: Health paradoxes. In A. Schulz & L. Mullings (Eds.), *Gender, race, class & health: Intersectional approaches* (pp. 131–162). San Francisco, CA: Jossey-Bass.

Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *The analysis of dyadic data*. New York, NY: Guilford Press.

Kim, B. S. K., Li, L. C., & Liang, C. T. H. (2002). Effects of Asian American client adherence to Asian cultural values, session goal, and counselor emphasis of client expression on career counseling process. *Journal of Counseling Psychology, 49,* 342–354. http://dx.doi.org/10.1037/0022-0167.49.3.342

Kivlighan, D. M., Jr. (2007). Where is the relationship research on the alliance? Two methods for analyzing dyadic data. *Journal of Counseling Psychology, 54,* 423–433. http://dx.doi.org/10.1037/0022-0167.54.4.423

Kivlighan, D. M., Jr., Lo Coco, G., & Gullo, S. (2015). Is there a group effect? It depends on how you ask the question: Intraclass correlations for California Psychotherapy Alliance Scale-Group items. *Journal of Counseling Psychology, 62,* 73–78. http://dx.doi.org/10.1037/cou0000046

LaFromboise, T. D., Coleman, H. L. H., & Hernandez, A. (1991). Development and factor structure of the cross-cultural counseling inventory-revised. *Professional Psychology: Research and Practice, 22,* 380–388. http://dx.doi.org/10.1037/0735-7028.22.5.380

Lasser, K. E., Himmelstein, D. U., Woolhandler, S. J., McCormick, D., & Bor, D. H. (2002). Do minorities in the United States receive fewer mental health services than whites? *International Journal of Health Sciences, 32,* 567–578. http://dx.doi.org/10.2190/UEXW-RARL-U46V-FU4P

Lee, D. L., & Tracey, T. J. (2008). General and multicultural case conceptualization skills: A cross-sectional analysis of psychotherapy trainees. *Psychotherapy, 45,* 507–522. http://dx.doi.org/10.1037/a0014336

Lerner, R. M. (2001). *Concepts and theories of human development* (3rd ed.). New York, NY: Random House.

Li, L. C., & Kim, B. S. K. (2004). Effects of counseling style and client adherence to Asian cultural values on counseling process with Asian American college students. *Journal of Counseling Psychology, 51,* 158–167. http://dx.doi.org/10.1037/0022-0167.51.2.158

Mallinckrodt, B., Porter, M. J., & Kivlighan, D. M., Jr. (2005). Client attachment to therapist, depth of in-session exploration, and object relations in brief psychotherapy. *Psychotherapy, 42,* 85–100. http://dx.doi.org/10.1037/0033-3204.42.1.85

Marcus, D. K., Kashy, D. A., & Baldwin, S. A. (2009). Studying psychotherapy using the one-with-many design: The therapeutic alliance as an exemplar. *Journal of Counseling Psychology, 56,* 537–548. http://dx.doi.org/10.1037/a0017291

Marcus, D. K., Kashy, D. A., Wintersteen, M. B., & Diamond, G. S. (2011). The therapeutic alliance in adolescent substance abuse treatment: A one-with-many analysis. *Journal of Counseling Psychology, 58,* 449–455. http://dx.doi.org/10.1037/a0023196

Maxie, A. C., Arnold, D. H., & Stephenson, M. (2006). Do therapists address ethnic and racial differences in cross-cultural psychotherapy? *Psychotherapy, 43,* 85–98. http://dx.doi.org/10.1037/0033-3204.43.1.85

McCaul, M. E., Svikis, D. S., & Moore, R. D. (2001). Predictors of outpatient treatment retention: Patient versus substance use characteristics. *Drug and Alcohol Dependence, 62,* 9–17. http://dx.doi.org/10.1016/S0376-8716(00)00155-1

Mintz, L. B., Jackson, A. P., Neville, H. A., Illfelder-Kaye, J., Winterowd, C. L., & Loewy, M. I. (2009). The need for a counseling psychology model training values statement addressing diversity. *The Counseling Psychologist, 37,* 644–675. http://dx.doi.org/10.1177/0011000009331931

Neville, H., Spanierman, L., & Doan, B.-T. (2006). Exploring the association between color-blind racial ideology and multicultural counseling competencies. *Cultural Diversity & Ethnic Minority Psychology, 12,* 275–290. http://dx.doi.org/10.1037/1099-9809.12.2.275

Novins, D. K., Beals, J., Sack, W. H., & Manson, S. M. (2000). Unmet needs for substance abuse and mental health services among Northern Plains American Indian adolescents. *Psychiatric Services, 51,* 1045–1047. http://dx.doi.org/10.1176/appi.ps.51.8.1045

Owen, J. J., & Imel, Z. (2009). Utilizing rating scales in psychotherapy practice: Rationale and practical applications. In L. Baer & M. Blais (Eds.), *Handbook of clinical rating scales and assessment in psychiatry and mental health* (pp. 257–270). New York, NY: Humana Press. http://dx.doi.org/10.1007/978-1-59745-387-5_12

Owen, J., Imel, Z., Adelson, J., & Rodolfa, E. (2012). "No-show:" Therapist racial/ethnic disparities in client unilateral termination. *Journal of Counseling Psychology, 59,* 314–320. http://dx.doi.org/10.1037/a0027091

Owen, J., Imel, Z. E., Tao, K. W., Wampold, B. E., Smith, A., & Rodolfa, E. (2011). Cultural ruptures in short-term therapy: Working alliance as a mediator between clients' perceptions of microaggressions and therapy outcomes. *Counselling & Psychotherapy Research, 11,* 204–212. http://dx.doi.org/10.1080/14733145.2010.491551

Owen, J., Leach, M. M., Wampold, B., & Rodolfa, E. (2011). Client and therapist variability in clients' perceptions of their therapists' multicultural competencies. *Journal of Counseling Psychology, 58,* 1–9. http://dx.doi.org/10.1037/a0021496

Owen, J. J., Tao, K., Leach, M. M., & Rodolfa, E. (2011). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy, 48,* 274–282. http://dx.doi.org/10.1037/a0022065

Paniagua, F. A. (2005). *Assessing and treating culturally diverse clients: A practical guide* (2nd ed.). Thousand Oaks, CA: Sage. http://dx.doi.org/10.4135/9781483329093

Parent, M. C., DeBlaere, C., & Moradi, B. (2013). Approaches to research on intersectionality: Perspectives on gender, LGBT, and racial/ethnic identities. *Sex Roles, 68,* 639–645. http://dx.doi.org/10.1007/s11199-013-0283-2

Pinel, E. C. (1999). Stigma consciousness: The psychological legacy of social stereotypes. *Journal of Personality and Social Psychology, 76,* 114–128. http://dx.doi.org/10.1037/0022-3514.76.1.114

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of the Multicultural Counseling Awareness Scale. *Journal of Multicultural Counseling and Development, 30,* 153–180. http://dx.doi.org/10.1002/j.2161-1912.2002.tb00489.x

Pope-Davis, D. B., Toporek, R. L., Ortega-Villalobos, L., Ligiéro, D. P., Brittan-Powell, C. S., Liu, W. M., . . . Liang, C. T. H. (2002). Client perspectives of multicultural counseling competence: A qualitative examination. *The Counseling Psychologist, 30,* 355–393. http://dx.doi.org/10.1177/0011000002303001

Reimers, F. A., & Stabb, S. D. (2015). Class at the intersection of race and gender: A 15-year content analysis. *The Counseling Psychologist, 43,* 794–821. http://dx.doi.org/10.1177/0011000015586267

Ridley, C. R., & Shaw-Ridley, M. (2011). Multicultural counseling competencies: An analysis of research on clients' perceptions: Comment on Owen, Leach, Wampold, and Rodolfa (2011). *Journal of Counseling Psychology, 58,* 16–21. http://dx.doi.org/10.1037/a0022221

Safran, M. A., Mays, R. A., Jr., Huang, L. N., McCuan, R., Pham, P. K., Fisher, S. K., . . . Trachtenberg, A. (2009). Mental health disparities. *American Journal of Public Health, 99,* 1962–1966. http://dx.doi.org/10.2105/AJPH.2009.167346

Sanders Thompson, V. L., Akbar, M. D., & Bazile, A. (2004). African American's Perceptions of Psychotherapy and Psychotherapists. *Professional Psychology: Research and Practice, 35,* 19–26. http://dx.doi.org/10.1037/0735-7028.35.1.19

Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist, 65,* 237–251. http://dx.doi.org/10.1037/a0019330

Smith, E. J. (2006). The strength-based counseling model. *The Counseling Psychologist, 34,* 13–79. http://dx.doi.org/10.1177/0011000005277018

Sorkin, D. H., Pham, E., & Ngo-Metzger, Q. (2009). Racial and ethnic differences in the mental health needs and access to care of older adults in California. *Journal of the American Geriatrics Society, 57,* 2311–2317. http://dx.doi.org/10.1111/j.1532-5415.2009.02573.x

Spanierman, L. B., Poteat, V. P., Wang, Y., & Oh, E. (2008). Psychosocial costs of racism to White counselors: Predicting various dimensions of multicultural counseling competence. *Journal of Counseling Psychology, 55,* 75–88. http://dx.doi.org/10.1037/0022-0167.55.1.75

Stamler, V. L., Christiansen, M. D., Staley, K. H., & Macagno-Shang, L. (1991). Client preference for counselor gender. *Psychology of Women Quarterly, 15,* 317–321. http://dx.doi.org/10.1111/j.1471-6402.1991.tb00799.x

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20,* 64–89. http://dx.doi.org/10.1002/j.2161-1912.1992.tb00563.x

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttal, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10,* 45–52. http://dx.doi.org/10.1177/0011000082102008

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62,* 271–286. http://dx.doi.org/10.1037/0003-066X.62.4.271

Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., & Jensen, M., . . . asquez-Nutall, E. (1998). *Multicultural counseling competencies: Individual and organizational development.* Thousand Oaks, CA: Sage.

Sue, D. W., & Sue, D. (2012). *Counseling the culturally diverse: Theory and practice* (6th ed.). Hoboken, NJ: Wiley.

Sue, S., Zane, N., Nagayama Hall, G. C., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology, 60,* 525–548. http://dx.doi.org/10.1146/annurev.psych.60.110707.163651

Tao, K. W., Owen, J., Pace, B. T., & Imel, Z. E. (2015). A meta-analysis of multicultural competencies and psychotherapy process and outcome. *Journal of Counseling Psychology, 62,* 337–350. http://dx.doi.org/10.1037/cou0000086

Thompson, V. L., & Alexander, H. (2006). Therapists' race and African American clients' reactions to therapy. *Psychotherapy, 43,* 99–110. http://dx.doi.org/10.1037/0033-3204.43.1.99

U.S. Department of Health and Human Services. (2000). *Healthy people* 2010 (2nd ed.). Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, ethnicity supplement to mental health: Report of the Surgeon General*. Rockville, MD: Public Health Service.

van Ryn, M., & Fu, S. S. (2003). Paved with good intentions: Do public health and human service providers contribute to racial/ethnic disparities in health? *American Journal of Public Health, 93,* 248–255. http://dx.doi.org/10.2105/AJPH.93.2.248

Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31,* 253–272. http://dx.doi.org/10.1177/0011000003031003001

Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist, 62,* 855–873. http://dx.doi.org/10.1037/0003-066X.62.8.857

Wang, P. S., Berglund, P., & Kessler, R. C. (2000). Recent care of common mental disorders in the United States: Prevalence and conformance with evidence-based recommendations. *Journal of General Internal Medicine, 15,* 284–292. http://dx.doi.org/10.1046/j.1525-1497.2000.9908044.x

Wells, K., Klap, R., Koike, A., & Sherbourne, C. (2001). Ethnic disparities in unmet need for alcoholism, drug abuse, and mental health care. *The American Journal of Psychiatry, 158,* 2027–2032. http://dx.doi.org/10.1176/appi.ajp.158.12.2027

Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015). Potentially harmful therapy and multicultural counseling: Extending the conversation. *The Counseling Psychologist, 43,* 393–403. http://dx.doi.org/10.1177/0011000015576801

Williams, D. R., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & Health, 5,* 243–268. http://dx.doi.org/10.1080/713667453

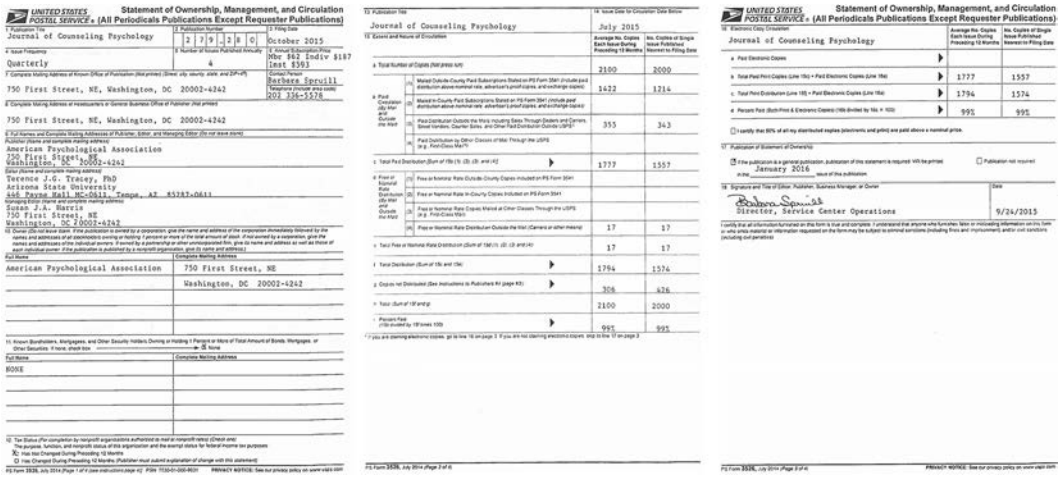
Worthington, R. L., & Dillon, F. R. (2011). Deconstructing multicultural counseling competencies research: Comment on Owen, Leach, Wampold, and Rodolfa (2011). *Journal of Counseling Psychology, 58,* 10–15. http://dx.doi.org/10.1037/a0022177

Worthington, R. L., Mobley, M., Franks, R. P., & Tan, J. A. (2000). Multicultural counseling competencies: Verbal content, counselor attributions, and social desirability. *Journal of Counseling Psychology, 47,* 460–468. http://dx.doi.org/10.1037/0022-0167.47.4.460

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural counseling competencies research: A 20-year content analysis. *Journal of Counseling Psychology, 54,* 351–361. http://dx.doi.org/10.1037/0022-0167.54.4.351

Young, J. L., Waehler, C. A., Laux, J. M., McDaniel, P. S., & Hilsenroth, M. J. (2003). Four studies extending the utility of the Schwartz Outcome Scale (SOS-10). *Journal of Personality Assessment, 80,* 130–138. http://dx.doi.org/10.1207/S15327752JPA8002_02

Received May 15, 2015
Revision received August 11, 2015
Accepted August 12, 2015 ■



UNITED STATES POSTAL SERVICE® Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

1. Publication Title: Journal of Counseling Psychology
2. Publication Number: 2 7 9 - 2 8 0
3. Filing Date: October 2015
4. Issue Frequency: Quarterly
5. Number of Issues Published Annually: 4
6. Annual Subscription Price: Mbr $62 Indiv $187 Inst $393
7. Complete Mailing Address of Known Office of Publication (Not printed) (Street, city, county, state, and ZIP+4®): 750 First Street, NE, Washington, DC 20002-4242
Contact Person: Barbara Spruill
Telephone (Include area code): 202 336-5578
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printed): 750 First Street, NE, Washington, DC 20002-4242
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)
Publisher (Name and complete mailing address): American Psychological Association 750 First Street, NE Washington, DC 20002-4242
Editor (Name and complete mailing address): Terence J.G. Tracey, PhD Arizona State University 446 Payne Hall MC-0611, Tempe, AZ 85287-0611
Managing Editor (Name and complete mailing address): Susan J.A. Harris 750 First Street, NE Washington, DC 20002-4242
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)
Full Name: American Psychological Association
Complete Mailing Address: 750 First Street, NE Washington, DC 20002-4242
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☒ None
Full Name: NONE
Complete Mailing Address:
12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
☒ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)
PS Form 3526, July 2014 (Page 1 of 4 (see instructions page 4)) PSN 7530-01-000-9931 PRIVACY NOTICE: See our privacy policy on www.usps.com

13. Publication Title: Journal of Counseling Psychology
14. Issue Date for Circulation Data Below: July 2015

15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)		2100	2000
b. Paid Circulation (By Mail and Outside the Mail)	(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	1422	1214
	(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		
	(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	355	343
	(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)		
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		1777	1557
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1) Free or Nominal Rate Outside-County Copies included on PS Form 3541		
	(2) Free or Nominal Rate In-County Copies included on PS Form 3541		
	(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)		
	(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	17	17
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))		17	17
f. Total Distribution (Sum of 15c and 15e)		1794	1574
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		306	426
h. Total (Sum of 15f and g)		2100	2000
i. Percent Paid (15c divided by 15f times 100)		99%	99%

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.
PS Form 3526, July 2014 (Page 3 of 4)

UNITED STATES POSTAL SERVICE® Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

16. Electronic Copy Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies		
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)	1777	1557
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a)	1794	1574
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100)	99%	99%

☐ I certify that 50% of all my distributed copies (electronic and print) are paid above a nominal price.

17. Publication of Statement of Ownership
☒ If the publication is a general publication, publication of this statement is required. Will be printed in the January 2016 issue of this publication. ☐ Publication not required.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner
Barbara Spruill
Director, Service Center Operations
Date: 9/24/2015

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).
PS Form 3526, July 2014 (Page 2 of 4) PRIVACY NOTICE: See our privacy policy on www.usps.com