

DEVELOPMENT AND VALIDATION OF THE MULTICULTURAL SCHOOL-  
BASED CONSULTATION COMPETENCY SCALE

by

JENNIFER KONG

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JENNIFER KONG

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This manuscript has been read and accepted for the Graduate Faculty in Educational Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

Emilia C. Lopez, Ph.D.

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Date

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Chair of Examining Committee

Mario Antonio Kelly, Ed.D.

---

---

Date

---

Executive Officer

Marian C. Fish, Ph.D.

---

Jay Verkuilen, Ph.D.

---

Mario Antonio Kelly, Ed.D.

---

Alberto M. Bursztyn, Ph.D.

---

Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

## Abstract

## Development and Validation of the Multicultural School-Based Multicultural Consultation Competency Scale

by

Jennifer Kong

Advisor: Professor Emilia C. Lopez, Ph.D.

As the school population is becoming increasingly diverse, it is essential that school psychologists integrate multicultural approaches and acquire competencies to work with students and families from diverse cultural backgrounds. Systematically identifying and validating competencies that are relevant to multicultural consultation can encourage and guide consultants to effectively apply multicultural approaches in their training and practice. The purposes of the present study were to develop and validate the Multicultural School-Based Consultation Competency Scale (MSCCS) using an online survey methodology. The scale is intended to measure the self-perceived multicultural consultation competencies of practicing school psychologists and graduate students. In the present study, preliminary psychometric information on the scale was gathered by asking 328 participants (i.e., school psychologists, professors, graduate students) to rate the importance of competency items on the MSCCS when delivering consultation services to racially, ethnically, culturally, and linguistically diverse populations. In addition, the Multicultural Social Desirability Index (MCSD; Sodowsky, 1998) and the Biographical Questionnaire were administered for the purpose of gathering validity evidence. The results of this study provided some validity evidence for the MSCCS. For example, the sum score on the MSCCS did not correlate with the sum score on the MCSD providing evidence for divergent validity. Also, the participants with more

multicultural training, as measured by the number of courses and workshops attended, rated higher on the MSCCS and provided some evidence towards criterion validity. However, the confirmatory factor analysis did not support the hypothesis that there are three underlying factors (i.e., Knowledge, Skills, Awareness) that measure the multicultural consultation competency; rather, the analysis supported a single factor solution for the MSCCS. These findings are important steps in empirically identifying and validating multicultural consultation competencies. Much more research is needed to gather further reliability and validity evidence for the scale. However, the results lend promise for the usefulness of the MSCCS as a multipurpose tool for practitioners, trainers, and researchers in the consultation field.

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## Chapter 1: Introduction

Multicultural consultation is defined as a culturally sensitive, indirect service process in which the consultant adjusts the consultation services to address the needs and cultural values of the consultee and/or the client (Tarver Behring & Ingraham, 1998).

The current study seeks to explore competencies that are essential for delivering successful school-based consultation services to multicultural populations. Specifically, multicultural consultation competencies are identified from the literature and then empirically substantiated in this investigation. A multicultural population can include individuals from different ethnic, racial, gender, socioeconomic status, religion, sexual orientation, disability backgrounds. For the purpose of the current study, a multicultural population refers to individuals from racially, ethnically, and linguistically diverse backgrounds.

Gutkin and Curtis (2009) reported that consultation is one of the most preferred professional activities by school psychologists and is also perceived as the most desired role. The topic of school-based consultation has appeared in numerous publications, including books, book chapters, articles, and journal miniseries (e.g., Bergan & Kratochwill, 1990; Brown, Pryzwansky, & Schulte, 2001; Gutkin & Curtis, 1999, 2009; Kratochwill, Elliott, & Callan-Stoiber, 2002; Kratochwill, Elliott, & Carrington Rott, 1990; Rosenfield, 1987, 2002; Sheridan, 1997; Sheridan, Kratochwill, & Bergan, 1996; Zins & Erchul, 1995). An increase in the number of publications devoted to consultation suggests a growing focus on school-based consultation among school psychologists and other professionals.

Reviews of the consultation literature reveal that school-based consultation is an effective service delivery model (e.g., Kratochwill, Elliott, & Busse, 1995; Mannino & Shore, 1975; Medway, 1979, 1982; Medway & Updyke, 1985; Sheridan, Welch, & Orme, 1996). Effective consultation requires consultants to possess specific competencies. For example, competent consultants need to demonstrate effective communication skills to work with consultees (Ingraham, 2008; Lopez & Nastasi, 2008). Consultation also requires knowledge and skills in solving problems, problem identification, and in planning and implementing interventions.

When consultants and consultees address the needs of students from culturally and linguistically diverse backgrounds, consultation also involves specific multicultural competencies (Hansen, Pepitone, & Greene, 2000; Harris, 1996; Ingraham, 2000; Lopez & Rogers, 2001; Rogers, 2000; Rogers & Lopez, 2002). For example, consultants must demonstrate competencies in cross-cultural communication. Identifying problems also requires the use of problem identification tools and procedures that are sensitive to cultural differences. Intervention planning and implementation requires careful attention to students' cultural and linguistic backgrounds in order to implement interventions that are culturally sensitive.

Research suggests that using multicultural approaches results in improved processes and outcomes in consultation (Goldstein & Harris, 2000; Ingraham, 2003; Tarver Behring, Cabello, Kushida, & Murguia, 2000). Failure to examine or address the cultural concerns of clients can result in consultation outcomes that are inadequate and unsuccessful (Ingraham, 2003). In order to become effective "multicultural" consultants, it is essential that school psychologists employ a multicultural approach that utilizes

appropriate multicultural competencies. Systematically identifying and validating competencies that are relevant to multicultural consultation will not only encourage but also guide consultants to effectively apply multicultural approaches in their training and practice.

The purposes of this investigation are to develop and validate the Multicultural School-Based Consultation Competency Scale (MSCCS). The scale is intended to measure the self-perceived multicultural consultation competencies of practicing school psychologists and school psychology internship students. The ultimate goal of the study is to establish the psychometric properties (e.g., reliability and validity) of the scale and to provide empirical support for the scale. The primary hypothesis of this study is that there will be three correlated factors that operationally define multicultural consultation competency (i.e., Knowledge, Skills, and Awareness). Additional hypotheses have been proposed to gather validity evidence for the MSCCS. While multicultural competency scales have been developed and validated in the counseling field, the current study is the first in the consultation field.

The multicultural school-based consultation competencies were identified in the literature and used to develop the MSCCS. In the current investigation, preliminary psychometric information was gathered by asking 328 participants (school psychologists, professors, graduate students) to rate the importance of competency items on the MSCCS when delivering consultation services to racially, ethnically, culturally, and linguistically diverse populations. In addition, the Multicultural Social Desirability Index (MCSD; Sadowsky, 1998) and the Biographical Questionnaire were administered for the purpose of gathering validity evidence.

The results of this study provided some validity evidence for the MSCCS. For example, the sum score on the MSCCS did not correlate with the sum score on the MCSD, providing evidence for divergent validity. Also, the participants with more multicultural training, as measured by the number of courses and workshops attended, rated items higher on the MSCCS, providing evidence towards criterion validity. However, the confirmatory factor analysis did not support the hypothesis that there are three underlying factors (i.e., Knowledge, Skills, Awareness) that measure multicultural consultation competency; rather, the analysis supported a single-factor solution. Cronbach's alpha of .96 was reported for the MSCCS, which is a very high internal consistency reliability.

The current investigation is the first attempt to empirically identify and validate multicultural competencies in the consultation field. Developing and validating a scale such as the MSCCS is important because it will help enhance our understanding of successful approaches for working with diverse populations. Utilizing the MSCCS can also potentially help improve the quality of consultation services school psychologists provide in school settings to students of diverse backgrounds as the scale can be used to help school psychologists and graduate students to identify areas that require further training. Additional research is necessary to further validate the MSCCS.

## **Chapter 2: Review of the Literature**

This chapter presents a review of the literature on multicultural consultation, with a particular focus on school-based consultation. First, the definition, background, and history of consultation are presented. The second section provides a review of the literature that focuses on multicultural aspects of consultation, including multicultural frameworks for consultation practice and research, and investigations examining findings related to multicultural consultation processes, outcomes, competencies and training. The third section of this chapter reviews the methodologies used to conceptualize multicultural competencies and validate multicultural competency scales in the counseling and consultation literature. The fourth section of the chapter discusses the importance of multicultural consultation, especially as it applies to working in school settings. The fifth and final section of the chapter provides rationales for the current study, and is followed by the purposes and hypotheses of the investigation.

### ***Definition, Background, and History of Consultation***

#### ***Definition of Consultation***

Consultation is a term that encompasses several theoretical models used in education and psychology. Although there are number of ways to define consultation, Caplan (1970) provided the most integrated definition. Caplan defined consultation as a process that involves a voluntary and nonhierarchical relationship between two professionals (consultants and consultees) who are often of different occupational groups (e.g., psychologists as consultants and teachers as consultees), and is initiated by the consultee for the purpose of solving a work-related problem. According to Caplan, the goals of consultation are to improve the functioning of consultees with their clients and to

develop consultees' skills so that they can deal more effectively with similar problems independently in the future. Based on this definition, there are three main participants in the consultation process: consultant (help-giver), consultee (help-seeker), and client (person for whom the help-seeker is responsible).

### ***Brief History of Consultation***

Mental health consultation as we know it today originated in Israel in 1949 when Gerald Caplan, a psychiatrist, was given the responsibility of providing mental health services to 16,000 immigrant adolescents (Brown et al., 2001; Caplan, Caplan, & Erchul, 1994). The usual practice of individual psychotherapy was not feasible due to the significant number of referrals. Caplan and his staff found a way to reduce the direct service workload by traveling to the institutions and consulting with the institutions' child guidance staff members. The focus during the consultation sessions was to work with child guidance staff members so that they could effectively help caregivers develop new perspectives about the adolescents' mental health difficulties. The child guidance staff members met with the referred adolescents along with their caregivers to deliver the services discussed during consultation. This approach helped to reduce large workloads in direct service delivery.

The development of mental health consultation techniques continued, and by the mid-1960s consultation became a major approach for delivering mental health services. Since then, mental health consultation has influenced psychology practice in many fields, including school psychology, (Knoff & Batsche, 1993; Meyers, Brent, Faherty, & Modafferi, 1993; Oakland, 1984), community psychology (Iscoe, 1993; Kelly, 1993;

Trickett, 1993), organizational psychology (Brown et al., 2001), and community mental health service provision (Backer, 1993).

### ***Definition of School-Based Consultation***

When consultation occurs within a school setting, the focus is on resolving school-related problems so that the members of the school community (e.g., students, teachers, administrators, family) can successfully function in the school. Zins and Erchul (2002) defined school-based consultation as “a method of providing preventively-oriented psychological and educational services in which consultants and consultees form cooperative partnerships and engage in a reciprocal, systematic problem-solving process guided by ecobehavioral principles” (p. 626). According to Zins and Erchul, the goal of school consultation is to promote students’ well-being and performance by empowering consultee systems. In contrast to providing direct services, consultation involves consultants (e.g., school psychologists, school counselors) indirectly assisting clients (students) by working directly with consultees (e.g., teachers, parents). For example, in schools, teachers and parents (consultees or help-seekers) often approach school psychologists (consultants or help givers) when trying to solve a problem related to the students’ (clients’) academic or behavioral difficulties. In these situations, the purposes of the consultation are to identify the students’ needs, and plan and implement interventions by working with the teachers and parents. As such, consultation not only focuses on remediating presenting problems, but also emphasizes increasing consultees’ skills in dealing with similar problems in the future.

### ***Consultation Models***

There are numerous consultation models reflecting slightly different views of consultation. Anton-LaHart and Rosenfield (2004) conducted a survey to explore consultation training in school psychology programs. They found that many school psychology programs (47%) used some combination of the mental health, organizational, and behavioral models, rather than teaching a single model in their consultation training. The behavioral model was reported to be the most widely taught model. Four major consultation models are briefly discussed in this section: mental health, behavioral, instructional, and organizational. Multicultural consultation is pertinent to all of the consultation models.

The mental health consultation model, which was originally based on psychodynamic theory, involves a service that is provided to care-giving professionals (e.g., doctors, teachers, lawyers, police, clergy) to help them deal with their work-related problems (Brown et al., 2001). Caplan (1970) identified four types of mental health consultation: (a) client-centered case consultation, (b) consultee-centered case consultation, (c) program-centered administrative consultation, and (d) consultee-centered administrative consultation. These four mental health approaches differ regarding who is the focus of the consultation and outcome. The focus may be on a particular client (i.e., client-centered consultation) or an administrative issue (i.e., program centered consultation). The goal can also include providing information to the consultee or improving the consultee's problem-solving skills (i.e., consultee centered consultation). Regardless of the foci and goals, the mental health consulting relationship

is described as nonhierarchical and coordinate. This implies that both consultants and consultees are experts in their own areas and their relationship is collaborative.

The behavioral consultation model refers to an indirect, problem-solving process involving a collegial relationship between consultants and consultees (Brown et al., 2001). This model involves collecting problem identification data and applying behavioral psychology principles. The problematic behavior is analyzed by identifying the antecedents that trigger particular behaviors and determining the consequences of those behaviors. The roles of consultants are to provide relevant psychological information and behavioral principles to consultees. The roles of consultees are to describe the problem, decide on a plan, implement the plan, and supervise the clients' behaviors. The goal is to bring about changes by altering the clients' and consultees' behaviors.

The instructional consultation model attempts to integrate the knowledge base of instructional practices and classroom management. In this model, the goal is to improve the students' (clients') learning by providing teachers (consultees) with a repertoire of knowledge and/or skills based on behavioral and instructional principles (Rosenfield, 1987). This model primarily focuses on instructional content and issues. One of the unique aspects of instructional consultation is that regardless of the referral problem (behavioral, instructional), academic progress is always a pervasive consideration because of its importance in schools (Rosenfield, 2002).

The organizational consultation model was originally developed to help businesses remain competitive in the marketplace (Steward, 1996). The main difference between this model and the others is that the client in the organizational model is the

organization itself or some subsystem of the organization, rather than an individual. Consultants are expected “to conceptualize how organizations function and how successful change strategies can be designed and implemented to correct problems that arise within organizations” (Brown et al., 2001, p. 86). The process often involves (a) using interviews, surveys, and questionnaires to identify problems groups are experiencing within organizations, (b) examining the basic processes within and between groups (e.g., communication), (c) developing a new normative structure, and (d) redesigning organizational structures.

***Overlapping Characteristics and Assumptions.*** Although there are multiple consultation models, they are unified by overlapping characteristics and assumptions, which include the following (Gutkin & Curtis, 2009):

1. Consultation is an indirect service delivery model.
2. The focus of consultation is to provide services to one or more clients.
3. The major goals of consultation are to: (a) provide remedial services for clients’ presenting problems, and (b) improve the functioning of consultees so that they can deal more effectively with similar problems in the future.
4. The relationship between the consultant and the consultee is considered essential for effective consultation.
5. The development of an intervention plan is based on: (a) conducting a thorough and comprehensive assessment (i.e., collecting problem identification data), (b) making a decision based on empirical knowledge, and (c) evaluating the plan with a short-term follow-up.

6. Consultants and consultees have separate and joint responsibilities that contribute to the integrity, progress, and success of the consultation process.

The six elements listed above are the defining features of the major consultation models. These elements are also what separate consultation from other traditional service delivery approaches such as psychoeducational assessment, counseling and supervision.

A discussion was provided to briefly review the background and history of consultation, including the definitions and major models of consultation (e.g., mental health, behavioral, instructional, organizational). When working with a diverse population, the consultation models need to be modified to address cultural issues in the consultation process. The following section will review the literature pertaining to the construct of multicultural consultation.

### ***Multicultural Consultation***

The relationship between culture and the consultation process is multifaceted and complex (Ingraham, 2000; Ingraham, 2003; Tarver Behring & Ingraham, 1998). Yet, the current consultation models have been utilized with the assumption that they are effective for all cultural and ethnic populations. This assumption hinders practitioners from identifying and addressing the unique set of needs encountered when consulting with diverse populations. The literature shows that utilizing a multicultural perspective is not only an important aspect of consultation, but also crucial, when working with a diverse population (e.g., Duncan & Pryzwansky, 1993; Rios, Cruz, DiTomaso, & Morales, 1997; Rogers, 1998; Tarver Behring et al., 2000). Some studies provide directions and guidelines for delivering consultation to multiculturally diverse populations (Ingraham, 2000; Nastasi, Varjas, Bernstein, & Jayasena, 2000; Tarver Behring & Ingraham, 1998).

The training literature also shows that multicultural competency is a set of characteristics that can be trained when adequately defined and measured (e.g., D'Andrea, Daniels, & Heck, 1991; Pope-Davis, Reynolds, Dings, & Ottavi, 1994; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006). However, multicultural consultation competencies have not been empirically identified; rather, these competencies have been identified and discussed qualitatively. Therefore, much of the discussion to follow will draw from qualitative research studies.

### ***Definition of Multicultural Consultation***

Multicultural consultation is defined in the literature as a culturally sensitive, indirect service process in which the consultant adjusts the consultation services to address the needs and cultural values of the consultee and/or the client (Tarver Behring & Ingraham, 1998). According to Ingraham (2000), multicultural consultation encompasses situations in which members of the consultation triad (consultant, consultee/teacher and client/student) share the same culture as well as situations in which members of the consultation triad are of diverse cultures. In brief, multicultural consultation involves adopting an approach that “considers the potential influence of culture on the consultation process and the individuals involved in the consultation triad” (Ingraham, 2004, p. 135). Contemporary frameworks for multicultural consultation discussed in the next section provide guidelines as to how to approach consultation using a multicultural perspective (e.g., Brown, 1997; Ingraham, 2000; Nastasi et al., 2000; Ramirez, Lepage, Kratochwill, & Duffy, 1998; Tarver Behring & Ingraham, 1998).

### ***Contemporary Frameworks for Multicultural Consultation***

Multicultural frameworks provide directions and guidelines for researchers and practitioners working with diverse populations. Two multicultural consultation frameworks are reviewed in this section because they are the most theoretically-based and comprehensive: Multicultural School Consultation (MSC; Ingraham, 2000) and Participatory Culture-Specific Consultation (PCSC; Nastasi et al., 2000).

Ingraham (2000) proposed the Multicultural School Consultation (MSC) framework to address a wide range of topics and issues related to multicultural consultation in schools. In the MSC framework, culture is perceived as a central component that influences all aspects of the consultation process. The MSC framework not only acknowledges individual and group differences among members of the consultation triad, it also helps to identify cultural uniqueness. The MSC framework emphasizes the importance of understanding cultural variations based upon shared thinking, perceptions, and experiences between consultants, consultees, and clients. The MSC framework consists of five major components: (a) domains of consultant learning and development (e.g., consultants and consultees understanding own and other cultures, and using specific approaches for cross-cultural consultation); (b) domains of consultee learning and development (i.e., consultees acquiring knowledge, skills, perspective, and confidence); (c) cultural variations in the consultation constellation (e.g., cultural diversity within the consultation triad); (d) contextual and power influences; and (e) hypothesized methods for supporting consultee and client success. These components of the MSC framework are intended to serve as lenses for exploring the practice of multicultural consultation in schools. In the MSC framework, consultants consider the

influences of culture on the thoughts, expectations, and behaviors of consultees and clients. Furthermore, consultants make adjustments to the consultation process to meet unique and individual needs of consultees and clients. The MSC framework provides opportunities for conceptual change and serves as a guide for school consultants working with diverse populations (Ingraham, 2003).

Nastasi et al. (2000) proposed the Participatory Culture-Specific Consultation (PCSC) framework to guide the development of culture-specific interventions. The PCSC framework focuses on identifying the presenting problem from the viewpoint of the target population and relies on psychological theory, research, personal theories (e.g., world views, beliefs), and experiences to guide the consultation process. The emphasis is always on addressing the role of culture throughout the consultation process. There are nine phases in the PCSC framework: (a) reviewing relevant theory and research; (b) initiating contact with key stakeholders, gaining entry into the system, and seeking an initial understanding of the culture; (c) forming partnerships with and/or among stakeholders; (d) identifying the problem(s) and goal(s); (e) gathering data that are relevant to the target problem to achieve a culture-specific understanding of the problem; (f) generating culture-specific hypotheses and recommendations; (g) developing culture-specific interventions and implementing planned interventions; (h) evaluating the acceptability, integrity, and effectiveness of the intervention and the consultation process; and (i) promoting the integration of intervention efforts into existing institutions. The authors point out that the effectiveness of such a framework “is highly dependent upon the consultants’ capacity for learning and understanding the culture of individuals and organizations, and expertise in appropriate methodology for achieving a thorough

understanding of the culture” (p. 403). In other words, the effectiveness of the consultation process is largely dependent on the consultant’s level of multicultural competency. The PCSC framework highlights the importance of consultants’ understanding of problems from the viewpoints of others involved in the process and developing interventions that are culturally sensitive.

Both the MCSC and PCSC frameworks provide multicultural consultation approaches and illustrate possible avenues to incorporate multicultural issues. For example, both the MCSC and PCSC frameworks emphasize approaching consultation from a cultural perspective to help identify problems and to develop interventions that are culturally responsive. Both frameworks also encourage consultants to become more aware of their own biases and to take an active role in learning about both consultees’ and clients’ cultures. In sum, both frameworks reject the notion that “one approach fits all” and promote cultural modifications to existing practices. These underlying principles have shaped some of the research conducted in the consultation literature. The next section reviews research studies that have investigated the application of multicultural frameworks and approaches, and their impact on process and outcomes in consultation.

### ***Research in Multicultural Consultation***

Investigations examining multicultural aspects of consultation are scarce and relatively new. While both quantitative and qualitative methods have been used to study multicultural issues in consultation, most of the studies are qualitative. Given that culture is a complex set of influences and relationships that often cannot be quantified into a single variable, qualitative studies have helped to capture the complexities of multicultural consultation (Ingraham, 2008). Both quantitative and qualitative

investigations that focus on multicultural consultation and competency are discussed in this section. According to the literature, using multicultural approaches result in changes in consultation processes and leads to positive outcomes in terms of changes in teachers' and students' behaviors (Goldstein & Harris, 2000; Ingraham, 2003; Tarver Behring et al., 2000).

Some of the research in multicultural consultation has found that when consultants effectively address multicultural issues during the consultation process, they can positively influence consultees' perceptions of the consultants' competencies (Duncan & Pryzwansky, 1993; Rogers, 1998). These studies have used quantitative methodologies to explore how cultural and racial differences among the individuals involved in the consultation triad impact consultees' perceptions of consultation processes.

Gibbs (1980) was the first to hypothesize that racial difference between consultants and consultees may impact the quality of their interactions. Gibbs investigated relationship building in consultation between Black consultants, and Black and White teacher consultees in an urban school district. He found that cultural and racial group membership affects consultees' expectations and preferences during the initial stages of consultation. In Gibb's study, Black consultees preferred an interpersonal consultation style that focused on the process rather than the content of interactions. In contrast, White consultees preferred more of an instrumental communication style that focused on the goal or task-related aspects of the relationship. Gibbs suggested that Blacks are more likely than Whites to initially focus more on interpersonal aspects of consultation due to a combination of historical circumstances, and socio-cultural patterns

and values. This study suggests that consultees of different races may prefer different interpersonal consultation styles. He argued that consultants need to adjust their interpersonal styles when communicating with consultees of diverse racial backgrounds. However, subsequent research studies suggest that factors other than race may have more of an impact on consultation processes (Duncan & Pryzwansky, 1993; Rogers, 1998).

Duncan and Pryzwansky (1993) used quantitative methods to study racial factors in consultation. They asked a sample of Black female elementary school teachers to watch videotapes of consultation sessions and then provide their perceptions of the consultants' effectiveness. Duncan and Pryzwansky found that the consultees' ratings of the consultants' effectiveness did not differ significantly as a function of the consultants' race. In addition, the teachers did not report preferences regarding the consultants' race. In a qualitative analysis of the findings, several participants reported that the quality of the help given was more important than the consultant's race. The findings of this study suggest that consultants who address racial issues in consultation sessions, regardless of their race, are perceived as more effective by consultees.

In a subsequent study, Rogers (1998) explored the relationship between race and consultants' perceived competency by showing a videotape of a consultation session to 154 African-American and Caucasian female preservice teachers from colleges and universities. Similarly to Duncan and Pryzwansky (1993), Rogers found that regardless of the consultants' race, teachers rated consultants who addressed racial themes as more competent and more multiculturally sensitive compared to those consultants who ignored the racial issues.

The most critical implication of these studies is that consultants who address cultural issues in consultation are perceived as more effective and competent by consultees. Thus, the multicultural knowledge and skills of consultants are important when engaging in consultation. In general, Duncan and Pryzwansky's (1993) and Rogers' (1998) results suggest that the race of consultants alone do not appear to impact the consultation process; rather, the consultants' sensitivity and willingness to attend to cultural issues may matter most.

Several qualitative studies in consultation have documented consultation processes and outcomes resulting from the application of multicultural approaches. Ingraham (2003) examined how three novice consultants applied multicultural approaches to explore cultural hypotheses with experienced teachers as consultees. All three cases involved beginning consultants working 4 to 6 sessions with experienced teachers. The results demonstrated that consultants in two successful cases used multicultural approaches such as self-disclosing regarding the consultant's own cultural learning process and experiences, reframing consultees' perceptions of cultural issues, bridging across differences by highlighting similarities between consultants and consultees of diverse backgrounds, creating emotional safety when addressing cultural and racial issues, co-constructing the definition of the consultation referral problem within a multicultural context, and reframing cultural perspectives. In contrast, Ingraham noted that the consultant who avoided addressing cultural issues (e.g., consultees' attitudes towards cultural differences) and who did not use these strategies was not able to change consultees' perceptions, or improve her relationships with the consultee to be able to address issues such as differences in how students' difficulties were perceived

(i.e., consultees viewing students' cultural differences as problems). The findings suggest that positive consultation outcomes were achieved when consultants addressed multicultural issues during the consultation process. The student outcomes included increases in student participation, academic achievement, and targeted classroom behaviors. The consultee outcomes included consultee engagement in the process of problem solving, and increased knowledge and skills in working with culturally and linguistically diverse students. The results suggested that even novice consultants can deliver multicultural consultation and achieve positive outcomes by demonstrating cultural knowledge and skills learned via multicultural training in consultation. Furthermore, Ingraham concluded that consultants may need to develop specific knowledge and skills to address the range and intensity of cultural values and attitudes that they may encounter when delivering consultation within a multicultural framework.

The consultation literature suggests that consultants modify their consultation strategies when working with diverse populations. Tarver Behring et al. (2000) investigated the kinds of modifications made to school-based consultation by interviewing beginning consultants of four different ethnic identities. Consultants of European American, African American, Asian American, and Latino backgrounds consulted with teachers and families of ethnically similar and different groups. Interviews with consultants (teachers) and clients (parents and students), who were either from the same or different cultural backgrounds as the consultants, revealed that consultants often made modifications to their consultation approaches in response to cultural diversity. Some of the modifications included, but were not limited to, the following: (a) discussing cultural issues with consultees, (b) respecting student/parent cultural styles, (c) allowing

more time to move through the stages of consultation to explore cultural differences and issues, and (d) communicating in the parent's native language. In addition, consultants reported making different modifications for specific cultural groups. For example, in a case with a Latino family, consultants met with the family in their own neighborhood, communicated in Spanish, showed respect for and were responsive to specific Latino cultural customs, and suggested a school-sponsored literacy program in the community that included English language instruction for both the student and the mother. The investigators concluded that these modifications resulted in improvements in the students' attendance and school achievement. On the other hand, the consultant working with an Asian family reported using strategies that were viewed as more responsive to Asian cultural values and attitudes, such as applying a more expert approach when discussing educational services with the parent, de-emphasizing the child's deficits to avoid family shame, avoiding personal questions, and accepting a gift of gratitude at the end of the case. As a result, the student was successfully placed in special educational services appropriate for his needs. According to Tarver Behring et al., these findings suggest that using multicultural approaches does not only entail consultants making cultural modifications when working with consultees and clients from diverse backgrounds, but also include making culture-specific modifications to match the culture of the consultees and clients.

Goldstein and Harris (2000) explored the implications of using a multicultural consultation approach in two heterogeneous schools with a Latino population. Their qualitative findings have major implications for multicultural consultation practices. The authors interviewed Latino parents from two schools and found that they differed in

terms of their formal educational experiences in their native country and their reasons for migration (e.g., political turbulence, socioeconomic opportunities, escape from strict class boundaries). The variation of experiences impacted parents' perceptions of how their children should be instructed to learn English. Parents in one school wanted their children to be instructed solely in English and viewed bilingual education as an instructional program that deterred their children from learning English. In contrast, parents in the second school wanted their children to have access to bilingual education and perceived bilingual instruction as a medium to maintain their children's native culture and language. The parents' perceptions of how instruction should be delivered also became a source of conflict as school professionals had their own perceptions and expectations of how the students should be instructed. The researchers described how consultants had to clearly communicate with both parents and school staff in order to understand their differences and commonalities. Much of their communication entailed discussing their attitudes towards programs like bilingual education, bilingual special education and effective instruction for English language learners. The consultants also needed to understand and explore within group differences in the Latino community reflecting divergent approaches as to how to instruct students to learn English as a second language. The consultants reported relying on different strategies in each school to bridge the gap between the parents and school staff. In the school in which the parents did not want bilingual education, the consultants conducted meetings for parents to address their concerns, provided information regarding learning disabilities and special education instruction, and coordinated meetings with other bilingual special education staff at various schools to share information with parents about various instructional approaches.

As a result, a forum was developed for parents to continue to support each other. In the school in which parents advocated for bilingual education services, the consultant helped to train bilingual and special education paraprofessionals, generated packets of information, integrated services within bilingual classrooms, and adapted materials using bilingual education methodology. As a result, the school staff felt that having a bilingual/special education consultant, as a permanent member of the school, would be helpful. The authors suggested that it was imperative for consultants to demonstrate knowledge of cultural values and skills in addressing systemic issues. Furthermore, they concluded that it was necessary for consultants to examine and be aware of within group cultural differences to appropriately and effectively apply multicultural frameworks.

In general, the studies reviewed in this section of the chapter suggest that using multicultural approaches in consultation impacts consultation processes and outcomes (Duncan & Pryzwansky, 1993; Goldstein & Harris, 2000; Ingraham, 2003; Rogers, 1998; Tarver Behring et al., 2000). These studies also suggest that multicultural approaches in consultation call for a variety of consultation competencies. The next section reviews literature that is specific to multicultural consultation competency.

***Multicultural Consultation Competency Research.*** The consultation literature refers to a number of competencies that school psychologists need to practice consultation (e.g., Brown, 1997, Brown et al., 1997; Ingraham, 2000; Miller & Cangemi, 1988; Lopez & Rogers, 2001; Ramirez et al., 1998; Rogers & Lopez, 2002; Sheridan, 2000; Ton, Koike, Hales, Johnson, & Hilty, 2005; Washburn, Manley, Holiwski, 2003). Multicultural competency is identified as principal domain in delivering consultation services (Ysseldyke, et al., 1997). Whereas in the counseling field numerous researchers

have proposed definitions of cross-cultural counseling competency, and have conducted research that has resulted in operationalizing multicultural competencies and developing measures of cross-cultural counseling competency (e.g., D'Andrea et al., 1991; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto, Rieger, Barrett, & Sparks, 1994; Sadowsky, Taffe, Gutkin, & Wise, 1994; Sue, Arredondo, & McDavis, 1992; Sue et al., 1982), similar research has not been conducted in consultation. A review of the consultation literature does show that numerous multicultural competencies have been identified by experts in the field based on their experiences and insights about consultation delivery. The number and types of multicultural competencies varies across different authors and experts in the various consultation models (e.g., Brown, 1997, Brown et al., 1997; Ingraham, 2000, Miller & Cangemi, 1988; Lopez & Rogers, 2001; Ramirez et al., 1998; Rogers & Lopez, 2002; Sheridan, 2000; Ton et al., 2005; Washburn et al., 2003). However, there are some competencies that often appear in the literature.

Lopez and Truesdell (2007) summarized common underlying competencies across the various multicultural consultation frameworks. Their review of the competency literature was organized into six underlying multicultural competencies and they cite literature as well as research suggesting that these competencies are critical: (a) consultants are sensitive to cultural differences and demonstrate awareness of how cultural differences impact consultants, consultees and clients (Harris, 1991; Ingraham, 2000; Tarver Behring & Ingraham, 1998); (b) consultants and consultees acquire knowledge about their clients' cultural backgrounds and use this knowledge to address multicultural issues in consultation (Brown, 1997; Ingraham, 2000; Jackson & Hayes, 1993; Ramirez et al., 1998); (c) consultants are mindful of cultural differences in

communication and use cross-cultural communication strategies when working with consultees (Harris 1991, 1996; Ramirez et al., 1998; Jackson & Hayes, 1993; Lopez, 2000); (d) consultants approach consultation relationships and rapport building with cultural sensitivity to establish positive interpersonal relationships with consultees (Brown, 1997; Duncan & Pryzwansky, 1993; Gibbs, 1980, 1985; Ingraham, 2000); (e) multicultural issues are addressed throughout every stage of consultation process (i.e., contracting, problem identification and analysis, intervention planning, implementation and evaluation, process evaluation; Gibbs, 1985; Goldstein & Harris, 2000; Ingraham, 2000; Ramirez et al., 1998); and (f) consultants acknowledge how systemic issues impact the cultural context in consultation and engage in practices that change systems using culturally responsive approaches (Ingraham, 2000; Jackson & Hayes, 1993; Pinto, 1981). Although these competencies provide an overview of important knowledge and skills needed by practitioners consulting within multicultural frameworks, there are several major gaps in the literature (Ingraham, 2004; Lopez & Truesdell, 2007). One gap is that consultation experts do not agree as to what constitutes critical multicultural competencies. The other gap is that the majority of these competencies have not been identified via empirical means. The third gap is that we lack an understanding of how background variables, such as racial/ethnic background and role of consultants (i.e., practitioner vs. graduate student) influence our perceptions of multicultural competencies in consultation.

At this current time, there are only two studies in school psychology that have used empirical approaches to identify multicultural competencies. Rogers and Lopez (2002) and Lopez and Rogers (2001) used a quantitative methodology (i.e., Delphi

procedure) to identify multicultural competencies across 14 major school psychology domains, roles and functions (e.g., Assessment, Language, Professional Characteristics, Assessment, Report Writing). [Rogers and Lopez (2002) is an earlier investigation, although published later than Lopez and Rogers (2001)]. Both studies identified multicultural competencies that were viewed as essential for consultation practice. Cross-cultural competencies were defined as “the ability to demonstrate cross-cultural knowledge and engage in behaviors or skills that reflect an awareness and sensitivity to cross-cultural issues” (Lopez & Rogers, 2001; p. 274). However, these two studies only identified eight essential competencies that were relevant to consultation.

Rogers and Lopez (2002) identified the following multicultural consultation competency items: (a) knowledge about cultural and linguistic factors that can influence the input, process, and outcome of consultation; (b) skills to work with linguistically and culturally diverse parents, children, and school staff; (c) skills to use a variety of data collection techniques for problem identification, clarification, planning and implementation of interventions that are culturally and linguistically sensitive; and (d) skills to recognize prejudice and prevalent obstacles that may affect consultation. Lopez and Rogers (2001) used similar, but somewhat different procedures, and identified these four consultation competency items: (a) skill in working with others, (b) skills in demonstrating sensitivity towards the culture of school personnel involved in consultation, (c) skill in responding flexibly with a range of possible solutions that reflect sensitivity to cross-cultural issues, and (d) knowledge of the culturally related factors that may affect accurate assessment of the “problem” in the problem-solving sequence. In contrast to the non-empirical literature, which has identified numerous multicultural

competencies, these two investigations, in unison, identified few multicultural competencies relevant to consultation.

The complexity of the consultation process clearly calls for additional research to identify a more comprehensive set of multicultural competencies relevant to consultation practice (Lopez & Truesdell, 2007). In addition to identifying multicultural competencies, we must also explore how to prepare practitioners and graduate students in school psychology to engage in consultation practices that demonstrate multicultural competencies. However, many consultants report that they have only received little, if any, training in the area of multicultural competency (Anton-LaHart & Rosenfield, 2004; Ramirez & Alghorani, 2003; Rogers, Ponterotto, & Conoley, 1992).

### ***Multicultural Competency Training***

The counseling literature has taken a lead in addressing multicultural training issues. According to the counseling literature, multicultural competency is a set of characteristics that can be taught (e.g. D'Andrea et al., 1991; Pope-Davis et al., 1994; Smith et al., 2006). However, the research suggests that many of the consultation training programs are not giving a sufficient amount of attention to multicultural issues (Anton-LaHart & Rosenfield, 2004; Ochoa, Rivera, & Ford, 1997; Rogers et al., 1992). While multicultural competency is recognized as an important topic in the consultation field, multicultural competency has only been discussed qualitatively thus far. The lack of consensus and clarity among practitioners and researchers regarding multicultural competency in the consultation field is likely to make it more challenging to offer multicultural consultation training.

The counseling literature shows that counselors can be successfully trained to develop multicultural competency. Smith et al. (2006) examined the overall effectiveness of multicultural education in counseling using meta-analytic methodologies. They found that multicultural education interventions were typically related to positive outcomes across numerous studies as measured by increased perceptions of the counseling students' competency. Pope-Davis et al. (1994) demonstrated that graduate students' multicultural counseling competencies were positively correlated with the level of multicultural training they had received. Interns who had received supervision in multicultural counseling settings, had completed several multicultural workshop hours, or had taken a greater number of multicultural coursework reported greater multicultural competency specific to their knowledge and skills. Furthermore, interns who had received supervision in multicultural counseling situations also reported increased multicultural awareness.

D'Andrea et al. (1991) investigated the impact of a multicultural counseling course on graduate students' competencies. The results indicated that after completing the course on multicultural issues, graduate students perceived themselves as having greater Knowledge, Skills, and Awareness in the area of multicultural counseling. Similarly, Pope-Davis, Reynolds, Dings, and Nielson (1995) found that taking a course specifically devoted to multicultural issues, and having greater amounts of multicultural client hours and multicultural supervision, were related to higher scores on a measure of self-perceived multicultural competency. These findings suggest that multicultural counseling competency is a set of characteristics that can be trained.

Although multicultural competency is a set of characteristics that can be taught, research in school psychology training reveals that future school psychologists appear to be receiving very little training related to multicultural issues. Two data-based studies were published during the 1990s on the state of multicultural training in school psychology programs. Rogers et al. (1992) found very little systematic attention given to diversity issues among the nationwide survey of multicultural school psychology training programs. The results showed that almost 30% of the students in the study reported receiving little to no exposure to racially and ethnically diverse children during their fieldwork. Furthermore, the authors found that 40% of the programs sampled did not offer any coursework on multicultural issues. Ochoa et al. (1997) surveyed school psychologists from the eight U.S. states with the highest concentrations of Hispanic and Spanish speaking people to learn about their graduate preparation in conducting bilingual assessments. The majority of school psychologists (87%) considered their preparation regarding bilingual assessments to be inadequate and only 3% indicated that a course in bilingual assessment was even offered in their graduate programs.

In a more recent survey study, Anton-LaHart and Rosenfield (2004) investigated the state of preservice consultation training and supervision in school psychology programs. The researchers found that most preservice training courses emphasized instruction focusing on consultation theory and content, and provided less instruction about interpersonal and multicultural skills. Multicultural skills received little emphasis in consultation courses and were taught, on average, less than 10% of the time.

There is a need for additional research on multicultural consultation training to explore the challenges and obstacles to offer such training. Systematically identifying and

defining multicultural competencies can provide guidelines for training programs to provide graduate students with the skills and knowledge necessary to work successfully with diverse groups. Developing a scale to measure multicultural consultation competency can encourage programs to evaluate their strengths and weaknesses in terms of their multicultural training. The scale will help programs to identify competencies and to rate graduate students' skills in multicultural consultation. Practitioners in the field can also use the scale to identify their areas of strengths and additional training needs. The next section will review methodologies used to identify and validate multicultural competencies in both the consultation and counseling fields.

### ***Methodologies Used to Identify and Validate Multicultural Competencies***

#### ***Review of Methodologies Used in the Counseling field***

The counseling literature has already taken the lead in identifying multicultural competencies. The methodologies that have been used in the counseling field are discussed and reviewed in this section. These methodologies were adopted and utilized in the current investigation to identify multicultural consultation competencies.

In response to the need for multicultural counseling, the Education and Training Committee of the APA's Division of Counseling Psychology (Division 17) published a position paper articulating and defining cross-cultural counseling competencies (Sue et al., 1982). Based on the authors' expertise in the multicultural counseling field, they identified 11 essential competencies necessary to provide appropriate services to racial and ethnically diverse clients. Each competency was conceptualized within three broad domains that included (a) Knowledge, (b) Skills, and (c) Awareness. The Knowledge component referred to having specific knowledge of the cultural groups one is working

with as well as knowledge about one's own cultural group. The Skills category referred to the ability to develop and implement culturally appropriate problem identification strategies and intervention techniques. The Awareness category involved awareness of one's own assumptions, values, and biases that affect the counseling process.

Ten years later, Sue et al. (1992) proposed 31 multicultural counseling competencies that integrated multicultural and culture-specific Knowledge, Skills, and Awareness. This expanded list of competencies was developed based on the authors' expert knowledge, the original Division 17 position paper (Sue et al., 1982), and the *Guidelines for Providers of Psychological Services to Ethnic and Culturally Diverse Populations* (APA, 1991). The competencies set forth by Sue et al. (1982, 1992) were well received by the American Counseling Association (ACA) and the American Psychological Association (APA).

Leading figures in the field of cross-cultural psychology (D'Andrea et al., 1991; LaFromboise et al., 1991; Ponterotto et al., 1994) attempted to operationalize the work of Sue et al (1982, 1992). These attempts formed the foundation for the most influential and widely used measures of multicultural counseling competence. As an initial step in the process of defining and identifying multicultural consultation competencies, the same three domains used in the counseling literature (i.e., Knowledge, Skills, and Awareness) were adopted in this study to identify multicultural consultation competency items.

### ***Review of Methodologies Used in the Consultation Field***

Although the consultation literature has addressed the importance of developing multicultural consultation competencies, those competencies have not been systematically identified thus far. As such, there is a lack of consensus in terms of

multicultural competencies in the consultation field. As previously stated, except for two research based studies that have systematically identified school psychologists' competencies in a number of areas (Lopez & Rogers, 2001; Rogers & Lopez, 2002), the competencies reviewed in the literature are not empirically based, and primarily reflect the opinions and expertise of authors (e.g., Brown et al., 2001; Ingraham, 2000; Lopez & Rogers, 2001; Ramirez, et al. 1998; Rogers & Lopez, 2002).

Since Rogers and Lopez (2002) and Lopez and Rogers (2001) are the only two empirical investigations in school psychology that have identified multicultural competencies in consultation, the methodologies that they used are briefly reviewed. Rogers and Lopez identified cross-cultural competencies for school psychologists by combining qualitative and quantitative procedures. The investigation involved conducting an extensive literature search on cross-cultural school psychology competencies. Expert panelists (i.e., school psychologists who had expertise in the provision of psychological services to racially, ethnically, culturally, and/or linguistically diverse populations) were then asked to rate the importance of the literature-based competencies using a questionnaire and to identify additional competencies based on their expert opinion. After two rounds of questionnaires, 102 competencies covering 14 major domains (e.g., Assessment, Consultation, Language, Professional Characteristic, Report Writing) of professional activities and practices for school psychologists were generated.

Whereas Rogers and Lopez (2002) initially identified multicultural competencies via a thorough review of the school psychology literature, Lopez and Rogers (2001) approached the task by using a panel of school psychologists with cross cultural expertise, different instrumentation, and modified procedures. This investigation involved

three rounds of data collection and data analysis. In round one, the panel of experts was asked to identify cross-cultural competency items via an open-ended questionnaire. The items were then examined for representativeness, category relevancy, and redundancy by a panel of judges composed of graduate students in a school psychology program. These strategies led to eliminating some items, and resulted in a more concise and comprehensive list of competency items. In round two of the survey, the panel of experts was asked to rate the importance of each of the competency items generated from round one using a Likert scale ranging from 1 'Very Important' to 5 'Very Unimportant'. The experts were also asked to include any additional competencies that they felt to be relevant. In round three, the researchers shared statistical information based on the experts' ratings generated from round two (e.g., means and standard deviations) for all the items, and panelists were instructed to either maintain or revise their ratings. The round three responses were analyzed by calculating means, standard deviations, and ranges of consensus to identify items with ratings that had high consensus among the panelists. This process resulted in 89 essential cross-cultural competency items.

Rogers and Lopez (2002) and Lopez and Rogers (2001) relied on literature sources and expert opinions to identify multicultural competencies. Similar methods were utilized in this study to systematically identify multicultural competencies specific to consultation by (a) thoroughly reviewing the multicultural consultation literature, and (b) rating each item for their relevancy, clarity, and redundancy. The competencies identified in the pilot study were used to develop the MSCCS.

### ***Review of Methodologies Used to Validate Multicultural Competency Scales***

To date there are no multicultural consultation competency scales available. However, there are several multicultural competency scales that are available in the counseling field. The methodologies that have been used in the counseling field to develop and validate competency scales are reviewed in this section. Some of these methodologies were adopted in the current investigation to develop and validate the MSCCS.

The following four scales are reviewed in this section of the proposal: the Multicultural Awareness-Knowledge-and Skills Survey (MAKSS; D’Andrea et al., 1991), the Multicultural Counseling Awareness scale – Form B (MCAS:B; Ponterotto et al., 1994), the Multicultural Counseling Inventory (MCI; Sodwosky et al., 1994), and the Cross-Cultural Competency Inventory (CCCI; Hernandez & LaFromboise, 1985) now the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise et al, 1991). The MAKSS, MCAS:B, and MCI are self-report measures of cross-cultural counseling competencies. The CCCI-R is designed for supervisors to assess their supervisees’ cross-cultural counseling competencies. A general overview of the four scales is presented in Table 1.

Table 1

#### *Description of Psychometric Properties of the MAKSS, MCAS:B, MCI, and CCCI-R*

Description & Psychometrics	Scales			
	MAKSS	MCAS:B	MCI	CCCI-R
Scale Length & Response Format	60 items, 4-point Likert type	45 items, 7-point Likert-type	40 items, 4-point Likert-type	20 items, 6-point Likert type

Description & Psychometrics	Scales			
	MAKSS	MCAS:B	MCI	CCCI-R
Coefficient Alpha	Aw = 0.75 Kn = 0.90 Sk = 0.96 Tot not reported	Tot = 0.91 Kn/Sk = 0.92 Aw = 0.75	Aw = 0.83 Kn = 0.79 Sk = 0.83 Re = 0.71	Tot = 0.95 Subscales not reported
Interrater Reliability	Not Applicable	Not Applicable	Not Applicable	0.84
Test-retest Reliability	Not examined	Not examined	Not examined	Not examined
Content Validity	Not examined	Expert raters; Card sorts	Expert raters; Factor name consensus by student judges	Trained raters
Criterion Validity	Sensitive to training	Sensitive to training and experience	Sensitive to training and experience; Videotaped analogue rated in expected direction	Sensitive to training; Videotaped analogues rated in expected direction
Construct Validity		Convergent validity established with theoretically related instruments		Discriminant validity established with Counselor Rating Form
Construct Validity via Factor Analysis	Scale-specific exploratory factor analysis	Exploratory and confirmatory factor analysis	Exploratory and confirmatory factor analysis	Exploratory factor analysis

*Note.* MAKSS = Multicultural Awareness-Knowledge-and Skills Survey; MCAS:B =

Multicultural Counseling Awareness Scale – Form B; MCI= Multicultural Counseling

Inventory; CCCI-R = Cross-Cultural Competency Inventory; Aw = Awareness; Kn = Knowledge; Sk = Skills; Re = Relationship; Tot = Total.

The MAKSS, MCAS:B, MCI, and CCCI-R were all developed based on the theoretical formulations of Sue and colleagues (1982, 1992). These scales were designed for counselors and students in counseling programs for the purpose of assessing multicultural counseling competency. High scores on these scales suggest high levels of multicultural competency; whereas low scores on these scales suggest low levels of multicultural competency. These scales were pilot tested with graduate students in various psychology programs (D'Andres et al., 1991; LaFromboise et al., 1991; Ponterotto et al., 1994) and practicing counselors (Sodowsky, 1996). Based on the data gathered from the pilot studies, some of the competency items were dropped and others remained, resulting in reliable and valid measures of multicultural counseling competency. Reviews of these scales indicate that they show promise in their ability to measure counselors' multicultural competency (Ponterotto et al. 1994; Pope-Davis et al., 1995).

**Reliability.** Scale reliability is defined as “the proportion of variance attributable to the true score of the latent variable.” (DeVellis, 2003; p. 27). The scales reviewed for the purpose of this investigation reported coefficient alpha as means to quantify reliability. Coefficient alpha was reported for the full scale and/or the subscales. Reliability coefficients vary between values of .00 and 1.00, with 1.00 indicating perfect reliability of the test scores and .00 indicating no reliability. In general, scales that yield scores of .80 or higher are considered sufficiently reliable for most research purposes

(Gall, Borg, & Gall, 1996). Coefficient alpha on each scale is reported in Table 1. Reported coefficient alphas suggest adequate reliability for all four scales.

**Validity.** An instrument is stated to have adequate validity when it accurately measures what it purports to measure (DeVellis, 2003; Gall et al., 1996). There are several types of validity assessed by social scientists (e.g., concurrent, external, fact, internal, predictive, construct). The following types of validity will be reviewed in this section, as they are most relevant to the current investigation: content, criterion, and construct validity. Refer to Table 1 for the summaries of validity information on the counseling scales reviewed in this section.

**Content Validity.** Content validity is defined as the extent to which a specific set of items reflects a content domain (DeVellis, 2003; Gall et al., 1996). DeVellis suggests asking experts to review items for relevancy to maximize item appropriateness and provide content validity. Content validity of the counseling scales (i.e., MAKSS, MCAS:B, MCI, CCCI-R) was generally established by experts in the field who were trained to examine items on the scale to ensure that they reflected multicultural counseling competencies (D'Andrea et al. 1991; LaFromboise et al., 1991; Ponterotto et al., 1996; Sadowsky, 1996). In the item development phase of the MSCCS, two school psychologists with training and experiences of working with a diverse population rated items for relevancy, redundancy, and clarity for the purpose of content validity.

**Criterion Validity.** Criterion validity is concerned with having an empirical association with some criterion (DeVellis, 2003). Based on a review of counseling scales, evidence for criterion validity is often established by examining the relationship between the scale scores, and various demographic and multicultural training/experience

variables. For example, Sadowsky et al. (1994) gathered evidence for the criterion validity of the MCI by showing that respondents (604 psychology students, counselors, and psychologists in the Midwest) who worked 50% of time or more in multicultural settings scored significantly higher on the MCI than respondents without such experiences. In another study, students' scores on the MAKSS increased following participation in multicultural counseling training courses (Diaz-Lazaro & Cohen, 2001). Overall, respondents with more multicultural experience and training scored higher on these counseling scales that purport to measure multicultural counseling competency (D'Andrea et al. 1991, Ponterotto et al., 1994; Sadowsky, 1996; LaFromboise et al., 1991). In the current investigation, the relationship between the scores on the MSCCS and the set of items assessing participants' education/training and work/field experiences were examined for the purpose of criterion validity.

***Construct Validity.*** Construct validity is defined as “the extent to which a particular test can be shown to assess the construct that it purports to measure” (Gall et al., 1996; p. 249). According to Trochim (2001), evidence of the construct validity of a measure can be demonstrated by adequate convergent and discriminant data. Thus, tools that are intended to measure the same construct should demonstrate a strong correlation, (convergent validity); whereas tools that are intended to measure a different construct should have a weak, if any, correlation (discriminant validity).

Correlations between competency scales and social desirability scales have been examined for the purpose of discriminant validity. Ponterotto et al. (1994) found no significant correlations between the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) and the MCAS:B. Similarly, no significant correlations were found

between the MCSD and the MCI (Boero, 2002). Ponterotto et al. argued that no significant correlations between the two scales (measure of multicultural social desirability and a measure of multicultural counseling competency) provide evidence for discriminant validity given that they are theoretically unrelated. In the current investigation, the relationship between the MSCCS and the MCSD were examined for the purpose of discriminant validity.

In scale development, factor analysis is typically utilized for the purpose of demonstrating construct validity. Factor analysis is an essential tool in scale development because it can provide insight into the nature of the latent variables underlying the items and is used to determine the number of factors that underlie a set of items (DeVellis, 2003). Although the factor analytic procedures varied somewhat across the counseling studies, most utilized exploratory and/or confirmatory factor analysis to explore and test the assumption the counseling scales had at least three underlying factors (i.e., Knowledge, Skills, Awareness) that measure multicultural counseling competency. Rogers and Ponterotto (1997) is the only study that hypothesized a global factor of multicultural competency, given their goal of presenting a brief and efficient measure (MSPCCS). In general, the construct validity studies in the counseling field have reported one-to-four-factor structures depending on the scale (D'Andrea et al., 1991; LaFromboise et al., 1991; Ponterotto et al., 1994; Rogers & Ponterotto, 1997; Sadowsky et al., 1994). In the current investigation, confirmatory factor analysis was conducted to test the assumption that there are at least three underlying constructs (i.e., Knowledge, Skills, and Awareness) that measure multicultural consultation competency.

The competency scales discussed in this section showed evidence for reliability and validity. The development of the multicultural counseling competency scales often involved: (a) pilot testing the preliminary scale by administering them to a sample of potential users; (b) estimating internal consistency for the purpose of obtaining reliability; (c) asking raters to identify items for the purpose of content validity; (d) examining the relationship between scales ratings and various demographic and multicultural training/experience variables to gather evidence for criterion validity; and (e) gathering convergent and discriminant data, and conducting factor analysis for the purposes of construct validity. Similar methods were used to develop and validate the MSCCS.

#### ***Importance of Developing a Multicultural Consultation Competency Scale***

The purposes of this investigation are to develop and validate the Multicultural School-Based Consultation Competency Scale (MSCCS), a scale intended to measure the self-perceived multicultural consultation competencies. The importance of conducting research in the area of multicultural consultation and multicultural competency are: (a) current societal trends that indicate growing diversity among U.S. school children and families (e.g., U.S. Census, 2008), (b) psychologists' ethical obligation to provide consultative services that are culturally sensitive (e.g., APA, 2002; NASP, 2000), (c) the practical benefits of using consultation models to provide services to children (Brown, et al., 2001, Gravois, Knotek, & Babinski, 2002; Gutkin & Curtis, 1999; Lepage, Kratochwill, & Elliott, 2004), and (d) the effectiveness of consultation as suggested by numerous outcome studies (e.g., Gravois & Rosenfield, 2006; Hundert, 2007; Kratochwill et al., 1995, Medway, 1979, 1982; Medway & Updyke, 1985; Riley-Tillman,

& Eckert, 2001; Sheridan et al., 1996). Each of these rationales is discussed in more detail.

### ***Social Trends and Legal Responsibilities***

The United States is rapidly becoming an increasingly multicultural society. By the year 2050 U. S. Census Bureau (2008) projections estimate that the percentage of White, Non-Hispanic residents will decrease to approximately 38% from 56%. The same projections estimate that the percentage of Black, Non-Hispanic residents will increase to approximately 15%; the percentage of Hispanic residents will increase to approximately 30%; and the percentage of Asian and Pacific Islander, Non-Hispanic residents will increase to approximately 9.6%. Based on these statistics, we can project that not only the students, but families, teachers, and other school personnel are likely to be from diverse backgrounds. As these demographic changes are expected to continue, consultants working in schools must be prepared to work with diverse populations. In other words, school-based consultants need to have a working knowledge of the general principles of multicultural consultation as well as the ability to apply these principles in their practice in order to effectively work with an increasingly diverse population.

There are inherent legal implications associated with meeting the needs of a student population that is becoming more racially and ethnically diverse. Figueroa, Sandoval, and Merino (1984) pointed out major court cases, such as *Diana v. California State Board of Education* (1970) and *Lau v. Nichols* (1974), which emphasized the need to develop multicultural competencies in order to provide appropriate and nondiscriminatory assessment and intervention services to racially, ethnically, culturally, and linguistically diverse children. *Lau v. Nichols* involved the education of Chinese

children with limited English proficiency (LEP) being taught solely in English with no supplemental English remedial instruction. The court decided that “there is no equality of treatment merely by providing students with the same facilities, textbooks, teachers, and curriculum; for students who do not understand English are effectively foreclosed from meaningful education” (Lau v. Nichols, 1974, p. 566). Therefore, the court required schools to provide assistance to ensure that children with LEP have access to a meaningful education, including English as a Second Language and bilingual education services. *Diana v. State Board of Education* (1970) was a class action suit involving Mexican American children labeled as educable mentally retarded and placed in special education programs after receiving standardized assessments that were conducted in English. As a result of this case, children with LEP are required to be assessed in their primary language or with sections of tests that do not depend on knowledge of English (Reschly, 1979). In each court case, a lack of cultural understanding and sensitivity when providing services to children with LEP was cited as unjust and unfair. Thus, special considerations need to be made when working with children from different backgrounds.

The Individuals with Disabilities Education Act (IDEA, 1997), and the recent reauthorization, Individuals with Disabilities Education Improvement Act (IDEIA, 2004), also emphasize the necessity of using nonbiased procedures and effective intervention practices when working with racially and ethnically diverse students with handicapping conditions. Therefore, it is imperative for practitioners (e.g., school psychologists) to develop multicultural consultation competencies to better serve racially and ethnically diverse students.

### ***Ethical Obligations and Professional Responsibilities***

School psychologists and other practitioners have an ethical obligation to provide consultative services in a culturally sensitive manner as stated by the American Psychological Association (APA) and the National Association of School Psychologists (NASP). According to the APA's Ethical Principles of Psychologists and Code of Conduct (2002) practitioners are to be respectful and sensitive to physical, mental, emotional, political, economic, social, cultural, ethnic, racial, gender, sexual orientation, and religious differences when delivering psychological services. Furthermore, NASP principles (2000) state that school psychologists need to recognize the strengths and limitations of their training and continue to seek additional training. NASP principles highlight the importance of seeking further training in order for practitioners to become multiculturally competent. Consultants working with a diverse population have the ethical and professional responsibility to learn about and develop multicultural consultation competency.

### ***Consultation as a Practical Service Delivery Model***

Consultation is a service delivery model that is inherently practical because it enables service providers such as school psychologists to reach a greater number of clients, while reducing the amount of direct service workload (Meyers, 2002). For instance, consultees can learn preventive strategies to manage classroom-wide problems via consultation. A major advantage of applying such an approach in schools is to improve the learning or adjustment of a range of culturally diverse students in the classroom, rather than being limited to a single problem or an individual student. School personnel (e.g., teachers, paraprofessionals, related service providers) are frequently

required to work with limited resources while providing services to an increasingly diverse population. By providing consultation services to school personnel, consultants and consultees have the potential to influence not just one student but many students from diverse backgrounds.

Consultation is also a highly practical service delivery model because it aims to improve the function of consultees so that they can solve similar problems in the future. As consultees learn new perspectives and techniques for managing and remediating presenting problems, they become better problem-solvers, with a wider repertoire of problem identification and intervention skills beneficial to culturally and linguistically diverse students (Ingraham, 2007).

Consultation has been utilized during the prereferral intervention phase to reduce the increasing number of special education referrals for culturally and linguistically diverse students (Gutkins & Curtis, 1999, 2009). Research has shown decreases in student referral rates following consultation (Burns & Symington, 2002; Fuchs, Fuchs, & Bahr, 1990; Graden, Casey, & Bonstrom, 1985; Gravois & Rosenfield, 2006; Gutkin, 1980; Henning-Stout, Lucas, & McCary, 1993; Nelson, Smith, Taylor, Dodd, & Reavis, 1991; Ponti, Zins, & Graden, 1988; Rosenfield, 1992). Typically, teachers refer students for special education when students struggle to succeed in their classrooms. Consultation is often utilized as a prereferral intervention strategy whereby consultants and teachers collaborate on finding alternative methods for teaching students who are having difficulty achieving at the expected levels. During the consultation process, consultants work with consultees to address the reasons for consultation referral (e.g., aggression, inattention, reading and math difficulties) by helping the consultees acquire new skills to remediate

the presenting problems. Silva (2008) reported that instructional consultation in the classrooms resulted in lower percentages of culturally and linguistically diverse students placed in special education. As such, the consultation process shows promise as an intervention delivery service that can result in fewer referrals and placements in special education, particularly for culturally and linguistically diverse students.

Consultation is also perceived as a practical service delivery model when it is practiced within a multicultural framework. Rios et al., (1997) used case studies to demonstrate how collaborative consultation and curriculum-based assessment can be used to prevent school failure and over-identification for special education when working with a diverse population. Some of the critical variables that were examined during the consultation stages were the classroom curriculum, teacher instruction, as well as the classroom, school, family, and community contexts. Other variables such as children's diverse cultures, languages, and socio-economic status were also examined. Overall, the authors argued that the multicultural consultation framework allowed for greater flexibility to address numerous cultural variables when developing interventions that were overlooked in the norm-comparison psychoeducational assessment model.

### ***Effectiveness of Consultation***

Numerous outcome studies suggest that school-based consultation is an effective service delivery model. The majority of these studies evaluated the outcome of the consultation process by measuring behavioral and attitudinal changes in consultees and clients. Medway (1979) reviewed 29 outcome studies and found positive outcomes in 78% of the studies. In a subsequent study, Medway (1982) reported positive changes in consultees and/or clients in 84% of the studies reviewed. In another study, Sheridan et al.

(1996) examined the consultation research literature from 1985 to 1995 and found positive outcomes in nearly three-fourths of the 46 studies reviewed. Studies employing meta-analysis have yielded similar findings. For instance, Medway and Updyke (1985) found effect sizes of .55 for consultees and .39 for clients, suggesting moderate positive results for both consultees and clients. In another study, Kratochwill et al. (1995) reported an average effect size of .95, indicating positive changes in individual clients following interventions. These research studies provide support for the effectiveness of consultation as demonstrated in findings that show a relationship between consultation implementation and positive outcomes.

In general, research shows that school-based consultation is a practical and effective service delivery model demonstrated by positive outcomes for teachers and students. Developing multicultural competencies is becoming more essential as the population continues to grow more diverse. Consultants have ethical and legal responsibilities to develop competencies needed to work effectively with an ethnically and linguistically diverse population. Systematically identifying multicultural consultation competency items and developing a competency scale using these items will not only encourage, but also guide consultants to effectively apply a multicultural perspective in their training and practice. The next section provides the rationale for developing and validating a multicultural consultation competency measure.

### ***Rationale for Study***

As presented in earlier sections of this review, researchers have established that consultants need to employ a multicultural approach when working with diverse populations by addressing specific cultural issues (e.g., Ingraham, 2000; 2003; Nastasi et

al., 2000; Tarver Behring et al., 2000). The current consultation models are implemented today with the assumption that they are appropriate, valid, and effective for all populations. As evident in qualitative consultation investigations, a failure to address multicultural issues during the consultation process is likely to result in poor consultation processes and outcomes (e.g., Goldstein & Harris, 2000; Ingraham, 2000; Tarver Behring et al., 2000). Furthermore, the importance of conducting research in the area of multicultural consultation competency is strongly supported by: (a) current societal trends that indicate growing diversity among U.S. school children and families (e.g., U.S. Census, 2008), (b) psychologists' legal and ethical obligation to provide consultative services that are culturally sensitive (e.g., APA, 2002; NASP, 2000), (c) the practical benefits of using consultation models to provide services to children (e.g., Brown et al., 2001; Gravois et al., 2002; Gutkin & Curtis, 2009), and (d) the effectiveness of consultation as suggested by numerous outcome studies (e.g., Gravois & Rosenfield, 2006; Hundert, 2007; Sheridan et al., 1996).

Although the consultation literature has addressed the importance of developing multicultural consultation competency, the competencies essential for delivering multicultural consultation have not been systematically identified thus far. Many authors in the field have explored competencies dedicated to multicultural consultation based largely upon the literature and the opinions of experts in the field. As such, there is a lack of consensus as to what constitutes multicultural consultation competencies. Systematically identifying and empirically validating multicultural consultation competencies will enhance our understanding of successful multicultural consultation approaches, which in turn, will contribute to improved quality of consultation services

school psychologists provide in school settings to students of diverse cultural and linguistic backgrounds.

### ***Purpose and Hypotheses of the Investigation***

The purpose of this investigation is to validate a measure of self-perceived multicultural consultation competency, the MSCCS. This scale will measure consultants' self perceived competencies when providing consultation services to racially, ethnically, culturally, and linguistically diverse populations. The ultimate goals of the study are to establish the psychometric properties of the scale and to provide empirical support for the scale (i.e., reliability, content validity, criterion validity, construct validity).

Based on the methodologies used to validate multicultural competency scales in the counseling field, four primary hypotheses were proposed with respect to examining the validity of the MSCCS. In addition, three additional hypotheses were generated and exploratory analyses were conducted to further validate the MSCCS.

*Hypothesis 1.* There will be three correlated factors that operationally define multicultural consultation competency: Knowledge, Skills and Awareness.

*Hypothesis 2.* Multicultural social desirability, as measured by the MCSD, will not be significantly correlated with any of the presumptive factors (i.e., Knowledge, Skills and Awareness).

*Hypothesis 3.* Participants with different levels of multicultural consultation training, as measured by the number of multicultural and consultation courses and workshops attended, will rate items significantly different on the MSCCS.

*Hypothesis 4.* Participants with different levels of multicultural consultation experience, as measured by work or fieldwork experience, will rate items significantly different on the MSCCS.

*Hypothesis 5:* Participants from different racial and ethnic backgrounds will rate items significantly different on the MSCCS.

*Hypothesis 6.* Participants with different primary roles (i.e., school psychologists, professors, graduate students) will rate items significantly different on the MSCCS.

*Hypothesis 7.* Participants will rate general and multicultural consultation competency items significantly different on the MSCCS.

### **Chapter 3: Methodology**

This chapter introduces the methodology that was used to develop the MSCCS in the pilot investigation, and validate the MSCCS in the current investigation. A description of the participants, instruments, and procedures used to gather data for this investigation are presented next.

#### ***Pilot Investigation: Development of the MSCCS***

##### ***Item Development***

Item development procedures involved two phases. In phase I, the investigator (a) relied on a thorough literature review to identify multicultural consultation competencies, and (b) asked raters to rate the initial list of competencies for relevancy, redundancy, and clarity. These steps were used to generate an exhaustive and comprehensive list of multicultural consultation competencies, which resulted in 40 multicultural consultation competency items. In phase II (a) items were edited by the investigator and the faculty advisor for wording, and (b) the preliminary version of the MSCCS was developed and pilot tested with a group of graduate students and school psychologists. These steps were used to gather feedback from potential users to construct a scale that is comprehensive and easy to complete. The competency items generated through these phases were used to develop the MSCCS, a rating scale that school psychologists and graduate students can use to rate their multicultural competencies as it relates to multicultural consultation in schools.

##### ***Phase I: Items were Identified and Rated***

The first phase of item development involved identifying a list of multicultural consultation competency items through an extensive literature review. The relevant

literature was identified by (a) conducting a computerized literature search (i.e., PsychInfo), (b) manually examining the major consultation journals (i.e., *Journal of Educational and Psychological Consultation*) and professional texts in school psychology, and (c) locating the original sources that were cited in the obtained literature. This process led to the identification of 22 primary sources (i.e., 20 journal articles and 2 book chapters). Consultation resources used to identify multicultural competencies for this investigation are listed with an asterisk (\*) in the reference list. All of the identified literature was read by the investigator and a peer reader, each of whom independently compiled a list of potential competency items. The peer graduate student, who served as the second reader, was enrolled in the School Psychology Masters program at Columbia University. The peer graduate student had taken courses on multicultural issues and consultation and received internship training in a racially, ethnically, culturally, and linguistically diverse school setting. Both readers agreed that only 14 (63%) out of 22 sources actually identified competency items that were relevant to multicultural consultation.

From the 14 sources, the investigator initially identified 75 items and the peer reader identified 76 items. Fifty-six items were on both readers' initial lists of competencies and 20 items appeared on only one of the readers' list. The initial interrater agreement for identifying competency items from the literature was 0.73, as calculated by the number of items that appeared on both of the readers' list over the total number of identified items. Competencies that were on both of the readers' lists were automatically added to the pool of potential competency items. After discussing the remaining 20 items, both readers agreed with 100% consensus on a total number of 56 items that reflected

multicultural consultation competencies important for effective delivery of consultation services to racially, ethnically, culturally, and linguistically diverse individuals.

As an initial step in the process of defining and identifying multicultural consultation competencies, the same three domains used in the counseling literature by Sue et al., (1982, 1992) were adopted and used in this investigation to organize the competency items: Knowledge, Skills, and Awareness. The readers agreed on 50 (89%) out of 56 items in terms of their assignment to the Knowledge, Skills, or Awareness categories. A discussion of the remaining items took place to reach a 100% consensus on the categories for all 56 items. This process resulted in 23 items in the Knowledge category, 27 items in the Skills category, and 6 items in the Awareness category.

The 56 items were rated for relevancy, redundancy, and clarity. This rating process was performed for the purpose of content validity. Two New York State certified school psychologists were selected to serve as raters. These raters were selected because they were both familiar with multicultural consultation theory and practice. Both raters graduated from Queens College-CUNY with a certification in School Psychology. One of the raters graduated with a bilingual extension and the other rater graduated with a multicultural specialization. The biographical information sheet was completed by the raters to gather information on their linguistic and educational backgrounds, and work experiences. Each rater had taken a consultation course, three multicultural graduate courses, and had internship experiences working in diverse school settings. At the time the pilot investigation was conducted, the raters were working in urban school districts where they provided consultation services to a culturally and linguistically diverse population. Both raters were bilingual and reported using both Spanish and English in

their work settings. The raters received an hour training session to prepare them for rating the items. During the training, the raters were provided with an overview of the study, a definition of multicultural consultation, and the three categories of competencies (i.e., Knowledge, Skills, Awareness). The raters rated 10 sample items and compared their responses in order to clarify the process of rating items with regard to relevancy, redundancy, and clarity.

***Relevancy Criteria.*** Relevancy to multicultural consultation entailed examining each item and determining if it was relevant to multicultural consultation. The raters were given a 4-point Likert scale ranging from 1 to 4 to determine relevancy: 1 = 'Not Relevant,' 2 = 'Somewhat Relevant,' 3 = 'Relevant,' and 4 = 'Very Relevant.' The ratings were analyzed by calculating the mean rating for each item. The cut off score of 3 was used to include any mean ratings of 3 to 4 (i.e., items with ratings between 3 and 4 corresponded to Likert ratings of 3 'Relevant' and 4 'Very Relevant'). Of the 56 items, 3 items had a mean rating lower than 3. These three items were all in the Knowledge category and were eliminated from the list.

***Redundancy Criteria.*** The items were rated for redundancy. If the raters considered an item redundant (if it was covered under other items on the list), they were asked to indicate the corresponding item. Of the 56 items, 12 items were rated as redundant. Of the 12 redundant items, 6 items were in the Knowledge category, 4 items were in the Skills category, and 2 items were in the Awareness category. For each set of redundant items, the item with the higher rating on relevancy was selected to remain on the list. If the items had equivalent relevancy ratings, then the two raters discussed which

item was most specific and relevant to multicultural consultation. The item that was agreed on was the item that remained on the list.

**Clarity Criteria.** The raters determined if each item was clearly written by considering how easily they could understand the wording of each item. Of the 56 items, two items were rated as unclear. If the raters thought an item was unclear, they were asked to provide an explanation as to why it was unclear. The item “Understanding cultural saliency” (Knowledge category) was rated as unclear and both raters indicated the reason as “Unclear what defines cultural saliency.” The item “Adapting to culturally responsive strategies during the problem-solving stages” (Awareness category) was also rated as unclear and the reason provided by both raters stated “Uncertain who (consultant, consultee, client) has to adapt.” This particular item was the same item that was considered to be redundant and was eliminated from the list based on the redundancy criteria as well as the clarity criteria.

The process of identifying essential multicultural consultation competencies eliminated a total of 16 items, resulting in 40 items. A total of 71% of the initial items remained on the list. This process resulted in 13 items in the Knowledge category, 22 items in the Skills category, and 5 items in the Awareness category.

### ***Phase II: Items were Edited and Pilot Tested***

The list of 40 competency items generated in Phase I of the item development was further examined and edited by the investigator and the faculty advisor. Items that contained two or more concepts were separated so that each item on the scale represented one concept. Some of the wordings of the items were revised for clarity and intelligibility. Some of the items were eliminated due to redundancy. Six additional

awareness items and 10 general consultation competency items (not specifically relevant to multicultural consultation competency) were further identified from the literature and added to develop a comprehensive scale. This process resulted in 50 items (10 items in the Knowledge category, 19 items in the Skills category, 11 items in the Awareness category, and 10 items that represent general consultation competency).

The edited 50 items were used to develop the MSCCS, which were then pilot tested with 5 graduate students (master and doctoral level) and 5 school psychologists (monolingual and bilingual). They were instructed to read the items and decide how important they were in multicultural consultation using a 4-point Likert Scale rating (1 = 'Very Unimportant,' 2 = 'Unimportant,' 3 = 'Important,' 4 = 'Very Important'). After completing the survey, they were asked to provide qualitative feedback about the survey. Reportedly, the survey took 15 to 20 minutes to complete. All subjects indicated that the structure of the survey was clear. None of the questions were reported to be confusing. All subjects reported that they would find a "Don't know" option to be helpful. Only one reported that a "Not applicable" option would be helpful. As a result, a "Don't know" option was included in the ratings. The information obtained during this phase was instrumental in constructing the MSCCS.

### *Validation of the MSCCS*

#### *Participants*

A total of 350 participants responded to the online survey. Of those who responded to the survey, 328 participants were included in the final sample because they had completed 50% (20 items) or more on the 40 multicultural consultation items on the MSCCS. Two hundred one school psychologists, 3 school psychology supervisors, 18

professors, 1 instructor, and 71 graduate students took part in this study. Thirty-four participants did not indicate their primary role. The participants ranged in ages from 20 to over 50 years, and included 42 males (12.8%) and 251 females (76.5%). Thirty-five participants (10.7%) did not indicate their gender. In the sample, 197 participants identified themselves as Caucasian/White (57.2%), 43 as Hispanic/Latino (13.1%), 31 as African American/Black (9.5%), 20 as Asian (6.1%), and 2 as Native American Indian (.6%). Thirty-five participants (10.7%) did not indicate their race/ethnicity. Overall, 96 (29.3%) participants were from racially and ethnically diverse backgrounds. Data about the participants' background characteristics (gender, age, race/ethnicity, primary role, degree, language) are provided in Table 2.

Table 2

*Summary of Demographic Characteristics of the Study Participants*

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Demographics	Frequency	Percent
Gender		
Male	42	12.8
Female	251	76.5
No Response	35	10.7
Age		
20-30	140	42.7
31-40	70	21.3
41-50	33	10.1
Over 50	49	14.9
No Response	36	11.0

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Demographics	Frequency	Percent
Race/Ethnicity		
Caucasian/White	197	57.2
Hispanic/Latino	43	13.1
African American/Black	31	9.5
Asian	20	6.1
Native American Indian	2	0.6
No Response	35	10.7
Primary Role		
School Psychologist	201	61.3
School Psychology Supervisor	3	0.9
Professor	18	5.5
University Adjunct/Instructor	1	0.3
Graduate Student	71	21.6
No Response	34	10.4
Highest Degree Received <sup>a</sup>		
Doctoral	57	22.9
Specialist/Advanced Certificate	123	49.4
Master's	43	17.3
No Response	26	10.4

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Demographics	Frequency	Percent
Highest Degree Being Pursued <sup>b</sup>		
Doctoral	30	38.0
Specialist/Advanced Certificate	34	43.0
Master's	6	7.6
No Response	9	11.4

Note. A total of 328 participants were in the final sample.

<sup>a</sup>Received by school psychologists, school psychology supervisors, professors, and university adjunct/instructors. <sup>b</sup>Being pursued by graduate students in the sample.

### ***Instruments***

***Multicultural School-Based Consultation Competency Scale (MSCCS)***. The MSCCS consists of 50 items designed to assess multicultural consultation competency among school psychologists. Of the 50 items, 10 items are intended to measure competency in the Knowledge domain, 19 items in the Skills domain, 11 items in the Awareness domain, and 10 items are tended to measure general consultation competency. The directions for completing the scale read as follows: “This study is designed to explore different items that are important to multicultural consultation. Please read each item that is described and decide how important it is in multicultural consultation.” Participants were provided a 4-point Likert Scale in responding to each item, with 1 indicating ‘Very Unimportant’ and 4 indicating ‘Very Important.’ A “Don’t know”

response was also available as an option to each item. Refer to Appendix A for a copy of the MSCCS.

***Multicultural Social Desirability Index (MCSD; Sodowsky, 1998).*** The MCSD was included in the study to assess how strongly the participants' self-ratings were influenced by their motivation to present themselves in ways that society regards as positive (DeVellis, 2003). Refer to Appendix B for a copy of the MCSD. The MCSD is specifically designed to assess the degree to which an individual claims favorable attitudes toward minorities on personal, social, and institutional issues. The MCSD consists of 26 True/False items, with 1 indicating that the respondent is scoring in the direction of multicultural social desirability and 0 indicating that the respondent is not scoring in the direction of multicultural social desirability. The full-scale score is derived from summing the scores from all the items. High scores indicate high multicultural social desirability, and low scores indicate low multicultural social desirability. Reportedly, the MCSD has Cronbach's alphas of .75 and .80, which are considered adequate internal consistency reliability estimates (Sodowsky et al., 1994). The data gathered from the MCSD provided information regarding participants' level of multicultural social desirability. In addition, the correlation between MSCCS and MCSD was examined for the purpose of discriminant validity.

***Background Questionnaire.*** The Background Questionnaire consisted of 26 items that were designed to collect information about the participants' age, gender, racial/ethnic background, educational/training background, and multicultural consultation experiences. Refer to Appendix C for a copy of the Background Questionnaire. The information obtained from the Background Questionnaire was used to explore the

relationship between the background variables (e.g., education/training, work/field experiences) and multicultural consultation competency for the purpose of gathering evidence for criterion validity.

### ***Procedures***

The internet was utilized to recruit participants and administer the survey. The advantages of using the internet are primarily cost savings associated with eliminating the printing and mailing of survey instruments (Cobanoglu, Warde, & Morec, 2001), and time and cost savings by receiving survey responses in an electronic format (Kaplowitz, Hadlock, & Levine, 2004). The participants were first recruited by posting a recruitment letter on several professional listservs (e.g., NASP Bilingual Interest Group, NASP Multicultural Interest Group, NASP Rural School Psychology Interest Group, NASP Positive Psychology Interest Group, NASP Crisis Management Interest Group, APA Society for the Psychological Study of Ethnic Minority Issues). In addition, faculty members were contacted at different universities (e.g., NASP approved programs, school psychology program directors in New York State) via email and asked to post the recruitment letter on their university listservs. If listservs were unavailable, faculty members were asked to share the information about the research project, and to provide the survey website for those graduate students who might be interested in participating. The investigator also presented a brief summary about the study and handed out recruitment letters to externship/internship school psychology students in local universities. The recruitment letter included (a) a brief explanation about the study; (b) an expected length of time to complete the survey; (c) an incentive for participation (i.e., chance to win a drawing of a \$25, \$50, or \$100 Barnes and Noble gift card); (d) the web

address and instructions for how to access the web survey via the web link; and (e) a contact information in case there were any questions. Refer to Appendix D for a copy of the recruitment letter.

Once the potential respondent clicked on the hyperlink for the recruitment letter, the cover letter appeared, followed by the survey. The cover letter included (a) a description of the study; (b) a promise of confidentiality; (c) a statement indicating that their participation was voluntary, and that completing and submitting the questionnaire constituted consent on their part to participate in the investigation; (d) an option to opt-out from the study; (e) an explanation of why their participation was important; and (f) a promise to send copies of the results if the respondent was interested. See Appendix E for a copy of the cover letter.

The cover letter was followed by 3 instruments: MSCCS, MCSD, and Background Questionnaire. Respondents were allowed to stop completing the survey at any point and return to finish it at a later time. At the end of the survey, the respondents had an option to enter a gift card drawing by providing their contact information.

Sending multiple reminders to potential web survey respondents has been reported to be the most effective way to increase response rates (Dillman, Smyth, & Christian, 2008). After initially posting the recruitment letter on the listservs, a follow-up request was posted after two weeks. The content of the follow-up requests included thanking those who had responded and asking those who had not yet responded to participate. The follow-up request emphasized the importance of the recipients' response.

The survey responses were submitted to a confidential, encrypted online database, and names of the respondents were not in any way associated with their responses or any

of the findings. There were two separate databases for the survey responses and the contact information necessary for a gift card drawing. Any names and contact information gathered were destroyed at the completion of the gift drawing process.

The Tailored Design Method (Dillman et al., 2008) was used to conduct this survey investigation. Tailored design involves sets of procedures and techniques (e.g., including the contact letters or e-mails to respondents and the questionnaire) that have been found effective in producing large survey responses by tailoring the survey process to the population regardless of the survey mode. Tailored design is based on motivational psychology and assumes that the process of sending out questionnaires and getting respondents to complete it is a form of social exchange. Dillman et al. described social exchange as “a subtle but powerful method for motivating people to respond to surveys and is particularly useful for surveyors because the rewards that they can typically offer are relatively small” (p. 23). Based on tailored design, the researcher must consider (a) ways to increase the benefits of participation, (b) ways to decrease the costs of participation, and (c) ways to establish trust with potential respondents.

In the current survey investigation, the researcher first maximized the rewards for responding to the survey by communicating positive regard to the participants, explaining to them on the cover letter that they are part of a selected sample, and stating that their responses were needed in order for the study to be successful. The respondents were also promised a copy of the results as a reward for participating in the study. Second, the investigator decreased the costs of participation by extensively pilot testing and revising the items on the MSCCS to identify any possible problems with the survey (i.e., wording and structure of the items), and by designing a survey that was both easy to fill out and

more time efficient. Cost of participation was also reduced for participants by providing a hyperlink to access the web survey. Third, a sense of trust was established by providing tokens of appreciation (e.g., chance to win a gift card, an offer of copies of the results) and by identifying with a known organization (e.g., The Graduate Center, CUNY). The message of social exchange was communicated to the potential participants through a cover letter.

## Chapter 4: Results

This section presents a summary of the data with a primary focus on examining the hypotheses proposed for this study. First, descriptive statistics (means, standard deviations, ranges) were calculated for the MSCCS. In addition, coefficient alpha was calculated for the purpose of measuring internal consistency reliability. The analyses for the four hypotheses were tested along with additional analyses. Only those participants who responded to 50% (20 items) or more on the 40 multicultural consultation items were included in the data analysis. This eliminated 22 participants and resulted in a total of 328 participants for the study.

### *Descriptive Statistics on the MSCCS*

Descriptive statistics (means, standard deviations) for the 40 multicultural consultation items and 10 general items on the MSCCS are summarized in Table 3. On the MSCCS, participants rated levels of importance on multicultural and general consultation items on a Likert Scale ranging from 1 'Very Unimportant' to 4 'Very Important'. The participants were also given "Don't Know" as a response option and it was given a value of 2.5 for the purpose of data analysis. Less than 1% of the total responses were "Don't Know" responses; thus, these responses did not have a significant impact on the outcome of the data analysis. As shown in Table 3, the responses on the items were disproportionately at the high end of the response scale, i.e., ratings corresponding to 3 'Important' and 4 'Very Important'. The means ranged from 3.33 to 3.71 for the Knowledge items, 3.37 to 3.71 for the Skills items, 3.41 to 3.76 for the Awareness items, and 3.17 to 3.74 for the general items. The overall means are reported as follows: 3.59 for the Knowledge items, 3.60 for the Skills items, 3.57 for the



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<u>Knowledge</u>				<u>Skills</u>				<u>Awareness</u>				<u>General</u>			
Items	N	M	SD	Items	N	M	SD	Items	N	M	SD	Items	N	M	SD
				S17	298	3.53	.58								
				S18	293	3.46	.60								
				S19	296	3.68	.53								

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Note. K = Knowledge items; S = Skills items; A = Awareness items; G = General items.

Actual items can be found in Appendix A.

### ***Reliability***

Estimate of internal consistency reliability (N = 328) were calculated for the MSCCS. Values above .90 are considered adequate for both research and clinical purposes (Streiner, 2003). Cronbach's alpha of .96 was obtained, which is considered a very high internal consistency reliability.

### ***Primary Analyses***

***Hypothesis 1.*** It was hypothesized that there were three independent, but correlated factors that operationally define multicultural consultation competency (i.e., Knowledge, Skills, and Awareness). In order to test this hypothesis the 40 multicultural consultation competency items of the MSCCS were dichotomized because the responses to these items were disproportionately at the high end of the response scale. Rating scores of 1 'Very Unimportant' to 3 'Important' were recoded as 0 and rating of 4 'Very Important' was recoded as 1. Based on the dichotomized scores, the total score on the MSCCS ranged from 0 to 50. The overall mean of the MSCCS total score was 31.23 with a standard deviation of 13.96.

A confirmatory factor analysis was conducted using MPLUS 6.0. A three-factor model was fit to the 40 dichotomous items. The Chi-Square Test of Model Fit was statistically significant ( $\chi^2 = 1134.25$ ,  $df = 737$ ,  $p < .001$ ). However, this test is extremely sensitive to the sample size. That is to say, given the large sample in this study ( $N = 328$ ), it is not surprising that this test was statistically significant. Thus, two other measures of goodness-of-fit that are less sensitive to sample size were calculated: the Comparative Fit Index (CFI) value was .973, and the Root Mean Square Error of Approximation (RMSEA) was .041. The Comparative Fit Index (CFI) values  $\geq .90$ -.95 and the Root Mean Square Error of Approximation (RMSEA) values  $\leq .08$  are considered to indicate a model with an acceptable fit (Brown, 2006; Kline, 2005). According to both of these model fit criteria, the three-factor model is a good fitting model. Standardized factor loadings for a three-factor solution are presented in Table 4.

Table 4

*Standardized Factor Loadings for a Three-factor Solution*

<u>Knowledge Items</u>		<u>Skills Items</u>		<u>Awareness Items</u>	
Factor Loadings		Factor Loadings		Factor Loadings	
K1	.65*	S1	.50	A1	.71*
K2	.65*	S2	.71*	A2	.79*
K3	.77*	S3	.79*	A3	.71*
K4	.61*	S4	.75*	A4	.81*
K5	.83*	S5	.71*	A5	.77*
K6	.77*	S6	.76*	A6	.81*
K7	.81*	S7	.71*	A7	.82*

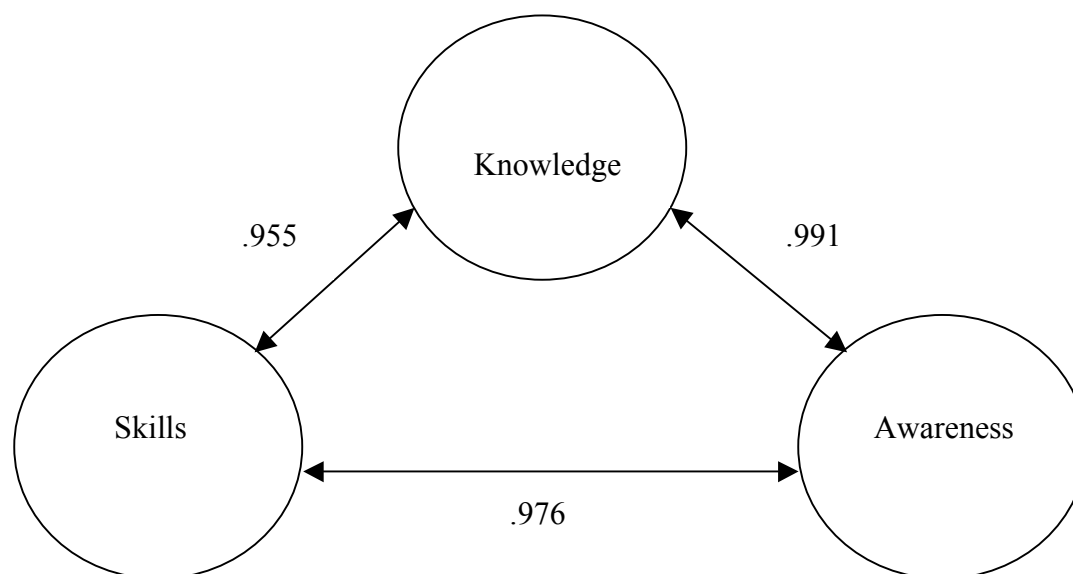
<u>Knowledge Items</u>		<u>Skills Items</u>		<u>Awareness Items</u>	
Factor Loadings		Factor Loadings		Factor Loadings	
K8	.83*	S8	.81*	A8	.85*
K9	.83*	S9	.86*	A9	.87*
K10	.91*	S10	.79*	A10	.80*
		S11	.81*	A11	.87*
		S12	.82*		
		S13	.72*		
		S14	.78*		
		S15	.73*		
		S16	.86*		
		S17	.84*		
		S18	.75*		
		S19	.76*		

Note. K = Knowledge items; S = Skills items; A = Awareness items. Actual items can be found in Appendix A.

\* $p < .05$ .

However, the examination of the correlations among the three latent factors (see Figure 1) indicated that these factors are very highly correlated. As such, these correlations strongly suggest that there is really only one-factor underlying the 40 items. Given the magnitude of the inter-factor correlations, a second confirmatory factor model was estimated in which only a single-factor is fit.

Figure 1. Inter-factor Correlations: Knowledge, Skills, and Awareness



A single-factor model was fit to the 40 dichotomous items using MPLUS 6.0. Similar to the three-factor model, the chi-square goodness-of-fit test was statistically significant ( $\chi^2 = 1146.48$ ,  $df = 740$ ,  $p < .001$ ). In addition, the chi-square difference test was used to test whether the more restricted single-factor model provides a significantly poorer fit to the data than does the three-factor model. Based on the chi-square difference test, the single-factor model did lead to deterioration in the fit relative to the three-factor model ( $p < .001$ ). This test, which is also based on chi-square, is extremely sensitive to sample size and may be sensitive to minor model misspecifications. This statistically significant chi-square difference test may merely indicate that the inter-factor correlations, or some subset of them, are discriminately different from correlations of 1.0 among the factors. More importantly, intercorrelations range from .95 to .99, which are very close to 1.0.

Both the CFI and RMSEA fit statistics were also examined for this model and these statistics were compared to their counterparts in the three-factor model. The Comparative Fit Index (CFI) value = .973 and the Root Mean Square Error of Approximation (RMSEA) value = .041. These values are identical to their counterparts in the three-factor model. This finding suggests that the single-factor model fits the data as well as the three-factor model. Given the magnitude of the correlations among the three-factors found in the three-factor model (i.e., all  $r_s \geq .95$ ), a single-factor model is a more parsimonious representation of the data than the three-factor model. Standardized factor loadings for a single-factor solution are presented in Table 5. Overall, the confirmatory factor analysis does not support the first hypothesis of a three-factor model. The factor analysis supports a single-factor solution.

Table 5

*Standardized Factor Loadings for a Single-Factor Solution*


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Items	Factor Loadings	Items	Factor Loadings	Items	Factor Loadings
K1	.65*	K6	.71*	S13	.76*
S1	.64*	A3	.75*	S14	.71*
K2	.76*	S8	.70*	K9	.80*
K3	.60*	S9	.80*	S15	.71*
A1	.82*	S1	.85*	A9	.81*
K4	.75*	A4	.78*	K10	.77*
S2	.79*	A5	.81*	S16	.81*
S3	.82*	A6	.82*	S17	.82*
S4	.82*	K7	.71*	S18	.85*

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Items	Factor Loadings	Items	Factor Loadings	Items	Factor Loadings
S5	.89*	K8	.77*	A10	.86*
S6	.50	A7	.72*	A11	.80*
K5	.71*	S11	.85*	S19	.87*
A2	.78*	S12	.83*		
S7	.74*	A8	.75*		

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Note. K = Knowledge items; S = Skills items; A = Awareness items. Corresponding items can be found in Appendix A.

\* $p < .05$ .

**Hypothesis 2.** It was originally hypothesized that multicultural social desirability as measured by the MCSD and any of the presumptive factors (i.e., Knowledge, Skills and Awareness) would not be significantly correlated. Based on the findings from the confirmatory factor analysis, this hypothesis was reframed to accommodate those findings. Specifically, it was hypothesized that multicultural consultation competency as defined by a single, summated score, was not correlated with multicultural social desirability.

The social desirability of participants was based on self-rated MCSD scores. The 26 items of the MCSD yielded one total score ranging from 0 to 26. A score of 1 on individual item indicated that the participant was scoring in the direction of multicultural social desirability, and a score of 0 indicated that the participant was not scoring in the direction of multicultural social desirability for each item. Thus, high scores indicated high multicultural social desirability; whereas, low scores indicated low multicultural social desirability. The mean MCSD score (N = 328) was 13.73 with a standard deviation

of 2.81. In general, the participants were neither high nor low on social desirability. Cronbach's alpha was .60 for the MCSD, which is an acceptable internal consistency reliability.

In order to test the second hypothesis, a Pearson product-moment correlation between the MSCCS sum score and the MCSD sum score was generated. This correlation,  $r = .06$ ,  $p < .33$  was, as predicted, not statistically different from a value of 0, indicating that there is no relationship between these two variables. The lack of correlation between the MSCCS and the MCSD indicates that two scales are measuring different constructs, and provide evidence for divergent validity.

***Hypothesis 3.*** It was also hypothesized that participants with different levels of multicultural consultation training would rate items significantly different on the MSCCS. Table 6 presents Pearson product-moment correlations between the four variables that measured the degree of the participant's multicultural consultation training and the strength or level of the participants' endorsement of multicultural consultation competency, as measured by the MSCCS. The degree of multicultural consultation training was measured by examining the number of general/multicultural consultation courses and workshops participants attended. Specifically, the participants were coded as having attended no general/multicultural consultation (0), 1-3 general/multicultural consultation courses (1), 4-6 general/multicultural consultation courses (2), or more than 6 general/multicultural consultation courses (3). Similarly, participants were coded as having attended (or not) general or multicultural consultation workshops.

As shown in Table 6, the sum score on the MSCCS is significantly related to two of these four measures. Specifically, there is a weak, positive relationship between having

attended a multicultural course and the strength of the endorsement of the items on the MSCCS as reported by the participants ( $r = .13, p < .05$ ). In addition, there is a somewhat stronger positive relationship between the number of multicultural consultation workshops attended by participants and the strength of their endorsement of the items on the MSCCS ( $r = .24, p < .001$ ). The participants who attended a greater number of multicultural courses and/or multicultural workshops tended to report a stronger endorsement of the items on the MSCCS. The number of general consultation courses and/or workshops taken did not correlate with the participants' ratings on the MSCCS. This finding provides evidence for the criterion validity of the MSCCS.

Table 6

*Correlations Between the MSCCS Sum Score and Levels of Multicultural Consultation*

*Training*

Consultation Training	<i>r</i>
Consultation Course	.03
Multicultural Consultation Course	.13*
Consultation Workshop	.10
Multicultural Consultation Workshop	.24**

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

**Hypothesis 4.** An additional hypothesis proposed that participants with different levels of multicultural consultation experience would rate items significantly different on the MSCCS. This hypothesis was evaluated by generating Pearson correlations between the two variables that measured the participant's consultation experience with the strength or level of their endorsement of multicultural consultation competency, as measured by the MSCCS. The experience was measured by examining whether the

participants provided general consultation and/or multicultural consultation in their past or current work setting.

As indicated in Table 7, there was no relationship between providing general consultation ( $r = -.01, p < .86$ ) or multicultural consultation ( $r = .07, p < .25$ ) and the strength of the participants' endorsement of the items on the MSCCS. Regardless of whether the participants were providing consultation or multicultural consultation in schools, they did not differ in terms of their ratings on the MSCCS. These findings did not support hypothesis 4.

Table 7

*Correlations Between the MSCCS Sum Score and Levels of Multicultural Consultation Experience*

Type of Consultation	<i>r</i>
School-Based Consultation	-.01
Multicultural School-Based Consultation	.07

***Additional Analyses***

Three additional analyses were conducted to further explore multicultural consultation competency. The first two analyses were conducted to examine if multicultural consultation was perceived differently by participants of different racial and ethnic backgrounds (i.e., Caucasian/White, Hispanic/Latino, African American/Black, Asian, native American Indian) and primary roles (i.e., school psychologist, school psychology supervisor, professor, university adjunct/instructor, graduate student. )

The first analysis involved a comparison of the sum scores on the MSCCS for racially and ethnically diverse participants (N = 96) and Caucasian/White participants (N

= 197). See Table 8 for the mean and standard deviations for different cultural groups.

There was no statistically significant difference on the means of the MSCCS between racially and ethnically diverse participants ( $M = 27.02$ ) and Caucasian/White participants ( $M = 24.42$ ). The participants of different race/ethnicity did not differ in terms of their ratings on the MSCCS.

Table 8

*Means and Standard Deviations on the MSCCS Score for Race/Ethnicity*

Race/Ethnicity	N	<i>M</i>	<i>SD</i>
Racially and Ethnically Diverse	96	27.02	11.88
Caucasian/White	197	24.42	12.00

The second analysis involved conducting a one-way analysis of variance (ANOVA) in which the participants, defined by their primary roles (i.e., school psychologists, professors, graduate students), were compared in terms of their sum scores on the MSCCS. The number of school psychologists ( $N = 201$ ) and school psychology supervisors ( $N = 3$ ) were combined, and professors ( $N = 18$ ) and instructors ( $N = 1$ ) were combined for the purposes of data analyses. The means and standard deviations for school psychologists, professors, and graduate students are presented in Table 9. There was a statistically significant effect of primary role ( $F = 6.73$ ,  $df = (2,291)$ ,  $p = .001$ ) among the three groups.

Table 9

*Means and Standard Deviations on the MSCCS Score for Primary Role*

Primary Role	N	<i>M</i>	<i>SD</i>
School Psychologists	204	23.64	11.92
Professors	19	32.21	10.63
Graduate Students	71	27.69	11.68

In order to determine which pair, or pairs, of primary role subgroups were significantly different from each other, follow-up pair-wise comparisons were conducted. As shown in the Table 10, school psychologists had a mean score ( $M = 23.64$ ) that was significantly lower than those of both professors ( $M = 32.21, p < .01$ ) and graduate students ( $M = 27.69, p < .05$ ). The latter two groups did not differ significantly from each other. School psychologists endorsed the items on the MSCCS to a lesser degree compared to professors and graduate students.

Table 10

*Primary Role Group Pair-wise Comparisons on the MSCCS*

Primary Role	<i>M</i> Difference	<i>SE</i>
School Psychologists vs.		
Professors	-8.57**	2.82
Graduate Students	-4.05*	1.62
Professors vs.		
School Psychologists	8.57**	2.83
Graduate Students	4.52	3.04

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Primary Role	<i>M</i> Difference	<i>SE</i>
Graduate Students vs.		
School Psychologists	4.05*	1.62
Professors	-4.52	3.04

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

The third analysis was conducted to determine if the participants differentiated between general and multicultural consultation competency items. The analysis involved conducting paired t-tests comparing the *M* sum scores on the MSCCS between the multicultural consultation items (40 items) and general consultation items (10 items). Three pairs of items were compared: (1) multicultural knowledge items vs. general knowledge items, (2) multicultural skill items vs. general skill items, and (3) multicultural awareness items vs. general awareness items. All three pairs were statistically different ( $p < .001$ ). The participants tended to rate slightly higher on multicultural knowledge ( $M = .63$ ) and multicultural skill items ( $M = .64$ ), compared to general knowledge ( $M = .45$ ) and general skill items ( $M = .59$ ). The participants tended to rate slightly lower on multicultural awareness items ( $M = .61$ ) compared to general awareness items ( $M = .73$ ). Refer to Tables 11 and 12 for these results. Overall, participants differentiated between the multicultural items and general items when rating for importance to multicultural consultation.

Table 11

*Means and Standard Deviations According to Dimensions*

Dimensions	N	M	SD
Multicultural Knowledge	321	.63	.31
General Knowledge	321	.45	.40
Multicultural Skills	328	.64	.30
General Skills	328	.59	.32
Multicultural Awareness	328	.61	.32
General Awareness	328	.73	.35

Table 12

*Multicultural Consultation Items Compared to General Consultation Items*

Comparison Groups	M Difference	SD	t
Multicultural Knowledge vs. General Knowledge	.18	.37	8.75*
Multicultural Skills vs. General Skills	.05	.29	3.23*
Multicultural Awareness vs. General Awareness	-.11	.27	-7.78**

\*  $p < .001$ .

The data analyses revealed that two out of the four hypotheses were supported by the data from the current research sample. See Table 13 for a summary of the hypotheses and the outcomes. The sum score on the MSCCS did not correlate with the sum score on the MCSD, providing evidence for divergent validity. The participants with more

multicultural training, as measured by the number of courses and workshops attended, rated higher on the MSCCS, and provided some evidence towards criterion validity.

Additional analyses revealed that school psychologists tended to rate higher on the MSCCS items compared to professors and graduate students. In addition, the participants differentiated between multicultural consultation items and general consultation items.

Interpretations and limitations of these findings are discussed in the next section.

Table 13

*Summary of Outcomes on Hypotheses Testing*

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Hypotheses	Outcomes
<i>Proposed:</i>	
1. There will be three independent, but correlated factors, which operationally define multicultural consultation competency: Knowledge, Skills, and Awareness.	Not supported. The factor analysis supports a single factor solution.
2. Multicultural consultation competency will not be correlated with multicultural social desirability.	Supported
3. Participants with different levels of multicultural consultation training (as measured by the number of general and/or multicultural consultation courses and workshops) will rate items significantly different on the MSSCS.	Partially supported
4. Participants with different levels of multicultural consultation experience (as measured by whether they provide general and/or multicultural consultation at their work/fieldwork) will rate items significantly different on the MSCCS.	Not supported
<i>Additional:</i>	
5. Multicultural consultation competency factor will be perceived differently by participants of different racial and ethnic backgrounds.	Not supported

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Hypotheses	Outcomes
6. Multicultural consultation competency factor will be perceived differently by participants with different primary roles (i.e., school psychologists, professors, graduate students).	Supported
7. Participants will differentiate between general consultation competency and multicultural consultation competency.	Supported

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## **Chapter 5: Discussion**

The primary purpose of this investigation was to develop and validate the Multicultural School-Based Consultation Competency Scale (MSCCS), a self-rating scale intended to assess the multicultural consultation competencies of practitioners and graduate students in school psychology. The MSCCS, the Multicultural Social Desirability Index (MCSD), and Biographical Questionnaire were administered to school psychologists, school psychology professors, and school psychology graduate students using an online survey methodology. The results of the investigation are discussed below, along with the implications of this study's findings, limitations of the study, and directions for future research.

### ***Interpretations and Implications of Findings***

This investigation makes a significant contribution to the multicultural consultation literature. The current investigation is the first empirical study to systematically identify multicultural consultation competencies that are essential for school-based consultants when working with a diverse population. The present findings provide empirical support for the MSCCS, the first scale in consultation designed to assess self-perceived multicultural competencies.

The competencies for the MSCCS were first identified by conducting a thorough literature review to develop an exhaustive and comprehensive list of competencies that are essential for school-based consultants working with a diverse population. The mean ratings for the final 50 competencies in the MSCCS ranged between 3.33 and 3.76, which correspond to ratings between "Important" and "Very Important." In general, the raters perceived all the items as essential in the practice of multicultural consultation. However,

these findings are not surprising given that the consultation literature was canvassed in order to identify the items. The procedures followed in the investigation (e.g., pilot testing items by asking graduate students and practitioners with training in multicultural consultation to rate items for relevancy) may have also contributed to a pool of items rated as important in the practice of multicultural consultation.

The scope of the items is wide as they reflect competencies in the areas of Knowledge (10 items such as “Understanding individual differences that exist within cultural groups,” “Knowledge of interventions that are appropriate for clients of diverse cultural backgrounds”), Skills (10 items such as “Ability to recognize the contributions of other races and cultures,” “Skills in modifying problem identification assessment tools and procedures when working with consultees and clients from diverse backgrounds”), and Awareness (11 items such as “Awareness of how acculturation impacts consultation clients and consultees,” “Awareness of consultant’s own values and biases, and how they may impact interactions with consultees”). The items also reflect competencies needed in various stages of consultation (e.g., “Knowledge of cultural factors that may impact how the client’s problem is viewed in consultation,” “Ability to conduct culturally sensitive interviews with consultees,” “Ability to use cross-cultural communication skills,” “Awareness of intervention approaches that are effective with culturally and linguistically diverse clients”). The consultation literature emphasizes the need for multicultural consultation competencies, and the items on the MSCCS reflect a comprehensive and integrated list of competencies that are essential for school-based consultants when working with a diverse population.

Since the counseling literature has already taken the lead in identifying multicultural competencies, the methodologies that have been used in the counseling field were adopted and utilized in the current investigation (e.g., D'Andrea et al., 1991; LaFromboise et al., 1991; Ponterotto et al., 1994). Methodologies used in the Rogers and Lopez (2002) and Lopez and Rogers (2001) investigations to identify school psychology multicultural competencies were also adopted for this investigations. The counseling and school psychology literature conceptualize multicultural competency within three broad domains: Knowledge, Skills, and Awareness (Sue et al., 1982, 1992). Based on this theoretical assumption, a three-factor model (i.e., Knowledge, Skills, Awareness) was proposed for the MSCCS. The results of the current study revealed that both the three-factor and a single-factor model fit were adequate; however, the high inter-factor correlations strongly suggested a single-factor model. In terms of the construct validity of the MSCCS, the factor analytic results support a single-factor solution, suggesting that the scale items cluster into a uni-dimensional construct yielding a single score for multicultural consultation competency.

Although multiple factors have been theorized in the counseling field, mixed factor structures have been found across the multicultural counseling competency scales (Rogers & Ponterotto, 1997). The factors range from one-to-four-factors, depending on the scale (D'Andrea et al., 1991; LaFromboise et al., 1991; Ponterotto et al., 1994; Rogers & Ponterotto, 1997; Sadowsky et al., 1994). Several of these studies also conceptualized counseling competencies within the context of Knowledge, Skills, and Awareness but these constructs have differed across studies. For example, D'Andrea et al. (1991) identified three-factors (Awareness, Knowledge, and Skills) for the

Multicultural Awareness-Knowledge and Skills Survey (MAKSS), providing evidence for the three separate domains for multicultural counseling competency as theorized by Sue et al. (1982, 1992). However, Ponterotto et al. (1991) found two-factors as the best-fit solution (i.e., Knowledge/Skills, Awareness) for the MCAS:B, interpreting Knowledge and Skills, as a single-factor rather than two separate factors, and Awareness as a second factor. Sadowsky et al., (1994) identified four-factor solutions (i.e., Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Knowledge, Multicultural Counseling Relationship) for the Multicultural Counseling Inventory (MCI), and LaFromboise (1991) reported a three-factor solution (i.e., Cross-Cultural Counseling Skill, Socio-Political Awareness, Cultural Sensitivity) for the Cross-Cultural Counseling Inventory (CCCI-R). Given the mixed factor structure findings on the multicultural competency literature, multicultural competency cannot always be conceptualized using the Knowledge, Skills, and Awareness factors.

Earlier studies in multicultural counseling competency support a one-factor model. Results similar to the ones found in the current school psychology study were obtained in an investigation conducted by Rogers and Ponterotto (1997). They developed the Multicultural School Psychology Counseling Competency Scale (MSPCCS), a scale intended to assess trainers' perceptions of multicultural school psychology counseling competencies of graduating trainees. The researchers hypothesized that the MSPCCS would support a single-factor of multicultural competence based on the mixed factor structure findings of the multicultural counseling competency scales and small number of items on their scale (11 items). In their exploratory analysis, the scale resulted in one underlying factor, supporting their hypothesis.

Several issues may account for the lack of consistency in the factor structures identified in this study and in earlier studies. For example, the multicultural competency scales in the counseling field have been mostly developed for use within a counseling context in which the counselor is delivering counseling services to a mostly adult clientele in private practice or public mental health settings (D'Andrea et al., 1991; LaFromboise et al., 1991; Ponterotto et al., 1994; Sadowsky et al., 1994). In contrast, the Rogers and Ponterotto (1997) scale and the consultation scale validated in this investigation were designed for psychologists practicing in school settings. Thus, practitioners working in different settings may conceptualize multicultural competencies in different ways.

The roles and functions of the participants in this study may have also had an impact on the conceptualization of multicultural competencies. The counseling scales were developed for counselors providing counseling services. However, school psychologists typically engage in a variety of roles and functions when working with school staff, students, and families. Rogers and Lopez (2002) and Lopez and Rogers (2001) identified 14 categories in which multicultural competencies are required for school psychologists and these categories reflected varied roles such as consultants, assessors, and counselors. The different roles, functions, and work settings of counselors and school psychologists may impact the way they perceive multicultural competency. Perhaps school psychologists perceive multicultural competency, not as separate Knowledge, Skills, and Awareness constructs, but more as unitary or integrated constructs within different roles and functions (e.g., consultant, assessor). The results

obtained in this investigation and in the Rogers and Ponterotto (1997) investigation suggest that such hypotheses should be explored in future studies.

Furthermore, the wording of items may have also contributed to the current finding of a single-factor structure. The items on the MSCCS are a comprehensive list of competencies that reflect various processes and stages of multicultural consultation competencies. The comprehensive nature of the items resulted in items that sometimes overlapped across the Knowledge, Skills, and Awareness constructs. Thus, some of the items may be perceived as similar rather than as distinct. For example, respondents may view the item “Knowledge of cross-cultural communication styles” and “Ability to use cross-cultural communication skills” as similar and as equally important, rather than distinct. While Knowledge, Skills, and Awareness may be theoretically conceptualized as separate constructs, school psychologists may integrate them as one set of competencies that are essential for delivering consultation to a diverse population.

The characteristics of the sample used in this investigation may have also contributed to a unitary factor structure in the validation of the MSCCS. Using expert panels such as consultation researchers and practitioners with high levels of training to identify multicultural competencies may yield different results. For example, Rogers and Lopez (2002) and Lopez and Rogers (2001) used panels of experts to identify cross-cultural competencies for school psychologists and each study found a different set of competencies. Perhaps raters with different levels of expertise and experiences may view items differently and result in more distinct factors, rather than a single-factor.

The results of the current study provided validity evidence for the MSCCS.

According to Trochim (2001) an instrument has construct validity when it discriminates between measures of disparate constructs (i.e., divergent validity). The divergent validity of the MSCCS was examined by assessing its statistical relationship to a social desirability measure, which is expected to be theoretically unrelated to the construct of multicultural consultation competency. The Multicultural Social Desirability Index (MCSD) assesses the degree to which an individual claims favorable attitudes toward racially and ethnically diverse population on personal, social, and institutional issues. The results revealed that these two scales were not statistically correlated and suggest that they are measuring two different constructs. Similar results were obtained in an investigation conducted by Ponterotto et al. (1994) as they found no significant correlations between the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) and the Multicultural Counseling Awareness scale – Form B (MCAS:B). The investigators argued that the lack of significant correlations between these two scales provided evidence for discriminant validity. A similar argument is posed here as the results of this investigation also show that the MSCCS and the MCSD measure two different constructs.

The MCSD was also utilized to assess the effect of social desirability of the participants' responses on the MSCCS. According to Constatine and Ladany (2000), one potential problem with self-report multicultural competency measures is that respondents can report anticipated versus actual behaviors and answer in socially desirable ways regarding multicultural issues. The score on the MCSD revealed that the participants were neither high nor low on social desirability as related to multicultural issues. This finding suggests that some of the responses on the MSCCS may have been affected by

social desirability, but this was not a strong effect. Sodowsky, Kuo-Jackson, Richardson, and Corey (1998) found in their investigation that multicultural social desirability, as measured by the MCSD, affected the scores on the Multicultural Counseling Inventory (MCI), a self-report scale on multicultural competency. Therefore, the researchers recommended that a social desirability measure sensitive to multicultural issues be included in future research involving the use of self-report multicultural competency assessments. Sodowsky et al. (1998) also found that different ethnic groups scored differently on the MCSD. For example, Asians generally had higher scores than did the other groups; whereas, Caucasian/White showed a trend for lower scores. The current study had a larger sample of Caucasian/White respondents (57.2%) than racially and ethnically diverse respondents (29.3%). A sample that is more racially and ethnically diverse may reveal different results on the MCSD.

Partial evidence for the criterion validity of the MSCCS was also obtained in the current study. On the first correlation analysis, the number of general consultation courses and workshops did not affect the participants' ratings on the MSCCS; however, the number of multicultural consultation courses and workshops affected the participants' ratings on the MSCCS. More specifically, participants who had taken a greater number of courses and workshops that were specific to multicultural consultation tended to provide higher ratings on the MSCCS items. On the second correlation analysis, participants with experience in providing general consultation and/or multicultural consultation did not differ in terms of how important they perceived the MSCCS items. In sum, the only variable that affected the ratings on the MSCCS was the number of multicultural consultation courses and workshops participants had attended. These findings suggest

that multicultural consultation training (e.g., courses, workshops) has an impact on the school psychologists' perceptions of multicultural competency. The school psychologists with multicultural consultation training may have been more familiar with the multicultural concepts in general, affecting their perceptions of multicultural competency. The results may also imply that multicultural consultation training may provide school psychologists with different set of competencies than general consultation courses and workshops.

The current study's findings are consistent with other results, which have been articulated in the counseling literature. The research in multicultural counseling shows that attending multicultural counseling courses and workshops, and receiving supervision in multicultural counseling settings results in higher scores on measures of self-perceived multicultural competency (D'Andrea et al., 1991; Pope-Davis et al., 1994; Smith et al., 2006). Although current trends in the consultation literature indicate that multicultural competency training is at the forefront of academic and professional development issues, the training literature shows that school psychologists continue to lack the training in this area (Ochoa et al., 1997, Rogers, 1992). The current study's findings reinforce the idea that training programs offering multicultural consultation courses and workshops are essential for future consultants to work effectively with a diverse population. The development of the MSCCS is a significant contribution in this area because it is a tool that can be used in the future to identify areas of training in multicultural consultation for practitioners and graduate students in school psychology.

There were three additional exploratory analyses that were conducted in this investigation. First, school psychologists tended to endorse items on the MSCCS to a

lesser degree compared to professors and graduate students. This finding suggests that practitioners had different ideas and perspectives on what competencies are important when providing consultation services to a diverse population than professors and graduate students. The ratings of professors and graduate students may reflect more theoretical perceptions of competency; whereas ratings of school psychologists may be based on practical perceptions of competency. This finding is not surprising given the gap between the practitioners and researchers in the field of school psychology. Riley-Tillman, Chafouleas, Eckert, and Kelleher (2005) point out that school psychology is perceived as having two distinct populations: practitioners and researchers. School psychologists work with students, teachers, and parents in many settings including schools, hospitals, and private practices. In contrast, researchers are typically in university settings and focus on training students to use and conduct research. Bridging the gap between individuals who are teaching, learning, and practicing multicultural consultation will benefit both practitioners and researchers. For example, focusing on competencies that school psychologists consider very important and using these competencies to develop training goals can improve the quality of training programs. Similarly, identifying practices and training needs based on research can inform and improve the practice of school psychologists engaging in multicultural consultation. This reciprocal process of practice informing research and research informing practice can potentially improve the quality of consultation services provided by school psychologists to diverse populations.

The second exploratory analysis conducted in this study showed that participants differentiated between multicultural consultation items and general consultation items.

The participants rated slightly higher on multicultural knowledge and skill items compared to general knowledge and general skill items; whereas, they rated slightly lower on multicultural awareness items compared to general awareness items. These results suggest that the participants in this study viewed multicultural consultation competency as a different construct than general consultation competency. According to Fuertes, Bartolomeo, and Matthew (2001) “multicultural competencies indicate higher order, more specific and sophisticated knowledge and skills that are related but separated from general competencies” (p.7). Fuertes and Brobst (2002) examined clients’ levels of satisfaction with counseling services and found that counselors’ multicultural competency explained a significant amount of the variance, above and beyond counselor general competency, for racially and ethnically diverse clients only, and not for the Caucasian/White clients. The investigators concluded that multicultural competencies are especially important for racially and ethnically diverse clients. A general consultation competency may be related to multicultural consultation competency because one may need basic competency and expertise in traditional consultation methods and techniques. However, differentiating between general consultation competency and multicultural competency seems to be equally important in order to identify essential competencies to deliver culturally responsive consultation services to consultees and clients in school settings.

The third and last exploratory analysis conducted showed that the racially and ethnically diverse participants did not rate items on the MSCCS differently than Caucasian/White participants. The importance of multicultural consultation competency was perceived similarly regardless of the racial and ethnic backgrounds of the

participants. Race or ethnic backgrounds did not seem to impact how the subjects in the study rated the multicultural competency items. In an early investigation, Duncan and Pryzwansky (1993) found that the quality of the help given was more important than the consultant's race as measured by consultees' perceptions on consultants' effectiveness. In a subsequent study, Rogers (2000) found that regardless of the consultants' race, teachers rated consultants who addressed racial themes as more multiculturally competent compared to those consultants who ignored the potential racial issues. These two studies suggest that consultants' sensitivity and willingness to attend to cultural issues are more important than consultants' race. Thus, understanding and developing competencies within the multicultural framework is essential, whether the consultant is from Caucasian/White background or racially and ethnically diverse background.

In this current study, the MSCCS was developed and information on its validity was gathered with the intent of creating a tool that could be used as a self-report rating scale of multicultural consultation competency. According to LaFromboise et al. (1991), there are at least three appropriate uses for competency rating scales. The first use is in supervision, when supervisors want to provide feedback to their students. In a national survey of counselor trainees, Vereen, Hill, and McNeal (2008) utilized the Multicultural Awareness-Knowledge-Skills Survey (MAKSS; D'Andrea et al., 1991) to investigate variables that influence the development of perceived multicultural competencies. Results indicated that receiving clinical supervision related to multicultural issues and conducting counseling with racially and ethnically diverse clients were significantly related to higher scores of multicultural competency, as measured by the MAKSS. The MSCCS can be

used as a tool by supervisors to assess graduate students' and practitioners' multicultural competencies to identify training needs in multicultural consultation.

Second, the scale can be utilized as a self-evaluation tool. Specifically, the MSCCS can be used by graduate students and school psychologists who provide consultation services to a diverse population to assess their own level of multicultural competency. Third, researchers looking for a competency measure in the field of multicultural consultation may benefit from a rating scale such as the MSCCS.

Researchers in counseling have used multicultural competency scales to investigate multicultural training, client satisfaction, self-efficacy, and other variables that are related to multicultural competency (e.g., Fuertes & Brobst, 2002; Liu, Sheu, & Williams, 2004; Pope-Davis et al., 1995; Sadowsky et al., 1998; Vereen et al., 2008). The MSCCS is the first multicultural competency scale available in the consultation field that can be utilized in future research to advance our understanding of multicultural consultation competency and practice.

The current study is the first known attempt to develop and validate a multicultural consultation competency scale in school psychology research and lays the foundation for further work examining variables that are related to multicultural consultation competency. The current study explored multicultural consultation competency using an empirical methodology to broaden our knowledge in the area and help identify multicultural consultation competencies. Furthermore, preliminary evidence for reliability and validity of the MSCCS were obtained. Developing and validating a scale such as the MSCCS is important because it can help enhance our understanding of successful approaches for working with diverse populations. Utilizing the MSCCS may

help improve the quality of consultation services school psychologists provide in school settings to students of diverse backgrounds and identify areas that require further training.

### ***Limitations of the Study***

There are several potential limitations to the study. The primary limitation of this study is its focus on the development of a self-report scale. Self-report scales may result in respondents indicating anticipated rather than actual behaviors or attitudes (Constatine & Ladany, 2000). It is also possible that participants rated the items to appear socially desirable, especially given the current social climate encouraging diversity (Sodowsky et al., 1995). Some of the responses on the MSCCS may have been somewhat affected by social desirability, given that the participants were neither high nor low on the MCSD.

Furthermore, relying on an online survey methodology as the sole means of objectively measuring multicultural consultation competency presents two limitations. While this methodology is cost effective, respondents are more likely to stop in the middle of the survey contributing to missing data (Dillman et al., 2008). In the current study, 22 participants were eliminated from the original sample, because they had not completed at least 50% of the multicultural consultation items on the MSCCS. The second limitation refers to the use of a survey methodology. Since the study was conducted on the internet, the responses may reflect the perceptions of respondents who are more likely to respond to on-line surveys. Thus, restricting the validity of the results.

Another limitation is the design of the MSCCS. The rating format that was used for the MSCCS (i.e., 'Very Unimportant' to 'Very Important'), might have influenced the rating outcome. As the results demonstrate, most participants rated items as 3 'Important' and 4 'Very Important.' Using a different rating option (e.g., 'Strongly Disagree,'

‘Disagree,’ ‘Agree,’ ‘Strongly Agree’) or format (e.g., ranking format, binary option) may have resulted in more variable responses (Weijters, Cabooter, & Schillewaert, 2010). Also, the wordings of the items and the rating format did not allow for reversal of items, which is often recommended in a survey development (Dillman et al., 2008). The participants could have gone down the list choosing ratings of 3 ‘Important’ and 4 ‘Very Important’ without actually reading the items; therefore, compromising the validity of the study. Some of the participants may not have been familiar with the multicultural discourse and have found the items on the scale vague. Providing items that are more explicit perhaps via examples may be helpful in future investigations. Furthermore, the scale consisted of 50 items, which is a long scale and can be burdensome on the participants. A shorter scale can be developed by randomly selecting the items from the MSCCS to ease administration. Based on the Spearman Brown Prophecy Formula (Streiner & Norman, 2008), a shorter scale of half the length (e.g., 25 items,  $\alpha = .92$ ) can be created without compromising the scale’s reliability.

An additional limitation of the study involves the characteristics of the sample. This particular sample is heavily weighted toward Caucasian/White school psychologists. A sample that was more diverse along race/ethnic and primary role variables might have yielded different results. Although the analysis comparing ethnic/racial group responses did not indicate any significant differences, more proportionate numbers of members of racially and ethnically diverse groups and Caucasian/White groups may have revealed differences that were not uncovered with this current sample.

Recruiting racially and ethnically diverse respondents is a challenge given the current school psychology demographic trends. Curtis, Chesno-Grier, and Hunely (2004)

reported that school psychologists who identify themselves as members of racially and ethnically diverse groups continue to be underrepresented in the field. During the 1999 to 2000 school year, almost 93% of all school psychologists were Caucasian/White. This demographic trend is reflected in survey investigations involving school psychologists. For example, Walker-Abshier, Curtis, and Chesno-Grier (2003) reported that 93% of their respondents were Caucasian/White. Curtis, Hunley, Walker, and Baker (1999) reported 94.5% of their respondents were Caucasian/White, and Hosp and Reschly (2002) had so few racially and ethnically diverse respondents, that they were not even included in the analysis. Various ethnic groups may have different experiences and perceptions when looking at what it takes to work effectively with a multicultural population. Therefore, there needs to be a continued effort to recruit racially and ethnically diverse graduate students in the school psychology programs. Lastly, the study may have attracted those individuals who are more interested in the topic of multicultural competency, regardless of their race. As such, the results may not generalize to all practitioners or graduate student in the field of school psychology.

### ***Future Research***

While the findings of the current investigation provide empirical support for the identification of multicultural competencies in consultation, much work remains. The current limitations in defining and assessing multicultural consultation competency represent a significant challenge in research. Therefore, research must continue to further define multicultural consultation competencies. Although the current investigation provided initial reliability and validity data for the MSCCS, there is a need for continued validation of the MSCCS.

The MSCCS will benefit from additional research to gather evidence for its validity. Asking experts in the field to identify multicultural competencies that they feel are important may result in additional and different items for the scale that may enhance our conceptualization of multicultural competencies in consultation. Lopez and Rogers (2001) asked a panel of experts in the cross-cultural issues in school psychology to identify essential cross-cultural competencies for school psychologists. Five specific criteria were used for selection of the experts: (1) author, (2) presenter, (3) faculty, (4) practicing school psychologists, and (5) supervising school psychology. Using similar criteria to select experts and asking them to review the items on the MSCCS and identify additional competencies will provide further evidence towards content validity of the MSCCS.

In order to gather further evidence for criterion validity, it would be helpful to compare the responses on the MSCCS by different ethnic groups (e.g., Hispanics/Latinos, African Americans/Blacks, Asians) in future research. Although the ratings of racially and ethnically diverse participants and Caucasian/White participants were not statistically different in the current study, several other studies showed that individuals from different cultures self-evaluate themselves differently (Heine, Lehman, Markus, & Kitayama, 1999; Mullis, Martin, Gonzalez, & Chrostowski, 2004). For example, Mullis et al. found that even though children from all East Asian countries outperformed American children, American students reported higher self-evaluation of their math and science abilities than did students from East Asian countries. Future studies can include larger samples of participants from diverse cultural and ethnic backgrounds to further investigate within and between group differences. It would also be informative to assess and compare the

ratings of graduates from programs known to be leading examples of multicultural training with the graduates of typical programs who may not have a specific training on multicultural issues (Rogers et al., 1992). In addition, it would be useful to compare the ratings of consultants and consultees on the MSCCS to examine their perceptions of essential multicultural competencies for consultation delivery. Future research may also explore the relationship between self-ratings of multicultural competency using the same items on the MSCCS and actual indices of consultants (practitioners and interns) in the field through observation.

Most research on multicultural competency has focused on service providers (e.g., counselors, consultants). Fuertes et al. (2001) proposed examining clients' perceptions of the counselor's competency, as clients' insights are important to the process and outcome of therapy. Since consultation is a triadic relationship, investigating consultees' and clients' conceptualization of key competencies for multicultural consultation will also broaden our understanding of competencies in multicultural contexts.

The current investigation was conducted to identify the items that are perceived as important to multicultural consultation. These items were used to develop a self-rating scale of multicultural consultation competency. Future research may expand the applicability of the MSCCS by transforming the scale into an actual assessment measure of multicultural consultation competency by rewording the rating format (e.g., 'Very Competent' vs. 'Very Incompetent'). School psychologists can assess their own multicultural competency and trainers/supervisors can assess their graduate students to identify possible areas of strengths and weaknesses. The scale could also be used for outcome studies comparing traditional consultation and multicultural consultation

approaches. Furthermore, using different rating formats (e.g., ranking, binary option) for the scale might be useful depending on the intended purposes of the research. Adapting the scale from a self-rating tool to a tool that can be used when observing the practice of consultation will also enhance its utility and validity.

Lastly, using a larger sample that includes a larger number of racially and ethnically diverse participants and as well as other school staff members acting as consultants (counselors, speech and language therapists, occupational therapists, physical therapists), would help to further validate the scale. The broader conceptualization of culture, such as gender, sexual orientation, religion, exceptionality, and socioeconomic status are also needed to increase the generalizability of the MSCCS.

### ***Conclusion***

Research on multicultural consultation competency has been relying mostly on qualitative methodology. The current investigation is the first known attempt to use an empirical approach to explore multicultural consultation competency. In addition, the MSCCS is the first multicultural competency measure in the consultation field. The current investigation provided initial psychometric properties of the MSCCS. Much more research is needed to gather further reliability and validity evidence for the scale. However, the results lend promise for the usefulness of the MSCCS as a multipurpose tool for practitioners, trainers, and researchers in the consultation field.

## Appendix A

### Multicultural School-Based Consultation Competency Scale

This study is designed to explore different items that are important to multicultural consultation. Please read each item that is described and decide how important it is in multicultural consultation.

1. Knowledge of cross-cultural communication styles (K1)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------
  
2. Skills in modifying problem identification assessment tools and procedures when working with consultees and clients from diverse backgrounds (S1)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------
  
3. Awareness of consultant's own interpersonal styles, biases, and values and how these can affect consultant's own perceptions of problems (G1)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------
  
4. Knowledge of different help seeking behaviors used by culturally different individuals (e.g., differential attitudes toward self-disclosure, confrontation, attribution of blame for problems) (K2)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------
  
5. Understanding how racial and cultural backgrounds may influence the functioning of consultation clients (K3)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------
  
6. Awareness of attitudes towards self disclosure held by consultees from diverse cultural and ethnic backgrounds (A1)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------
  
7. Ability to establish warm, caring, and understanding relationships (G2)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------
  
8. Understanding individual differences that exist within cultural groups (K4)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------
  
9. Ability to persuade consultees that they can benefit from consultation (G3)
 

Very Important	Important	Unimportant	Very Unimportant	Don't Know
----------------	-----------	-------------	------------------	------------

10. Ability to generate possible solutions in consultation that reflect sensitivity to cross-cultural issues (S2)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
11. Ability to recognize the contributions of other races and cultures (S3)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
12. Awareness of consultation techniques that are effective with consultees (G4)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
13. Ability to value others' cultures (S4)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
14. Ability to consult with others whose ethnic or cultural backgrounds are different from the consultant's own ethnic or cultural background (S5)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
15. Ability to demonstrate sensitivity towards the cultural backgrounds of school personnel involved in consultation (S6)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
16. Understanding how the consultant's own racial, ethnic, and cultural backgrounds impact the consultation process (K5)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
17. Awareness of how consultees from different cultural and ethnic backgrounds may vary in their acceptability towards specific interventions (A2)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
18. Consultant's ability to identify the limits of their own multicultural abilities (S7)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
19. Knowledge of sociopolitical factors (e.g., poverty, immigration policy, racism, power differences) that influence racial and ethnic minorities (K6)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
20. Ability to respect others' cultures (A3)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|

21. Awareness of consultant's own interpersonal styles, biases, and values and how these can influence consultees and the problem-solving process (G5)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
22. Ability to identify prejudices and biases that can create obstacles to effective consultation (S8)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
23. Ability to identify sociocultural barriers (e.g., differences in socioeconomic class, language or speech patterns, cultural identity) in order to help establish positive relationships with consultees and clients (S9)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
24. Ability to adopt a culturally responsive consultation style for more effective communication (S10)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
25. Consultants having awareness of their own cultural backgrounds and values (A4)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
26. Ability to develop clear conceptualizations of problems (G6)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
27. Ability to use various information-gathering tools and procedures to collect information about the problem (G7)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
28. Awareness of intervention approaches that are effective with culturally and linguistically diverse clients (A5)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
29. Ability to use culturally responsive approaches to develop and maintain rapport throughout the consultation process (A6)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
30. Having culture-specific knowledge of various cultural and ethnic groups (K7)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
31. Knowledge of empirically validated techniques that are client-focused (G8)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|

32. Knowledge of cultural factors that may impact how the client's "problem" is viewed in consultation (K8)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
33. Consultants' awareness of how their own psychological processes and biases can be influenced by their own cultural backgrounds and values (A7)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
34. Ability to use cross-cultural communication skills when working with consultees and clients from different cultural and ethnic backgrounds (S11)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
35. Ability to conduct culturally sensitive interviews with consultees (S12)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
36. Awareness of how consultees from diverse cultural and ethnic backgrounds may differ as to how they view the roles of consultants (A8)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
37. Ability to design intervention evaluation tools that are sensitive to cultural and language differences (S13)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
38. Knowledge of schools as organizations (school norms, values, philosophy, and organizational climate) that can impact the consultation process (G9)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
39. Ability to use a variety of data collection techniques for problem identification and clarification that are culturally and linguistically sensitive (S14)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
40. Knowledge of interventions that are appropriate for clients of diverse cultural backgrounds (K9)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
41. Ability to draw appropriate conclusions based on modified assessment problem identification tools and procedures when working with consultees and clients from diverse backgrounds (S15)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|

42. Awareness of consultant's own values and biases and how they may impact interactions with consultees (A9)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
43. Understanding that multiple cultural identities (individual, group, or community affiliation of consultants and consultees) may influence consultation relationships and outcomes (K10)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
44. Ability to plan and implement interventions that are culturally sensitive to the needs of consultees and clients (S16)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
45. Ability to identify bias and prejudicial attitudes at the individual level (S17)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
46. Ability to identify bias and prejudicial attitudes at the organizational level (S18)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
47. Awareness of cultural styles and preferences (e.g., informal vs. formal, concrete vs. abstract, short-term vs. long-term) of consultees during consultation (A10)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
48. Knowledge of empirically validated techniques that are organizationally focused (G10)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
49. Awareness of how acculturation impacts consultation clients and consultees (A11)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|
50. Ability to develop an effective working alliance with consultees to facilitate the consultation process (S19)
- |                |           |             |                  |            |
|----------------|-----------|-------------|------------------|------------|
| Very Important | Important | Unimportant | Very Unimportant | Don't Know |
|----------------|-----------|-------------|------------------|------------|

## Appendix B

## Multicultural Social Desirability Index (MCSD Scale)

The author does not have permission to reprint.

## Appendix C

## Background Questionnaire

Please answer the following questions.

1. Gender (Optional)  
Male  
Female
2. Age (Optional)  
Under 20  
20-30  
31-40  
41-50  
Over 50
3. Race/Ethnicity (Optional)  
Caucasian/White  
Hispanic/Latino  
African American/Black  
Asian  
Native American Indian  
Other
4. Have you taken a consultation course?  
Yes  
No
5. Have you taken a course focused on multicultural issues?  
Yes  
No
6. Have you attended workshop related to consultation?  
Yes, I have attended 1 to 3 workshops  
Yes, I have attended 4 to 6 workshops  
Yes, I have attended more than 6 workshops  
No
7. Do you currently provide school psychological services in more than one language?  
Yes  
No  
Not at present, but I have the ability to provide bilingual services

8. What language other than English do you provide or have the ability to provide bilingual services in?  
Please specify: \_\_\_\_\_
9. Please indicate your current/most recent roles. (Check all that apply)  
School Psychologist  
School Psychology Supervisor  
Professor  
University Adjunct/Instructor  
Graduate Student
10. What do you consider to be your primary role? (Please choose one)  
School Psychologist  
School Psychology Supervisor  
Professor  
University Adjunct/Instructor  
Graduate Student

*Please respond to number 11 to 16 only if you are a graduate student*

11. What type of degree are you currently pursuing?  
Doctoral  
Specialist/Advanced Certificate  
Master's
12. Please indicate your current status.  
Graduate student who is completing externship  
Graduate student who is completing internship  
Graduate student who has completed externship  
Graduate student who has completed internship
13. Please indicate your current/most recent internship/externship setting.  
Preschool  
Elementary  
Middle School  
High School  
Other (please specify): \_\_\_\_\_
14. Please estimate, by percentage, the racial/ethnic makeup of your current/most recent internship/externship setting.  
Caucasian/White \_\_\_%  
Hispanic/Latino \_\_\_%  
African American/Black \_\_\_%  
Asian \_\_\_%  
Native American Indian \_\_\_%  
Other \_\_\_%

15. Do you currently provide consultation at the school where you are doing your externship/internship?  
 Yes  
 No  
 Not at present, but I did in my prior externship/internship setting
16. Do you currently provide consultation to multicultural populations at the school where you are doing your externship/internship?  
 Yes  
 No  
 Not at present, but I did in my prior externship/internship setting

*Please respond to number 17 to 21 only if you are a school psychologist or a school psychology supervisor.*

17. What is the highest degree you received?  
 Doctoral  
 Specialist/Advanced Certificate  
 Master's
18. Please indicate your current/most recent work setting.  
 Preschool  
 Elementary  
 Middle school  
 High School  
 University  
 Other (please specify) \_\_\_\_\_
19. Please estimate, by percentage, the racial/ethnic makeup of your current/most recent work setting.  
 Caucasian/White \_\_\_%  
 Hispanic/Latino \_\_\_%  
 African American/Black \_\_\_%  
 Asian \_\_\_%  
 Native American Indian \_\_\_%  
 Other \_\_\_%
20. Do you currently provide consultation at the school where you work as a school psychologist?  
 Yes  
 No  
 Not at present, but I did in my prior work setting

21. Do you currently provide consultation to multicultural populations at the school where you work as a school psychologist?
- Yes
  - No
  - Not at present, but I did in my prior work setting

*Please respond to number 22 to 26 only if you are an instructor or a professor.*

22. What is the highest degree you received?
- Doctoral
  - Specialist/Advanced Certificate
  - Master's
23. Do you currently provide consultation services in a school?
- Yes
  - No
  - Not at present, but I did in the past
24. Do you currently provide consultation services to multicultural populations in a school?
- Yes
  - No
  - Not at present, but I did in the past
25. Have you ever taught a course related to consultation?
- Yes, I taught/have been teaching for 1-5 years
  - Yes, I taught/have been teaching for 6 to 10 years
  - Yes, I taught/have been teaching for over 10 years
  - No
26. Have you ever taught a course related to multicultural issues?
- Yes, I taught/have been teaching for 1 to 5 years
  - Yes, I taught/have been teaching for 6 to 10 years
  - Yes, I taught/have been teaching for over 10 years
  - No

## Appendix D

## Recruitment Letter

My name is Jennifer Kong and I am a doctoral candidate completing my dissertation research at the Graduate Center, City University of New York in the Educational Psychology Program. The purpose of my dissertation is to investigate the psychometric properties of a scale that is designed to explore the important aspects of multicultural consultation.

You can participate in this study if you are a graduate student who has completed or is completing your externship or internship, a practicing school psychologist, or a school psychology faculty member who teaches consultation. Your participation is important because it will help us to understand how to provide school-based consultation to diverse populations.

The survey has three parts and it will take 15-20 minutes to complete. If you would like to participate in the study, please visit the following website:

<http://www.surveymonkey.com/s/VZXKV5K>

You will be able to enter a drawing to win a \$25, \$50, or \$100 Barnes and Noble gift card. If you choose not to participate, please disregard this email.

Please contact us if you have any questions. If you have any questions about your rights as a survey participant please contact Kay Powell, IRB Administrator, The Graduate Center/City University of New York, (212) 817-7525 or [kpowell@gc.cuny.edu](mailto:kpowell@gc.cuny.edu).

We appreciate your time and cooperation and look forward to receiving your response.

Sincerely,

Jennifer Kong, M.S.  
Doctoral Candidate  
Graduate Center, CUNY  
New York City, NY 10016  
646-299-4111  
[jkong@gc.cuny.edu](mailto:jkong@gc.cuny.edu)

Emilia C. Lopez, Ph.D.  
Faculty Advisor  
Queens College, CUNY  
Flushing, NY 11367  
718-997-5234  
[Emilia.Lopez@gc.cuny.edu](mailto:Emilia.Lopez@gc.cuny.edu)

## Appendix E

## Cover Letter

Dear Colleague,

As a doctoral candidate completing my dissertation at the Graduate Center, City University of New York, I am requesting your participation by asking you to complete this online survey. The survey explores delivering consultation services in schools to racially, ethnically, culturally, and linguistically diverse populations.

Completing the survey is voluntary and constitutes consent on your part to participate in the study. All your responses are confidential, and your identity will be protected throughout the study. I may publish the results of the study but the identity and the individual characteristics of the participants will not be reported in any of the publications. All data will be reported in aggregate form. If you are interested in the findings of this study and would like to receive a copy of the results, please indicate so upon completion of the survey.

The survey has three parts and it will take 15-20 minutes to complete. Once you start the survey, you can stop and return to finish it at a later time.\* Your participation in the study entitles you to enter a drawing of a \$25, \$50, and \$100 Barnes and Noble gift card. If you have already completed this survey either on the internet or via mail, please do not respond to it again.

Thank you for your time and participation.

\*Same computer and same browser must be used.

\*Cookies must be enabled.

## References

- American Psychological Association (1991). *Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations*. Washington, DC: Author.
- American Psychological Association (2002). *Ethical principles of psychologists and code of conduct*. Retrieved October 13, 2006, from <http://www.apa.org/ethics>.
- Anton-LaHart, J., & Rosenfield, S. (2004). A survey of preservice consultation training in school psychology programs. *Journal of Educational and Psychological Consultation, 15*, 41-62.
- Backer, T. E. (1993). Consulting on innovation and change with public mental health organizations: The Caplan approach. In W. P. Erchul (Ed.), *Consultation in community, school, and organizational practice: Gerald Caplan's contributions to professional psychology* (pp. 149-160). Washington, DC: Taylor & Francis.
- Bergan, J. R., & Kratochwill, T. R. (1990). *Behavioral consultation and therapy*. New York: Plenum.
- Boero, J. V. (2002). Construct validity of the multicultural counseling inventory: The impact of ethnic identity, social desirability biases, and modern racism. (Doctoral dissertation, University of Missouri, 2002). *Dissertation Abstracts International, 63*, 2573.
- Brown, D. (1997). Implications of cultural values for cross-cultural consultation with families. *Journal of Counseling and Development, 76*, 29-35.
- Brown, D., Pryzwansky, W. B., & Schute, A. C. (2001). *Psychological consultation introduction to theory and practice* (5<sup>th</sup> ed.). Massachusetts: Allyn and Bacon.\*

- Brown, T. A. (2006). *Confirmatory factor analysis for applied research*. New York: Guilford.
- Burns, M. K., & Symington, T. (2002). A meta-analysis of prereferral intervention teams: Student and systemic outcomes. *Journal of School Psychology, 40*, 437-447.
- Caplan, G. (1970). *The theory and practice of mental health consultation*. New York: Basic Books.
- Caplan, G., Caplan, R. B., & Erchul, W. P. (1994). Caplanian mental health consultation: Historical background and current status. *Consulting Psychology Journal: Practice and Research, 46*, 2-12.
- Cobanoglu, C., Warde, B., & Morec, P. J. (2001). A comparison of mail, fax, and web survey methods. *International Journal of Market Research, 43*, 441-452.
- Constatine, M. G., & Ladany, N. (2000). Self-report multicultural counseling competency scales: Their relation to social desirability attitudes and multicultural case conceptualization ability. *Journal of Counseling Psychology, 47*, 155-164.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*, 349-354.
- Curtis, M. J., Chesno-Grier, J. E., & Hunley, S. A. (2004). The changing face of school psychology: Trends in data and projections for the future. *School Psychology Review, 33*, 49-66.
- Curtis, M. J., Hunley, S. A., Walker, K. J., & Baker, A. C. (1999). Demographics and professional practices and school psychology. *School Psychology Review, 28*, 104-115.

- D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. *Journal of Counseling and Development, 70*, 143-150.
- DeVellis, R. F. (2003). *Scale development: Theory and applications* (2<sup>nd</sup> ed.). California: Sage.
- Diana v. California State Board of Education, Civ. Act. No. C-70-37 (N.D. Cal., 1970, further order, 1973).
- Diaz-Lazaro, C., & Cohen, B. B. (2001). Cross-cultural contact in counseling training. *Journal of multicultural Counseling and Development, 29*, 41-56.
- Dillman, D. A., Smyth, J. D., & Christian, L. M. (2008). *Internet, mail, and mixed-mode surveys*. Canada: John Wiley & Sons.
- Duncan, C. F., & Pryzwansky, W. B. (1993) Effects of race, racial identify development, and orientation style on perceived consultant effectiveness. *Journal of Multicultural Counseling and Development, 21*, 88-96.
- Figuroa, R. A., Sandoval, J., & Merino, B. (1984). School psychology and limited-English-proficient (LEP) children: New competencies. *Journal of School Psychology, 22*, 131-143.
- Fuchs, D., Fuchs, L. S., & Bahr, M. W. (1990). Mainstream assistance teams: A scientific basis for the art of consultation. *Exceptional Children, 57*, 128-139.
- Fuertes, J. N., Bartolomeo, M., & Matthew, N. C. (2001). Future research directions in the study of counselor multicultural competency. *Journal of Multicultural Counseling and Development, 29*, 3-10.
- Fuertes, J. N., & Brobst, K. (2002). Clients' ratings of counselor multicultural competency. *Cultural Diversity and Ethnic Minority Psychology, 8*, 213-223.

- Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational research: An introduction* (6<sup>th</sup> Ed.). England: Longman.
- Gibbs, J. T. (1980). The interpersonal orientation in mental health consultation: Toward a model of ethnic variations in consultation. *Journal of Community Psychology, 8*, 195-207.
- Gibbs, J. T. (1985). Can we continue to be color-blind and class-bound? *The Counseling Psychologist, 13*, 426-435. \*
- Goldstein, B. S. C., & Harris, K. C. (2000). Consultant practices in two heterogeneous Latino schools. *School Psychology Review, 29*, 368-377.\*
- Graden, J. L., Casey, A., & Bonstrom, O. (1985). Implementing a prereferral intervention system: Oart II. The data. *Exceptional Children, 51*, 487-496.
- Gravois, T. A., Knotek, S., & Babinski, L. M. (2002). Educating practitioners as consultants: Development and implementation of the instructional consultation team consortium. *Journal of Educational and Psychological Consultation, 13*, 113-132.
- Gravois, T. A., & Rosenfield, S. A. (2006). Impact of instructional consultation teams on the disproportionate referral and placement of minority students in special education. *Remedial and Special Education, 27*, 42-52.
- Gutkin, T. B. (1980). Teacher perceptions of consultation services provided by school psychologists. *Professional Psychology, 11*, 637-642.

- Gutkin, T. B., & Curtis, M. J. (1999). School-based consultation theory and practice: The art and science of indirect service delivery. In T. B. Gutkin & C. R. Reynolds (Eds.), *The handbook of school psychology* (3<sup>rd</sup> ed., pp. 598-637). Oxford: John Wiley & Sons.
- Gutkin, T. B., & Curtis, M. J. (2009). School-based consultation: The science and practice of indirect service delivery. In T. B. Gutkin & C. R. Reynolds (Eds.), *The handbook of school psychology* (4<sup>th</sup> ed., pp. 591-635). Oxford: John Wiley & Sons.
- Hansen, N. D., Pepitone, F., & Greene, A. (2000). Multicultural competence: Criteria and case examples. *Professional Psychology: Research and Practice*, *31*, 652-660.\*
- Harris, K. C. (1991). An expanded view on consultation competencies for educators serving culturally and linguistically diverse exceptional students. *Teacher Education and Special Education*, *14*, 25-29.
- Harris, K. C. (1996). Collaboration within a multicultural society. *Remedial & Special Education*, *17*, 355-362.\*
- Henning-Stout, M., Lucas, D. A., & McCary, V. L. (1993). Alternative instruction in the regular classroom: A case illustration and evaluation. *School Psychology Review*, *22*, 81-97.
- Hernandez, A. G., & LaFromboise, T. D. (1985, August). *The development of the Cross-Cultural Counseling Inventory*. Paper presented at the 93<sup>rd</sup> annual convention of the American Psychological Association, Los Angeles.

- Hosp, J. L., & Reschly, D. J. (2002). Regional differences in school psychology practice. *School Psychology Review, 31*, 11-29.
- Hundert, J. P. (2007). Training classroom and resource preschool teachers to develop inclusive class interventions for children with disabilities: Generalization to new intervention targets. *Journal of Positive Behavior interventions, 9*, 159-173.
- Individuals with Disabilities Education Act (Pub. L. No. 101-476), 20 U.S.C. Chapter 33. Amended by Pub. L. No. 105-17 in June, 1997. Regulations appear at 34 C.F.R. Part 300.
- Individuals with Disabilities Education Improvement Act. PL No. 108-446, 20 U.S.C. (2004).
- Ingraham, C. L. (2000). Consultation through a multicultural lens: Multicultural and cross-cultural consultation in schools. *School Psychology Review, 29*, 320-343.\*
- Ingraham, C. L. (2003). Multicultural consultee-centered consultation: When novice consultants explore cultural hypotheses with experienced teacher consultees. *Journal of Educational and Psychological Consultation, 14*, 329-362.
- Ingraham, C. L. (2004). Consultee-centered consultation: Improving the quality of professional services in schools and community organizations. In N. M. Lambert, I. Hylander, & J. H. Sandoval (Eds.), *Multicultural consultee-centered consultation: Supporting consultees in the development of cultural competence* (pp. 133-148). Mahwah, NJ: Lawrence Erlbaum.

- Ingraham, C. L. (2007). Focusing on consultees in multicultural consultation. In G. B. Esquivel, E. C. Lopez & S. G. Nahari (Eds.), *Handbook of multicultural school psychology: An interdisciplinary perspective* (pp. 99-118). Mahway, NJ: Lawrence Erlbaum.
- Ingraham, C. L. (2008). Studying multicultural aspects of consultation. In W. P. Erchul & S. M. Sheridan (Eds.), *Handbook of research in school consultation* (pp. 269-292). New York: Lawrence Erlbaum.
- Heine, S. J., Lehman, D. R., Markus, H. R., & Kitayama, S. (1999). Is there a universal need for positive self-regard? *Psychological Review*, *106*, 766-794.
- Iscoe, I. (1993). Gerald Caplan's conceptual and qualitative contributions to community psychology: Views from an older timer. In W. P. Erchul (Ed.), *Consultation in community, school, and organizational practice: Gerald Caplan's contributions to professional psychology* (pp. 87-98). Washington, DC: Taylor & Francis.
- Jackson, D. N., & Hayes, D. H. (1993). Multicultural issues in consultation. *Journal of Counseling and Development*, *72*, 144-147.
- Kaplowitz, M. D., Hadlock, T. D., & Levine, R. (2004). A comparison of web and mail survey response rates. *Public Opinion Quarterly*, *68*, 94-101.
- Kelly, J. G. (1993). Gerald Caplan's paradigm: Bridging psychotherapy and public health practice. In W. P. Erchul (Ed.), *Consultation in community, school, and organizational practice: Gerald Caplan's contributions to professional psychology* (pp. 75-85). Washington, DC: Taylor & Francis.
- Kline, R. B. (2005). *Principles and practice of structural equation modeling* (2<sup>nd</sup> ed.). New York: Guilford Press.

- Knoff, H. M., & Batsche, G. M. (1993). A school reform process for at-risk students: Applying Caplan's organizational consultation principles to guide prevention, intervention, and home-school collaboration. In W. P. Erchul (Ed.), *Consultation in community, school, and organizational practice: Gerald Caplan's contributions to professional psychology* (pp. 123-147). Washington, DC: Taylor & Francis.
- Kratochwill, T. R., Elliott, S. N., & Busse, R. T. (1995). Behavior consultation: A five-year evaluation of consultant and client outcomes, *School Psychology Quarterly*, *10*, 87-117.
- Kratochwill, T. R., Elliott, S. N., & Callan-Stoiber, K. (2002). Best practices in school-based problem-solving consultation. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV* (pp. 583-608). Washington, DC: National Association of School Psychologists.
- Kratochwill, T. R., Elliott, S., & Carrington Rott, P. (1990). Best practices in school-based behavioral consultation. In A. Thomas & J. Grimes (Eds.) *Best practices in school psychology-III* (519-537). Washington, DC: National Association of School Psychologists.
- LaFromboise, T. D., Coleman, H. L. K., & Hernandez, A. G. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory-Revised. *Professional Psychology: Research and Practice*, *22*, 380-388.
- Lau v. Nichols, 414 U.S. 563 (1974).

- Lepage, K., Kratochwill, T. R., & Elliott, S. N. (2004). Competency-based behavior consultation training: An evaluation of consultant outcomes, treatment effects, and consumer satisfaction. *School Psychology Quarterly, 19*, 1-28.
- Liu, W. M., Sheu, H., & Williams, K. (2004). Multicultural competency in research: Examining the relationship among multicultural competencies, research training and self-efficacy, and the multicultural environment. *Cultural Diversity and Ethnic Minority Psychology, 10*, 324-339.
- Lopez, E. C. (2000). Conducting instructional consultation through interpreters. *School Psychology Review, 29*, 378-388.
- Lopez, E. C., & Nastasi, B. K. (2008). Section commentary: An integrative view of process/outcome research from selected models of consultation. In W. P. Erchul & S. M. Sheridan (Eds.), *Handbook of research in school consultation* (pp. 247-268). New York: Lawrence Erlbaum.
- Lopez, E. C., & Rogers, M. R. (2001). Conceptualizing cross-cultural school psychology competencies. *School Psychology Quarterly, 16*, 270-302.\*
- Lopez, E. C., & Truesdell, L. (2007). Multicultural issues in instructional consultation for English language learning students. In G. B. Esquivel, E. C. Lopez & S. G. Nahari (Eds.), *Handbook of multicultural school psychology: An interdisciplinary perspective* (pp. 71-98). Mahway, NJ: Lawrence Erlbaum.
- Mannino, F., & Shore, M. (1975). The effects of consultation: A review of empirical studies. *American Journal of Community Psychology, 3*, 337-345.
- Medway, F. J. (1979). How effective is school consultation: A review of recent research. *Journal of School Psychology, 17*, 275-282.

Medway, F. J. (1982). School consultation research: Past trends and future directions.

*Professional Psychology, 13*, 422-430.

Medway, F. J., & Updyke, J. F. (1985). Meta-Analysis of consultation outcome studies.

*American Journal of Community Psychology, 13*, 489-504.

Meyers, J. (2002). A 30 year perspective on best practices for consultation training.

*Journal of Educational & Psychological Consultation, 13*, 35-54.

Meyers, J., Brent, D., Faherty, E., & Modafferi, C. (1993). Caplan's contributions to the

practice of psychology in schools. In W. P. Erchul (Ed.), *Consultation in*

*community, school, and organizational practice: Gerald Caplan's contributions*

*to professional psychology* (pp. 99-122). Washington, DC: Taylor & Francis.

Miller, R. L., & Cangemi, J. P. (1988). Developing trust in international companies.

*Organization Development Journal, 6*, 26-28.\*

Mullis, I. V. S., Martin, M. O., Gonzales, E., & Chrostowski, S. (2004). *TIMSS 2003*

*international mathematics report: Findings from IEA's trends in international*

*mathematics and science study at the fourth and eighth grades*. Chestnut Hill, MA:

TIMSS & PIRLS International Study Center, Boston College.

Nastasi, B. K., Varjas, K., Bernstein, R., & Jayasena, A. (2000). Conducting participatory

culture-specific consultation: A global perspective on multicultural consultation.

*School Psychology Review, 29*, 401-413.

National Association for School Psychologists (2000). *Professional conduct manual*.

Bethesda, MD: Author.

- Nelson, J. R., Smith, D. J., Taylor, L., Dodd, J. M., & Reavis, K. (1991). Prereferral intervention: A review of the research. *Education and Treatment of Children, 14*, 243-253.
- Oakland, T. (1984). The Journal of School Psychology's first twenty years: Contributions and contributors. *Journal of School Psychology, 22*, 239-250.
- Ochoa, S. H., Rivera, B., & Ford, L. (1997). An investigation of school psychology training pertaining to bilingual psycho-educational assessment of primarily Hispanic students: Twenty-five years after Diana v. California. *Journal of School Psychology, 35*, 329-349.
- Pinto, R. F. (1981). Consultant orientation and client system perceptions: Styles of cross-cultural consultation. In R. Lippitt & G. L. Lippitt (Eds.), *Systems thinking: A resource for organizational diagnosis and intervention* (pp. 57-74). Washington, DC: International Consultants Foundation.
- Ponterotto, J. G., Rieger, B. P., Barrett, A., & Sparks, R. (1994). Assessing multicultural counseling competence: A review of instrumentation. *Journal of Counseling and Development, 72*, 316-322.
- Ponti, C. R., Zins, J. E., & Graden, J. L. (1988). Implementing a consultation-based service delivery system to decrease referrals for special education: A case study of organizational considerations. *School Psychology Review, 17*, 89-100.
- Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). Examining multicultural counseling competencies of graduate students in psychology. *Professional Psychology: Research and Practice, 26*, 322-329.

- Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Ottavi, T. M. (1994). Multicultural competencies of doctoral interns at university counseling center: An exploratory investigation. *Professional Psychology: Research and Practice, 25*, 466-470.
- Ramirez, S. Z., & Alghorani, M. A. (2003). School psychologists' consideration of Hispanic cultural issues during consultation. *Journal of Applied School Psychology, 20*, 5-26.
- Ramirez, S. Z., Lepage, K. M., Kratochwill, T. R., & Duffy, J. L. (1998). Multicultural issues in school-based consultation: Conceptual and research considerations. *Journal of School Psychology, 36*, 479-509.\*
- Reschly, D. J. (1979). Nonbiased assessment. In G. D. Phye & D. J. Reschly (Eds.), *School psychology: Perspectives and issues* (pp. 215-253). New York: Academic Press.
- Riley-Tillman, T. C., Chafouleas, S. M., Eckert, T. L., & Kelleher, C. (2005). Bridging the gap between research and practice: A framework for building research agendas in school psychology. *Psychology in the Schools, 42*, 459-473.
- Riley-Tillman, T. C., & Eckert, T. L. (2001). Generalization programming and school-based consultation: An examination of consultees' generalization for consultation-related skills. *Journal of Educational and Psychological Consultation, 12*, 217-241.
- Rios, H. M., Cruz, G., DiTomasso, G., & Morales, J. (1997). Collaborative consultation and curriculum-based assessment with diverse students. *Journal of Research in Education, 7*, 33- 39.

- Rogers, M. R. (1998). The influence of race and consultant verbal behavior on perceptions of consultant competence and multicultural sensitivity. *School Psychology Quarterly, 13*, 265-280.\*
- Rogers, M. R. (2000). Examining the cultural context of consultation. *School Psychology Review, 29*, 414-418.
- Rogers, M. R., & Lopez, E. C. (2002). Identifying critical cross-cultural school psychology competencies. *Journal of School Psychology, 40*, 115-141.
- Rogers, M. R., Ponterotto, J. G., & Conoley, J. C. (1992). Multicultural training in school psychology: A national survey. *School Psychology Review, 21*, 603-616.
- Rogers, M. R., & Ponterotto, J. G. (1997). Development of the multicultural school psychology counseling competency scale. *Psychology in the Schools, 34*, 211-217.
- Rosenfield, S. A. (1987). *Instructional consultation*. Hillsdale, NJ: Lawrence Erlbaum.
- Rosenfield, S. A. (1992). Developing school-based consultation teams: A design for organizational change. *School Psychology Quarterly, 7*, 27-46.
- Rosenfield, S. A. (2002). Best practices in instructional consultation. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology-IV* (Vol. 2, pp. 609-623). Bethesda, MD: National Association of School Psychologists.
- Sheridan, S. M. (1997). Conceptual and empirical bases of conjoint behavioral consultation. *School Psychology Quarterly, 12*, 119-133.
- Sheridan, S. M. (2000). Considerations of multiculturalism and diversity in behavioral consultation with parents and teachers. *School Psychology Review, 29*, 344-353.\*

- Sheridan, S. M., Kratochwill, T. R., & Bergan, J. R. (1996). *Conjoint behavioral consultation*. New York: Plenum.
- Sheridan, S. M., Welch, M., & Orme, S. F. (1996). Is consultation effective? A review of outcome research. *Remedial and Special Education, 1*, 341-354.
- Silva, A. E. (2008). A quasi-experimental evaluation of reading and special education outcomes for English Language Learners in instructional consultation teams schools. (Doctoral dissertation, New York University, 2010) *Dissertation Abstracts International, 68*, 407.
- Smith, T. B., Constantine, M. G., Dunn, T. W., Dinehart, J. M., & Montoya, J. A. (2006). Multicultural education in the mental health professions: A meta-analytic review. *Journal of Counseling Psychology, 53*, 132-145.
- Sodowsky, G. R. (1998). *Multicultural Social Desirability Index*. Author.
- Sodowsky, G. R. (1996). The Multicultural Counseling Inventory: Validity and applications in multicultural training. In G. R. Sodowsky & J. C. Impara (Eds.), *Multicultural assessment in counseling and clinical psychology* (pp. 283-324). Lincoln, NE: Buros Institute of Mental Measurements.
- Sodowsky, G. R., Kuo-Jackson, P. Y., Richardson, M. F., & Corey, A. T. (1998). Correlates of self-reported multicultural competencies: Counselor multicultural social desirability, race, social inadequacy, locus of control racial ideology, and multicultural training. *Journal of Counseling Psychology, 45*, 256-264.
- Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology, 41*, 137-148.

- Steward, R. J. (1996). Training consulting psychologists to be sensitive to multicultural issues in organizational consultation. *Consulting Psychology Journal*, 48, 180-189.\*
- Streiner, D. L. (2003). Starting at the beginning: An introduction to coefficient alpha and internal consistency. *Journal of Personality Assessment*, 80, 99-103.
- Streiner, D. L., & Norman, G. R. (2008). *Health measurement scales: A practical guide to their development and use*. 4<sup>th</sup> ed. Canada: Oxford University Press.
- 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, 64-88.
- Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist*, 10, 45-52.
- Tarver Behring, S., Cabello, B., Kushida, D., & Murguia, A. (2000). Cultural modifications to current school-based consultation approaches reported by culturally diverse beginning consultants. *School Psychology Review*, 29, 354-353.
- Tarver Behring, S., & Ingraham, C. L. (1998). Culture as a central component of consultation: A call to the profession. *Journal of Educational and Psychological Consultation*, 9, 57-72.
- Ton, H., Koike, A., Hales, R. E., Johnson, J., & Hilty, D. (2005). A qualitative needs assessment for development of a cultural consultation service. *Transcultural Psychiatry*, 42, 491-504.\*

- Trickett, E. J. (1993). Gerald Caplan and the unfinished business of community psychology: A comment. In W. P. Erchul (Ed.), *Consultation in community, school, and organizational practice: Gerald Caplan's contributions to professional psychology* (pp. 163-175). Washington, DC: Taylor & Francis.
- Trochim, W. M. K. (2001). *The research methods knowledge base*. 2<sup>nd</sup> ed. Atomic Dog Publishing.
- Ysseldyke, J. E., Dawson, P., Lehr, C., Reschly, D., Reynolds, M., & Telzrow, C. (1997). *School psychology: A blueprint for training and practice II*. Bethesda, MD: National Association of School Psychologists.
- U.S. Census (2008). *An Older and More Diverse Nation by Midcentury*. Retrieved September 2, 2009, from <http://www.census.gov/Press-Release/www/releases/archives/population/012496.html>.
- Vereen, L. G., Hill, N. R., & McNeal, D. T. (2008). Perceptions of Multicultural Counseling Competency: Integration of the curricular and the practical. *Journal of Mental Health Counseling, 30*, 226-236.
- Walker-Abshier, D., Curtis, J. M., & Chesno-Grier, B. (2003, March). Regional differences in the demographic characteristics and professional practices of school psychologists. Paper presented at the meeting of the National Association of School Psychologists, Toronto, Ontario, Canada.
- Washburn, J. J., Manley, T., & Holiwski, F. (2003). Teaching on racism: Tools for consultant training. *Journal of Educational and Psychological Consultation, 14*, 387-399.\*

Weijters, B., Cabooter, El, & Schillewaert, N. (2010). The effect of rating scale format on response styles: The number of response categories and response category labels.

*International Journal of Research in Marketing*, 27, 236-247.

Zins, J. E., & Erchul, W. P. (1995). School consultation. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology –III* (pp. 609-623). Washington, DC: National Association of School Psychologists.

Zins, J. E., & Erchul, W. P. (2002). Best practices in school consultation. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology-IV* (pp. 625-644). Washington, DC: National Association of School Psychologists.

\* These references were used to identify potential multicultural consultation competency items.