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Pepperdine University
Graduate School of Education and Psychology

MULTICULTURAL TRAINING IN A CLINICAL PSYCHOLOGY DOCTORAL
PROGRAM: A TEMPLATE FOR CONDUCTING A CULTURAL AUDIT

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Angela F. Williams

November, 2008

Miguel E. Gallardo, Psy.D. – Dissertation Chairperson

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I would also like to thank my family, most especially my mother. You have always served as my role model and inspiration. You imparted upon me a deep appreciation of learning, empathy and love for others, and a dedicated work ethic. You never ceased to support me and celebrate the small victories as I moved through this process.

Finally, I would like to thank my beautiful husband. I cannot put into words how grateful I am for your love and support. You have given me space to grow and the luxury of embarking on this journey. Your encouragement, commitment, understanding, and belief in me have helped me to persevere when faced with challenges. Thank you so much for your faith in me.

VITA

Angela F. Williams

EDUCATION

- November 2008 *Pepperdine University* *Culver City, CA*
Doctor of Psychology
PsyD (APA accredited program in clinical psychology)
Dissertation: “*Multicultural Training in a Clinical Psychology Doctoral Program: A Template for Conducting a Cultural Audit*”
- 1999-2001 *California State University, Northridge* *Northridge, CA*
Master of Arts, Psychology
- 1996-1998 *University of California, Santa Barbara* *Santa Barbara, CA*
Bachelor of Arts, Psychology

HONORS AND AWARDS

- 2006 *Clinical Competency Exams-Pass with Distinction*) - Pepperdine GSEP
2004-2006 *Pepperdine GSEP Glen and Gloria Holden Grant* – Pepperdine GSEP
2004-2006 *Pepperdine GSEP Colleagues Grant PsyD* - Pepperdine GSEP
2000 *California State University Grant* – CSUN
1999-2000 *Honors Convocation Award for Academic Excellence* – CSUN
2000 *Associated Students Award* – CSUN

CLINICAL TRAINING EXPERIENCE

- 9/2007-8/2008 *Didi Hirsch Community Mental Health Center, Culver City, CA*
(APA Accredited)
Predoctoral Psychology Intern, Adult/Older Adult Track
Primary Supervisors: Sandy Escobar, PhD, Dawn Vo-Jutabha, PhD
- Provide individual, family, and couples therapy with patients diagnosed with severe and chronic mental illnesses including schizophrenia, schizoaffective disorder, unipolar and bipolar depression, obsessive-compulsive disorder, substance abuse, and Axis II psychopathology
 - Conduct CBT group for adults with Bipolar Depression
 - Provide brief crisis intervention for individuals and families
 - Design and administer psychodiagnostic assessment batteries utilizing a hypothesis-driven assessment model
 - Design and implement community outreach project, Relationship Safety Group with at-risk adolescent girls
 - Program Evaluation Project: “*Evaluation of a Mindfulness-Based Group Intervention for Anxiety and Depression in a Community Mental Health Sample*”
- 9/2006-8/2007 *West Los Angeles VA Healthcare Center, Los Angeles, CA*

***VA Greater Los Angeles Health Care System
Doctoral Practicum (Pre-Intern)***

First Rotation: *Behavioral Medicine, Supervisor: Anna Okonek, PhD*

- Conducted individual psychotherapy with Veterans suffering from medical conditions and comorbid psychiatric diagnoses
- Conducted intake and diagnostic interviews with veterans
- Planned and administered neuropsychological and psychodiagnostic assessment batteries
- Consulted with other mental health and medical staff
- Co-led group therapies for stress management, smoking cessation, pain management, and support groups to Veterans suffering from a variety of acute and chronic medical conditions

Second Rotation: *Domiciliary Program, Supervisor: Mona Lam, PhD*

- Provided cognitive-behavioral individual with Veterans suffering from war-related trauma, early childhood trauma, substance abuse, mood disorders, Axis II disorders, organic impairment, and geropsychological issues
- Conducted intake and diagnostic interviews
- Planned and administered comprehensive psychological and neurological assessment batteries
- Co-facilitated process and psychoeducational groups

9/2006-8/2007

***Pepperdine University Psychological Clinic, Culver City, CA
Peer Supervisor***

Supervisor: Aaron Aviera, PhD

- Offered peer supervision to first-year doctoral students who provide cognitive-behavioral and insight-oriented individual therapy to adults suffering from mood disorders, personality disorders, relational difficulties, and substance dependence
- Participated in weekly supervision with first-year students
- Attended and participated in weekly case conference
- Assisted the Clinical Training Director in maintaining and operating the clinic

9/2005-8/2006

***Augustus F. Hawkins Community Mental Health Center, Los Angeles, CA
Doctoral Practicum Extern***

First Rotation: *Child/Adolescent Outpatient, Supervisor: Sergio Castillo, PhD*

- Conducted intake and diagnostic interviews with children and adolescents suffering from a variety of presenting problems, including cognitive difficulties, mood and anxiety disorders, learning disabilities, conduct disorder, ADHD, Pervasive Developmental Disabilities, and psychosis
- Planned and administered psychodiagnostic batteries to answer referral questions related to social/emotional and cognitive issues
- Scored and interpreted test data, integrated information in comprehensive reports, developed treatment plans and recommendations, and provided feedback to clients and a

multidisciplinary staff

Second Rotation: Neuropsychology, Supervisor: Paul Longobardi, PhD

- Conducted neuropsychological assessment batteries with adult outpatients with a variety of neurological problems, including learning disorders, seizure disorders, traumatic brain injury, dementia, and aneurysm
- Conducted intake interviews, selected and administered appropriate batteries
- Scored batteries and integrated results into written reports, developed treatment plans and recommendations, and provided feedback to clients and a multidisciplinary staff

7/2005- 7/2006

***Pepperdine University Psychological Clinic, Culver City, CA
Clinic Therapist (Pre-Intern)***

Supervisor: Edward Shafranske, PhD, ABPP

- Provided outpatient psychological services to a wide range of clients, including adults, children, and couples/families
- Conducted intake interviews
- Formulated diagnoses and treatment plans
- Conducted long-term psychodynamic individual therapy
- Attended and presented case material in weekly case conferences

8/2004-6/2006

***Union Rescue Mission Pepperdine Counseling Center, Los Angeles, CA
Doctoral Practicum Extern***

Supervisors: Aaron Aviera, PhD, Stephan Strack, PhD & Edward Shafranske, PhD

- Provided individual cognitive-behavioral and insight oriented therapy with homeless, adult men enrolled in a long-term substance abuse recovery program in the Downtown Los Angeles Skid Row area
- Conducted intake interviews
- Planned and administered psychological assessment to aid in diagnosis and treatment planning
- Presented case material in weekly group supervision

10/1999-6/2001

***Monterey Hall Anxiety Clinic - CSUN, Northridge, CA
Clinical Extern***

Supervisor: Ronald Doctor, PhD

- Spearheaded the development of the anxiety disorders clinic
- Conducted intakes and screened clients for participation in the clinic using the Structured Clinical Interview for DSM-III-R for Anxiety (SCID)
- Conducted cognitive-behavioral and exposure therapy with adults suffering anxiety disorders
- Provided peer supervision to first-year externs
- Attended and presented case material at weekly group supervision

RESEARCH EXPERIENCE

4/2005-8/2006

***Pepperdine Clinic Advancement and Research Committee (CARC)
Graduate and Research Assistant***

Supervisors: Kathleen Eldridge, PhD, Misha Ellis, PhD, & Susan Hall, PhD

- Assisted in coordinating the administration and scoring of training clinic outcome measures
- Helped develop and implement trainings for new student therapists on clinical assessment tools
- Monitored implementation of clinic procedures and addressed questions from student therapists regarding the clinical application of measures
- Created and maintained research files

9/2001-7/2003

***Hathaway Children's Clinical Research Institute, Sylmar, CA
Clinical Research Associate/Psych Assistant***

Supervisors: Clara Lajonchere, PhD, Fay Kagen, MD, & Jeff Sugar, MD

- Administered psychiatric diagnostic battery, which included a structured psychiatric interview, a structured trauma interview, and several self-report measures to children, ages 8-18 in residential treatment, as part of an ongoing study of the sequelae of early childhood trauma
- Co-led process groups with adolescent, female sexual abuse survivors
- Conducted administrative operations of the research project, such as subject recruitment, subject scheduling, and maintenance research files and outcomes database
- Provided supervision and training of office volunteers and interns
- Presented research findings at conferences
- Conducted literature reviews

4/2000-7/2000

***Informed Consent in Patients with Schizophrenia Project, Northridge, CA
Research Assistant***

Project Director: Marc Sergi, PhD, CSUN

- Administered brief cognitive assessments to college freshmen as part of a larger study to determine the relationship between memory and comprehension of informed consent with patients suffering from schizophrenia
- Duties also included administration of pre and post assessments of informed consent issues to assess the effectiveness of a video informing clients about the rights of research subjects and conducting literature searches and reviews

4/1997-7/1998

***Systematic Treatment Selection in Dual Diagnosed Patients
Research Assistant***

Project Director: Larry Beutler, PhD, UCSB

- Maintained assessment protocols for a multiphase research project studying cocaine use in dual diagnosed patients

- Conducted computerized SCID and collected urine for urinalysis screen from participants
- Prepared interview rooms and videotaped interview sessions
- Entered data using SPSS

1/1997-6/1998

***Project Loss: Loss and Bereavement in Children and Adolescents
Research Assistant***

Project Director: Shane Jimerson, PhD, UCSB

- Conducted literature searches and presented reviews of pertinent articles to research team
- Developed and distributed a survey of loss to college freshman
- Coded and entered data using SPSS
- Helped to develop developmentally appropriate treatment approach to loss

TEACHING EXPERIENCE

9/2006-5/2007

***Pepperdine University Graduate School of Education & Psychology
Teaching Assistant***

Supervisors: Susan Himelstein, PhD & Carolyn Keatinge, PhD

- Reviewed scoring and provided feedback for Master's and Doctoral level cognitive and personality assessment courses
- Conducted assessment lab and provided training on administration of assessment instruments including the WAIS/WISC and Rorschach Inkblot test

RELATED WORK EXPERIENCE

8/2004-8/2006

***Autism Genetic Resource Exchange, Los Angeles, CA
Clinical Rater***

Supervisor: Janet Miller, PhD

- Administered the Vineland Adaptive Behavior Scale, Interview Edition to parents of children with autism as part of data collection for a large-scale research project
- Scored and interpreted assessment results

7/2003-8/2004

***Autism Genetic Resource Exchange, Los Angeles, CA
Family Recruitment Specialist***

Supervisor: Clara Lajonchere, PhD

- Responsible for conducting family intake interviews, scheduling and tracking home visits with clinical staff, phlebotomist, and neurologists for data collection for a large-scale research database of genotypic and phenotypic data
- Collected family satisfaction surveys
- Assessed and prioritized regional recruitment needs
- Attended regional meetings conferences
- Trained and supervised staff

- 10/2000-7/2001 ***Verdugo Hills Psychotherapy Center-Autism Project, Glendale, CA
Behavior Therapist***
- Developed and implemented treatment plans for autistic children, which included ABA discrete trials and Floortime therapies
 - Attended meetings with multidisciplinary treatment teams to facilitate effectiveness of interventions
 - Trained and supervised new therapists
- 4/1998-11/1998 ***Devereux California, Santa Barbara, CA
Behavior Specialist***
- Developed and implemented treatment plans with developmentally disabled adolescents living in a residential treatment facility, using behavioral strategies, picture exchange communication system (PECS), and contingency contracts
 - Maintained client records, tracked treatment progress and wrote quarterly progress reports
 - Served as a liaison between parents and facility administration

PUBLICATIONS AND PRESENTATIONS

Hunt, A. F. (2006, October). Multicultural training models: A review and qualitative evaluation. Presented at the 1st Annual Meeting of the Multicultural Research and Training Lab, Los Angeles, CA.

Hunt, A. F., Lajonchere, C. M., Sugar, J. A., & Rodriguez, N. (2003, May). Structured trauma assessment in multiply traumatized youth in residential treatment. Presented at the 83rd Annual Meeting of the Western Psychological Association, Vancouver, BC.

Sugar, J., Lajonchere, C., **Hunt, A. F.,** & Rodriguez, N. (2002, November). Peritraumatic dissociation and posttraumatic stress disorder in traumatized youth in residential treatment. Presented at the Annual Meeting of International Society of Traumatic Stress Studies (ISTSS), Baltimore, MD.

Lajonchere, C. M., Sugar, J.A., **Hunt, A. F.,** Rodriguez, N. (2002, November). Complex posttraumatic stress disorder in multiply traumatized youth. Presented at the Annual Meeting of International Society of Traumatic Stress Studies (ISTSS), Baltimore, MD.

Hunt, A. F. (2000, May). Trauma, dissociation, and locus of control in juvenile delinquents. Poster presented at the 5th Annual Student Research and Creative Activities Symposium at California State University, Northridge.

PROFESSIONAL AFFILIATIONS

- 2006-2007 **California Psychology Internship Council**
Member: Board of Directors
- 2006-2007 **Pepperdine GSEP Clinical Training Committee**
Student Representative
- 2004-Present **Multicultural Research and Training Lab-Pepperdine University**
Founding Member

2003-Present	American Psychological Association <i>Student Affiliate</i>
2001-Present	Phi Kappa Phi <i>Student Member</i>
1998-Present	Psi Chi National Honor Society in Psychology <i>Member</i>
2002-2003	Western Psychological Association <i>Member</i>
2002-2003	International Society for Traumatic Stress Studies <i>Member</i>
1996-1998	Golden Key Honor Society <i>Member</i>

ABSTRACT

This study explored the multicultural training practices within Pepperdine University's PsyD program in clinical psychology and provided a template for other training programs attempting to conduct a cultural audit. Utilizing a bounded case study design, the current investigation gathered data from faculty in the PsyD program, currently enrolled doctoral students, course syllabi and prospective student recruitment materials. Research questions were: 1.) How do faculty members, full-time, adjunct and visiting, self-rate their overall competence in integrating multicultural issues in the classroom?; 2.) How do faculty members rate the multicultural training offered in Pepperdine's PsyD program?; 3.) How frequently are multicultural issues addressed throughout the curriculum?; 4.) How do graduate students enrolled in all four years of the program self-rate their overall multicultural competence?; 5.) How do students perceive the multicultural training in the PsyD program and their preparation to address cultural factors in clinical settings?; and 6.) In what ways do the program's prospective student recruitment materials reflect multicultural philosophies and practices? The multicultural training offered in the PsyD program has a number of strengths, including supportive faculty and student cohorts, multicultural research with the use of diverse research methodologies, and a mission statement that clearly outlines the importance of diversity to the university. Additionally, concrete steps are being taken to embrace and continue to develop the University as a multicultural organization. Areas of growth include better infusion of multicultural content across the curriculum, integration of diversity issues in clinical supervision, evaluation of student multicultural competence and faculty integration of multicultural topics in courses, improvement of community spaces, and multicultural training that attends to aspects of diversity beyond race and ethnicity.

Introduction

The American Psychological Association's (2003) *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* acknowledges the multiple contexts in which all individuals exist and the need to understand the influence of these contexts on individuals' behavior. *The Multicultural Guidelines* reflect the need for the field of psychology to respond to the sociopolitical changes occurring in the U.S. and to address the different needs of groups and individuals that have historically been disenfranchised by the field of psychology based on their ethnic/racial heritage (American Psychological Association [APA], 2003). They encourage psychologists to practice in a culture-centered manner and to use a cultural lens as a central focus of professional behavior, with the understanding that all individuals are situated within multiple contexts. Guideline three suggests that multiculturalism be incorporated in psychological education and outlines the benefits and challenges of such a shift. Guideline six encourages psychologists to utilize organizational change processes to facilitate the development of culture-centered policies and practices. While all the guidelines, particularly guideline three, provide a basis for understanding the importance of integrating multiculturalism in our education, training and practice systems, we must not overlook the changing landscape in the United States (U.S.).

The changing demographics and sociopolitical structure of the U.S., has heightened the importance of developing multicultural competence as the field of psychology has been largely based in Western European value systems to the exclusion of alternative world views. Historically, the field of psychology has been typified by

treatment and research practices that are rooted in Eurocentric assumptions (Daniel, Roysircar, Abeles, & Boyd, 2004). Traditional psychological theories and monocultural treatment models have operated under a culture-bound value system that may not be consistent with the value systems of culturally diverse clients (Hill, 2003; Sue, Bingham, Porche-Burke, & Vasquez, 1999). According to Pederson (2004) traditional definitions of “normal” suffer from cultural encapsulation, that is, the tendency for humans to build a “capsule” around themselves and attend to what’s inside the capsule to the exclusion of what is outside. From a culturally encapsulated mindset, there is a preference for individuality and independence over dependence, narrowly defined professional boundaries, disregard for an individual’s context and history, ignorance of indigenous support systems, and conformity to the status-quo (Pederson, 2004). Data is emerging that suggests individuals that have historically been marginalized within psychology based on their ethnic/racial heritage or social group membership have diverse clinical needs (APA, 2003). There is evidence that traditional psychotherapy models have done harm to culturally diverse groups by invalidating their experiences, pathologizing their values, denying them culturally appropriate care, and imposing majority group values upon them (Sue & Sue, 2003). There is also a growing body of research exploring the problems that culturally diverse groups and individuals confront in the U.S. mental health system.

Racism, discrimination, and unequal access to mental health care are realities that many culturally diverse individuals face (Daniel et al., 2004). According to the Surgeon General’s Report on Mental Health (1999), racially and ethnically diverse individuals are underrepresented in outpatient treatment facilities while they are overrepresented in

inpatient psychiatric hospitals. Research indicates that racially and ethnically diverse individuals are less likely to present for treatment and are more likely to terminate precipitously (Kearney, Draper, & Baron, 2005). Culturally diverse individuals may be hesitant to seek mental health care on an outpatient basis because of prior experiences of segregation, racism, and discrimination (U.S. Department of Health and Human Services [USDHHS], 1999). Clinician bias may also contribute to the observed disparity in access to outpatient mental health care. This bias is reflected in the overdiagnosis of schizophrenia and underdiagnosis of depression in African-American and Hispanic clients (Adebimpe, 1981; Al-Issa, 1995; Garb, 1997; Lawson, Hepler, Holladay, & Cuffel, 1994; Rosenthal & Berven, 1999; USDHHS, 1999; Whaley, 1998). Conversely, Asian-Americans have historically been underdiagnosed with mental illnesses (USDHHS, 1999). According to the Surgeon General's Report, the current mental health delivery system is not designed to respond to the cultural and linguistic needs of diverse ethnic and cultural groups.

So notable were the disparities in mental health care that the U.S. Department of Health and Human Services published a supplemental report entitled *Mental Health: Culture, Race, and Ethnicity* (USDHHS, 2001). They found that the prevalence rates for mental illness are similar in Whites and ethnically diverse groups, but that ethnically diverse individuals have less access to mental health services, are less likely to receive needed services, and often receive substandard care. Since culturally diverse individuals often do not receive effective treatments, they experience increased levels of disability as evidenced by more lost work days and greater limitations in daily functioning. In

addition, culturally diverse groups are exposed to racism, discrimination, violence and poverty which further contribute to mental health difficulties (USDHHS, 2001).

Without careful exploration and analysis of the current mental health education and training practices, psychologists will continue to be ill-equipped to address the healthcare needs of culturally diverse individuals while mental health disparities will continue to increase in culturally diverse groups.

Exploration of Terms

In spite of the developments in the field of multicultural competence, there continues to be confusion and ambiguity regarding the definitions of terms such as culture, race and ethnicity (American Psychological Association [APA], 2003; Constantine, Melincoff, Barakett, Torino, & Warren, 2004). The clear use of language is central to advancing understanding and promoting communication, therefore a brief discussion of terms is warranted. Triandis (1996) states that culture consists of “shared elements that provide the standards for perceiving, believing, evaluating, communicating, and acting among those who share a language, a historic period, and a geographic location. The shared elements are transmitted from generation to generation with modifications” (p. 408). In the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, culture is defined as “belief systems and value orientations that influence customs, norms, practices, and social institutions” (APA, 2003, p. 380). The *Guidelines* assert that multiculturalism recognizes the multiple dimensions of race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious/spiritual, and other cultural dimensions and that all individuals have cultural, ethnic, and racial heritage (APA, 2003).

However, the *Guidelines* also narrow the definition of multicultural to interactions between racial/ethnic groups in the United States.

In his seminal article introducing multiculturalism as the “fourth force” in counseling psychology, Pederson (1991) defines culture broadly, “to include demographic variables (e.g., social, educational, economic), and affiliations (formal and informal), as well as ethnographic variables such as nationality, ethnicity, language, and religion” (p. 7). He argues that a broad definition of culture allows clinicians to match the client’s behavior with his/her culturally learned expectation, become aware of their own culturally learned perspective, become aware of the complexity of cultural identity patterns, and to track the changing primacy of interchangeable cultural identities in the process of counseling (Pederson, 1991). In its inception, the multicultural perspective recognized the complexity of a diverse, pluralistic society while acknowledging the shared concerns that bind culturally different persons together (Pederson, 1991). However, current conceptions of cultural competence have been criticized for equating culture to racial or ethnicity only and focusing on group-specific differences (Lakes, Lopez, & Garro, 2006).

According to Cokley (2007) race and ethnicity are “both socially constructed concepts whose definitions and meanings have changed over time” (p. 224). Race is a category to which individuals are assigned based on biophysical traits such as skin color, facial features, and hair texture. Smedley (1999) traces the etymology of the term race to the fifteenth and sixteenth centuries when it began to be used to differentiate non-European groups from the subjective, European, norm. There has been no consensual definition of race and recent scientific advances have found that phenotypic

characteristics exhibit more within-group variation than between group variation (Helms and Cook, 1999; Smedley, 1999).

Race and ethnicity have been used interchangeably by researchers and clinicians. Ethnicity refers to a group of people who see themselves as sharing a common ancestry, history, traditions, and cultural traits such as language, customs, music, dress, and food (Cokley, 2007). Definitions of ethnicity range from broad definitions which include biophysical characteristics, much like the concept of race, to narrow definitions which restrict group membership to individuals who share cultural characteristics (Cokley, 2007). Intermediate definitions include both national origin and cultural practices (Cokley, 2007). Due to the heterogeneity of ethnic groups and the multiple groups to which individuals may belong, it is essential that clinicians and researchers seek specific information about self-identification (Alvidrez, Miranda, & Azocar, 1996; Stuart, 2004).

Definitions of multicultural competence have emerged in the literature that range from broad definitions to group-specific definitions. Sue, Arredondo, and McDavis' (1992) multicultural counseling competencies have been widely accepted as guidelines for ethical education and practice from a multicultural perspective (Arredondo, 1999; Fraga, Atkinson, & Wampold, 2004). Sue, Arredondo, and McDavis (1992) presented the cross-cultural counseling competencies, which are organized along three characteristics: (a) beliefs and attitudes; (b) knowledge; and (c) skills, and three dimensions: (a) counselor awareness of his/her own cultural values and biases; (b) counselor awareness of client's worldview; and (c) culturally appropriate intervention strategies. Building on this work, Arredondo et al. (1996) operationalized the 31 multicultural counseling competencies and presented the dimensions of personal identity model to be used as a

paradigm to see people more completely. Dimension A refers to characteristics that people are born into, such as culture, ethnicity, race, and language. Dimension C includes the historical, political, sociocultural, and economic contexts that impact one's culture and life experiences. Dimension B is presented last because the authors assert that it may represent the consequences of variables in the A and C dimensions. These include such things as education and recreational opportunities.

Building on these theoretical foundations, definitions and guidelines for culturally competent mental health care with diverse groups have emerged in the literature. Rather than continuing to be defined by the deficit-deficiency models, culturally diverse groups began the process of defining themselves (Parham, White & Ajamu, 2000). A brief review of some of the work that has emerged from this research and scholarship will highlight the complexities inherent in attempting to define multicultural competence and culture.

There has been an evolution of culture-specific models of psychology that began, in large part, with the Black psychology movement (Parham et al., 2000). White (1972) asserted that Black psychology should be rooted in the experiences of Blacks in America, while Nobles (1972) argued that an African-American psychology should emerge from the traditional African experience. Boykin (1994) argues that African-Americans must navigate three, interconnected realms of experience: (a) the mainstream, European-American cultural experience; (b) the minority experience of oppression and discrimination; and (c) the Afrocultural experience that is typified by African philosophy. Therefore, it is critical that culturally competent therapists understand the context of the African-American experience. Brooks, Haskins, & Kehe (2004) provide some guidelines

for culturally responsive treatment which include: (a) acknowledging oppression and discrimination; (b) recognizing external coping resources such as religious and spiritual resources; (c) understanding differences in worldview; (d) developing an awareness of one's own racial identity development as well as that of the client; and (e) an understanding of contextual issues such as family dynamics, gender issues, spirituality, and religion.

Taylor, Gambourg, Rivera, & Laureano (2006) contributed to the discussion of culturally competent care with Latino families by conducting in-depth interviews of therapists working with Latino families. They found that speaking Spanish that is matched to the educational and social-class level of the Latino clients was central and that culturally competent care was related to negotiating and co-constructing meaning with clients. Issues of social class are more predominant in Latin American born Latinos than American born Latino clients. Thus, being aware of geographic variables among Latinos is imperative. They recommend constant self-monitoring and self-awareness for the potential for culture clash when discussing themes of gender and power. Addressing acculturation and the impact that immigration has on family homeostasis is central to culturally competent practice. They conclude that cultural competence relies upon the therapist being aware of his/her own assumptions about the clients' cultural narratives and that meanings must be informed by an understanding of the cultural significance of nationality, socioeconomic status, immigration, and acculturation. Having an open cultural posture and an ability to work within a conceptual framework that centralizes culturally-based experiences is essential to culturally responsive treatment of Latino families.

Falicov (1995, 2003b) presented the Multidimensional Ecosystemic Comparative Approach (MECA) for working with immigrant families. The model presents four generic comparative clusters to summarize issues of cultural similarities and differences as well as sociopolitical inclusion and exclusion. The four clusters are: migration/acculturation, ecological context, family life cycle, and family organization (Falicov, 2007). This model goes beyond the unidimensional “culture as ethnicity” framework to a more refined and contextual definition of culture (Falicov, 1998).

Zane, Morton, Chu, & Lin (2004) offer guidelines for cultural competent care with Asian-American clients. They emphasize providing care that acknowledges the value systems of Asian-American families. They recommend that initial formality and demonstrating one’s credibility as a professional is important. Furthermore, Asian-American clients may prefer indirect contextual communication and low emotional expressiveness (Hsu, 1983; Takeuchi, Imahori, & Matsumoto, 2001; Zane et al., 2004). Clinicians should assess important factors such as acculturation and ethnic identity while recognizing the complexities inherent in bicultural identity (Sodowsky, Lai, & Plake, 1991). Positive reframing, normalizing, dignifying, emphasizing strengths, and skill building are recommended to respect that Asian-American clients may be hesitant to lose face. Directive, structured, goal-directed, and problem solving based strategies tend to be more effective, as well as framing interventions in a formal medical model (Zane et al., 2004). It is also important emphasize family context and communicate respect for older members of the family, recognizing that Asian-American clients may hold a collectivist worldview (Hines, Garcia-Preto, McGoldrick, Almeida, & Weltman, 1992; Lin, Miller, Poland, Nuccio, & Yamaguchi, 1991; Sodowsky, 1991). Utilizing spiritual resources,

indigenous helpers, or spiritual ways of understanding problems of life are also important to culturally responsive treatment (Tan & Dong, 2000; Zane et al., 2004).

Jackson and Turner (2004) have provided some recommendations for culturally competent care with American Indian clients. Central to culturally competent care is an understanding of the cycle of poverty in these communities brought about by a history of dispossession of heritage, resources, and culture (Choney, Berryhill-Paapke, & Robbins, 1995; Trujillo, 2000). A corollary of this disenfranchisement is mistrust of non-Indian authority figures (Manson & Trimble, 1982; Trimble, Fleming, Beauvais, & Jumper-Thurman, 1996). The American Indian worldview emphasizes communalism (Choney et al., 1995; Garrett & Garrett, 1994; LaFromboise, 1998; Trimble et al., 1996). Spirituality focuses on the balance and harmony of all things, Shamans are central figures in the tribe, and personal worship creates the bond between tribal members (Trujillo, 2000). Jackson and Turner (2004) recommend that clinicians conduct a thorough assessment of the context of tribe and extended family support. They recommend utilizing the input of family members and traditional healers in therapy, being willing to intervene in social systems to combat oppression, addressing issues of cultural dissimilarity, being flexible about time, and allowing for casual conversation at the outset of therapy. They also recommend that clinicians be careful with eye contact by following the client's lead, respect silence in therapy, and use symbolism and creative arts to promote processing of therapeutic material (Jackson & Turner, 2004; Turner, 2001). Finally, it is recommended that therapists use descriptive statements and summaries rather than direct and probing questions when working with American Indians (Jackson & Turner, 2004).

The field of psychology has moved from defining homosexuality as a mental illness to affirming that homosexuality is not reflective of psychopathology (American Psychological Association, 2000). The *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients* (APA, 2000) were developed, in part, as a response to the physiological and psychological harms that have been noted by some who have undergone conversion therapies (Haldeman, 1999, 2004; Shidlo & Schroeder, 2001). LGB-affirmative counseling is defined as “therapy that celebrates and advocates the authenticity and integrity of lesbian, gay, and bisexual persons and their relationships” (Tozer & McClanahan, 1999, p. 734). It is essential that clinicians recognize homophobic and heterosexism in themselves and strive to develop an affirmative therapeutic environment to counterbalance the marginalization that clients often face in broader society (Anderson, 1996; Tozer & McClanahan, 1999). Developing an awareness of the impact of internalized homophobia, or the incorporation of hostile societal messages about homosexuality, is important if the a clinician is going to help clients celebrate and validate their gay, lesbian, or bisexual identities (Shidlo, 1994; Tozer & McClanahan, 1999). Because most training programs do not offer sufficient current information regarding GLBT issues, it is essential that clinicians seek out training opportunities and develop an awareness of resources in the GLBT community (Tozer & McClanahan, 1999; Pilkinton & Cantor, 1996). Clinicians should strive to understand the multiple losses that many GLBT clients fear – including family, friends, and religion (Haldeman, 2004). Family support has been frequently identified as one of the most important factors of self-acceptance in GLBT youth (Hershberger & D’Augelli, 1995; Savin-Williams, 1996). The impact of the multiple losses often associated with the coming out process has

been linked with higher rates of suicide and substance abuse in gay and lesbian youth (Hershberger & D'Augelli, 2000; Safren & Heimberg, 1999). Finally, GLBT affirmative clinicians should not focus on client's sexual orientation if that is not the client's desired focus (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000).

There has been more limited exploration of culturally responsive mental health care for individuals with disabilities and most graduate programs do not adequately address this diversity issue (Bluestone, Stokes, & Kuba, 1996; Olkin & Pledger, 2003). Graduate students are likely to have been exposed to negative images and messages about people with disabilities and, therefore, may hold negative stereotypes that contribute to the marginalization of disabled individuals. There are three main models of disability: the moral, medical, and social models (Olkin, 2002). The medical and moral models conceptualize disability as residing within the individual and carry a degree of stigma and marginalization (Olkin, 2002). The social model posits that the disablement resides within society, which does not adequately accommodate people with disabilities (Olkin, 2002). On an individual basis the social model fosters the development of a positive self-identity which results in greater openness to relationships with able-bodied and disabled people, alike (Olkin, 2002). Though the premise of disability-affirmative therapy is that therapists ascribe to the social model of disability, therapists should not attempt to convert their clients to this model (Olkin, 2001, 2002). People with disabilities may have beliefs consistent with mostly one model or may hold views across the models of disability (Olkin, 2002). Therapists should help clients resolve the dissonance that they may experience from the beliefs they have acquired from each of these models and help guide an exploration of the origins of client's beliefs about their disability. The social

model includes the idea that individuals with disabilities are a minority group (Olkin, 2002). As a minority group, they are compared against a majority group culture that is seen as normative. People with disabilities have a prescription of acceptable affects which include cheerfulness and gratefulness, as well as unacceptable affects like anger and resentment (Olkin, 2002). However, unlike other minority groups, people with disabilities are excluded by having separate drinking fountains, entrances, bathrooms, and classrooms (Olkin, 2002). People with disabilities, like gays and lesbians, are often the only one in their family and/or neighborhood with a disability, and thus may lack the family support they need to guide them through the minority experience. In addition, people with disabilities must manage pain, fatigue, and muscle weakness on a daily basis (Olkin, 2002). Olkin (2002) emphasizes that reconceptualizing disability as a social construct is necessary step toward including disability in diversity. Eddey and Robey (2005) suggest that cultural competence with individuals with disabilities include: (a) avoiding infantilizing speech when communicating with patients who have deficits in verbal communication, (b) developing and understanding the values and needs of persons with disabilities, (c) encouraging self-advocacy skills with patients and families, (d) acknowledging the core values of disability culture including the emphasis on interdependence rather than independence, and (e) developing comfort when working with patients with complex disabilities.

There has been very limited scholarship on the mental health experiences of Arab-Americans and they are currently one of the most stereotyped cultural groups in the United States (Erickson & Al-Timimi, 2004). The term Arab refers to an ethnically mixed group of people that share a common culture and speak Arabic as a common

language (Diller, 1991). Arab Americans represent a heterogeneous group, with wide variation in language, politics, religion, political beliefs, family structures, and acculturation to Western society (Erickson & Al-Timimi, 2004; Jackson, 1997). Arabs and Arab Americans are often portrayed negatively in the media in order to bolster public support for U.S. foreign policies in the Middle East and most average Americans are not even aware that they are prejudiced against this group (Said, 1997; Suleiman, 1988). Up until 1994, when the term “Arab American” was added to the U.S. official racial/ethnic categories, Arab Americans suffered from ethnic invisibility because they were classified as White. When working with Arab Americans, it is important to develop an awareness of the negative biases and stereotypes that one holds, as well as the impact that prejudice and anti-Arab foreign policy has on Arab Americans (Erickson & Al-Timimi, 2004). The family structure plays a central role in Arab culture and the development of an individual identity separate from the family is not valued or supported (Abudabbeh, 1996; Abudabbeh & Nydell, 1993). The influence of the family extends throughout the lifespan and family ties are seen to take precedence over work or career goals (Abudabbeh & Nydell, 1993). Arab parents tend toward authoritarian childrearing practices and expect their children to practice the cultural customs of the family, which may result in a cultural gap (Abudabbeh, 1996). Arab Americans may be hesitant to seek counseling for emotional concerns because of negative attitudes about mental illness and discrepancies between value systems (Abudabbeh, 1996). Arab Americans may see the counselor the counselor or therapist as an expert and may present as passive during sessions due to a cultural practice of showing respect for authority (Abudabbeh, 1996). Therefore, a careful orientation to counseling and the development of rapport is essential to effective

treatment (Jackson, 1997). Culturally responsive therapists should seek to understand culturalisms and manners in order to not offend clients (Dwairy & Van Sickle, 1996). Trust may develop slowly with Arab American clients and, when these clients share their personal feelings, it is important to honor this (Dwairy & Van Sickle, 1996). It is important that clinicians acknowledge the value of indigenous helpers and traditional approaches, which may include relying on God, seeking support from older community members, or consulting with religious leaders (Abudabbeh, 1996; Jackson, 1997). Attending to the sociopolitical realities that exist for Arab Americans, exploring and modifying one's own stereotypic beliefs, and gathering knowledge and information about Arab American culture and values are essential steps to developing as a culturally responsive clinician.

As can be seen with the above discussion, it is difficult to determine the most salient aspects of culture and each group has different conceptions of multicultural competence. The development of group-specific definitions and guidelines represents a significant advancement in the field of multicultural psychology, but as a field, we still remain limited in our capacity to properly treat diverse individuals and communities. However, for the purposes of the current project, the general definition of multicultural competence, as described by Arredondo and colleagues (1996) will be used, with the recognition that choosing one general definition has its theoretical limitations. It is evident, given the diverse definitions of culture, that training programs must take a proactive role to ensure that they are provided training that prepares clinicians to practice in a culturally responsive manner. The process of multicultural transformation begins with a critical look at current training practices and philosophies that exist within the

educational structures seeking to undergo this transformation. Several models of multicultural program development have emerged in the past few years that may serve as guideposts for training programs (Berg-Cross & Chinen, 1995; Cross, Bazron, Dennis, and Issacs, 1989; D'Andrea, Daniels, & Heck, 1991; Leach & Carlton, 1997; Parham, 2004; Ridley, Mendoza, & Kanitz; 1994; Sue, 1995).

Multicultural Program Development

As programs begin to incorporate cultural diversity into graduate training and education, an exploration of current training philosophies is necessary (Leach & Carlton, 1997). Ridley and colleagues (1994) state that a multicultural training philosophy can be achieved by defining the values of existing training models, determining the cultural appropriateness of existing models, and discussing how to implement philosophical and programmatic changes. By examining the underlying assumptions of their current training philosophies programs can make educated decisions and choose training philosophies that are designed to meet the needs of the larger communities in which they are situated. Through an open discussion of the applicability of current training approaches for diverse cultural groups, faculty and administration can examine the need and direction for changes (Leach & Carlton, 1997).

Movement from more traditional training models to training philosophies that value multiculturalism and diversity can be viewed as occurring in stages (Leach & Carlton, 1997). D'Andrea, Daniels, and Heck (1991) conducted an organizational analysis of counselor education programs and proposed a model that highlights the stages that programs may go through and actions that might be helpful in moving toward multiculturalism.

Stage 1 is the *cultural entrenchment* stage, characterized by monocultural training philosophies (D'Andrea et al., 1991). The Universal or Etic approach, from which many psychological theories are derived, holds that all people are basically the same as human beings and that within group differences are greater than between group differences (Sue & Sue, 2003). The traditional program design found in mental health training utilizes the Universal approach (Berg-Cross & Chinen, 1995). This approach applies Western concepts of normality across cultures and minimizes the relevance of sociopolitical realities and the role of race, culture, and ethnicity in psychosocial development (Carter & Qureshi, 1995; Johannes & Erwin, 2004).

In Stage 2, the *cross-cultural awakening* stage, individuals are beginning to realize that traditional approaches are not always applicable to diverse cultural groups (D'Andrea et al., 1991). In this stage, training programs may utilize the workshop design, which adds a multicultural training module to the traditional training curriculum (Berg-Cross et al., 1995).

In Stage 3, the *cultural integrity stage*, more attention is given to cultural diversity issues. Paradigm shifts are likely to occur with a commitment from top management and the introduction of more advanced levels of multicultural training (D'Andrea et al., 1991). The training philosophy at this stage is beginning to move to a relativist or "emic" perspective, which holds that all human behavior is imbedded within an individual's cultural context and the cultural values, worldviews, and sociopolitical context impact the expression of behaviors (Johannes & Erwin, 2004; Sue & Sue, 2003; Pederson, 1991). Psychosocial variables such as class, socioeconomic status, acculturation, and immigration history along with race, ethnicity, and culture are likely to play a significant

role in the development of an individual's worldview (Alvidrez, Miranda, & Azocar, 1996; Betancourt & Lopez, 1993).

Training at this stage may utilize the separate course design, which covers clinical approaches for a variety of subgroups in the community; the interdisciplinary cognate approach, which uses diverse disciplines to understand the impact of culture on human behavior; or the subspecialty model which requires a number of different courses and experiences designed to promote cultural competence (Berg-Cross et al., 1995).

The fourth and final stage is the *infusion stage* in which programs place a significant emphasis on multiculturalism (D'Andrea et al., 1991). The integrated program design incorporates multicultural theory into every aspect of the training program. Assessment, diagnosis, and treatment are viewed within the context of culture and faculty are encouraged to include diversity in all courses (Berg-Cross et al., 1995).

Sue's (1995) Multicultural Organizational Development model outlines the characteristics of organizations as they move toward diversity implementation. Guidelines for achieving multicultural organization change include a realistic assessment of multicultural development to determine the readiness and commitment of the organization before introducing change (Sue, 1995). Interrelationships of subsystems must be understood and interventions must be designed to effect change throughout each of the systems. Sue (1995) noted that change must come from the top with administrators taking concrete steps to support diversity. Change agents must be aware that majority group members are also victims of prejudice and discrimination in that they are socialized into oppressor roles and often are under institutional pressure to conform to the status quo. Without laying the necessary groundwork, premature introduction of change

may support mistaken and biased beliefs of those opposing multicultural change (Sue, 1995).

The organizational development models outlined by D'Andrea and colleagues (1991) and Sue (1995) operate under the assumption that organizations are beginning from a neutral, non-harmful position. Cross, Bazron, Dennis, and Issacs (1989) outline a model of developmental stages of cultural competence in organizations that acknowledges the potential harm that organizations may inflict on culturally diverse groups. The first level of the model is *cultural destructiveness*, characterized by policies and attitudes that deny the sociopolitical realities of culturally diverse groups and values one race or group over others. At the second stage, *cultural incapacity*, organizations are not actively destructive, but continue to believe in the superiority of the dominant culture and lack the capacity to adequately serve ethnically and racially diverse communities.

Cultural blindness, the third stage, is characterized by a Universalist worldview, viewing everyone as the same and traditional treatment approaches as applicable across groups. This is similar to *cultural entrenchment* (D'Andrea et al., 1991) and *monocultural organizations* (Sue, 1995). Institutional racism is likely to be latent and individuals within the system are likely to view themselves as culturally liberal (Cross et al., 1989).

In the fourth stage, *cultural pre-competence*, organizations have begun to recognize weaknesses and have taken initial steps towards becoming more culturally responsive. At this stage systems run the risk of discontinuing change efforts after achieving one goal or give up if initial attempts are unsuccessful (Cross et al., 1989). At the *cultural competence* stage, systems continue to assess themselves and develop

cultural resources, they respect and embrace diversity, they have diverse staff at all levels of the hierarchy, and view cultural programs as integral. The fifth and final stage, is *cultural proficiency*, characterized by a clearly articulated social justice agenda, culturally proficient systems provide leadership in the development of culturally responsive services and make multiculturalism integral to the organization's culture.

Parham (2004) asserts that the development of cultural competence in the areas of Awareness, Knowledge, and Skills should move across a continuum of *Pre-Competence*, *Competence*, to *Proficiency*. Exposure to the dimensions of competence and the development of awareness of one's strengths and weakness is achievable in one or two courses, but true competency and proficiency requires more specialized study (Parham, 2004). Clinicians need to develop awareness of their own biases and assumptions as well as a strong theoretical knowledge base in order to understand the intervention strategies and skills that one employs therapeutically with culturally diverse clients (Parham, 2004). Cultural competence must go beyond diversifying staff to requiring that they demonstrate awareness, knowledge, and skills with the clients that they treat (Parham, 2004). Parham (2004) points out that cultural competence operates on an individual, organizational, institutional, and societal level. Thus, systems of accountability must be created and enforced at all levels in order to facilitate cultural competency and proficiency (Parham, 2004). For graduate psychology programs to develop into culturally competent training programs, a thorough assessment of current training practices must be conducted to address their own systems of accountability. By using information from model multicultural training programs as well as best practices that have been identified by

experts in the multicultural field, programs can begin to illuminate a target for culturally infused training.

Model Multicultural Training Programs

Fouad (2006) outlines seven areas of best practices that are critical to evaluating culture-centered psychological education and training. These include: (a) an explicitly stated commitment to diversity in programs' philosophy; (b) active efforts to recruit culturally diverse graduate students; (c) active efforts to recruit and retain diverse faculty; (d) efforts to make the admissions process fair and equitable; (e) ensuring that students gain the awareness, knowledge, and skills to work with diverse populations; (f) evaluation of courses throughout the curriculum for infusion of culture-centered material; and (g) evaluation of students' cultural competence annually. Similarly, Ponterotto, Alexander, & Grieger (1995) offer the Multicultural Competency Checklist, a multicultural evaluation tool for training institutions based on six criteria: (a) minority representation, (b) curriculum issues, (c) counseling practice and supervision, (d) research considerations, (e) student and faculty competency evaluation, and (f) physical environment.

The Multicultural Competency Checklist was given to a national sample of counseling training programs. Results indicate that 89% of programs require a multicultural course, 62% have multiple courses devoted to multicultural issues, 58% of programs utilize an integration/infusion model of multicultural training (Ponterotto, 1997).

Several training programs have been recognized for their exemplary multicultural training. The University of California, Santa Barbara's Combined Program in

Counseling/Clinical/School Psychology was identified as a model program and met 17 of the 22 competencies outlined in the Multicultural Competency Checklist (Ponterotto, 1997). The clinical psychology training program at Alliant University, San Francisco (formerly California School of Professional Psychology) has been at the forefront of multicultural training (Tori & Ducker, 2004). Pennsylvania State University's doctoral program in clinical psychology also emphasizes multicultural training as generic training (Leach & Carlton, 1997). This is reflected by the inclusion of cultural diversity issues across the curricula and in comprehensive examinations, efforts to provide clinical training experiences working with diverse populations, aggressive recruiting of students and faculty members from diverse groups, and faculty/student partnerships to further develop multicultural interests. Another integrated training program is the Ethnography as Pedagogy for Psychotherapy Model (EPPM), developed at John F. Kennedy (JFK) University's PsyD program in psychology (Hocoy, 2005). Finally, Rogers (2006) studied the characteristics of 17 school psychology programs that were noted for their multicultural training.

Examination of programs recognized for their excellent multicultural training programs reveals that they share a number of characteristics. Central to training culturally competent clinicians is a commitment to change coming from the top as evidenced by a clearly stated school-wide mission, administrative funding and support of multicultural training for faculty, and faculty committees devoted to multicultural issues (Leach & Carlton, 1997; Stadler, Suh, Cobia, Middleton, & Carney, 2006; Sue, 1995; Tori & Ducker, 2004). Effective training programs make active efforts to recruit and retain diverse students, faculty, and staff (Fouad, 2006; Leach & Carlton, 1997; Manese, Wu, &

Neopmuceno, 2001; Ponterotto, 1997; Rogers, 2006; Stadler et al., 2006; Tori & Ducker, 2004). Multicultural issues should be integrated across the curriculum and syllabi should expressly state the university's commitment to diversity training (Fouad, 2006; Hill, 2003; Hocoy, 2005; Leach & Carlton, 1997; Manese et al., 2001; Ponterotto, 1997; Rogers, 2006; Stadler et al., 2006; Tori & Ducker, 2004). Further, multiculturalism is integrated in clinical supervision, research, and comprehensive examinations (Hocoy, 2005; Ponterotto, 1997; Rogers, 2006; Stadler et al., 2006; Tori & Ducker, 2004). Finally, model multicultural training programs complete formal evaluations of students' cultural competence and allow students to assess the level of integration of diversity issues in classes through course evaluation forms (Manese, 2001; Ponterotto, 1997; Stadler et al., 2006; Tori & Ducker, 2004). Training programs that have published information about their own internal processes of multicultural transformation offer important guidance, and a foundation, for the replication of such processes and examination of multicultural education and training in other programs.

Cultural Audit

The field of psychology has made significant progress in incorporating multiculturalism in training programs (Fouad, 2006). Utilizing concrete and specific assessment standards to systematically evaluate current training methods and discover areas that may need improvement is invaluable to multicultural curriculum development (Fouad, 2006). In addition, there is a continued need to conduct empirical research demonstrating that training programs are effective in producing culturally competent clinicians (Ponterotto, 1997; Manese et al., 2001).

Much scholarship has been devoted to creating benchmarks for culturally competent organizational change (Fouad, 2006; Ponterotto, 1997; Stadler et al., 2006; Tori & Ducker, 2004). It is imperative that organizations move beyond equal employment opportunity (EEO) and affirmative action (AA) programs, which have been focused on quantitative change, to qualitative organizational changes that value diversity (Loden & Rosener, 1991). Organizations that value diversity recognize the contributions of diverse staff and work towards integration rather than assimilation of culturally diverse staff to dominant group values (Loden & Rosener, 1991). Nelson and colleagues (2008) recognize the need to move beyond equity audits of cultural competence in schools, which typically use quantitative indicators of cultural competence. They propose that a cultural audit provides a more comprehensive approach for assessing school-wide cultural competence by collecting data from multiple sources, including interviews, surveys, and analysis of documents (Nelson, Bustamante, Wilson, & Onwuegbuzie, 2008).

Current Study Objectives

Building on prior research, the current study incorporated the seven critical elements of a multiculturally infused psychology curriculum that Fouad (2006) outlined, the Multicultural Competency Checklist (Ponterotto et al., 1995), and a checklist developed by Rogers (2006) of characteristics of exemplary multicultural school psychology programs, to serve as the target of culturally competent training. The purpose of this study is to conduct a cultural audit to explore the current multicultural training philosophies and practices at Pepperdine University's PsyD in clinical psychology, identify strengths of the current program, and areas of development. Faculty members

were asked to complete the Multicultural Competency Checklist. Further, faculty course syllabi from the 2006-2007 school year and prospective student recruitment materials were reviewed for multicultural content (see Appendices O, S, & T). The cultural competence of PsyD students in all four years of the program was assessed quantitatively through the California Brief Multicultural Competence Scale (CBMCS; Gamst et al., 2004) (see Appendix P). Finally, the current study utilized a qualitative approach to explore in-depth, through semi-structured interviews, the phenomenological experiences of students with respect to the multicultural training they have received while enrolled in the PsyD program at Pepperdine University (see Appendix N).

The primary research questions that were explored in this cultural audit of multicultural training philosophies and practices at Pepperdine University's Psy.D. program include the following:

1. How do faculty members, full-time, adjunct and visiting, self-rate their overall competence in integrating multicultural issues in the classroom?
2. How do faculty members rate the multicultural training offered in Pepperdine's PsyD program?
3. How frequently are multicultural issues addressed throughout the curriculum?
4. How do graduate students enrolled in all four years of the program self-rate their overall multicultural competence?
5. How do students perceive the multicultural training in the PsyD program and their preparation to address cultural factors in clinical settings?
6. In what ways do the program's prospective student recruitment materials reflect multicultural philosophies and practices?

Method

The current project utilizes a bounded case study design, using a variety of informants and data collection strategies to provide detailed and contextual information about the multicultural training offered in Pepperdine's PsyD program in clinical psychology. In essence, the study proposes a cultural audit of the program. A cultural audit should gather information from many viewpoints, include both qualitative and quantitative data, describe the current program, and make recommendations about future development (Nelson et al., 2008; Pollar & Gonzalez, 1994). The current study proposes to gather information regarding the current multicultural training climate from multiple informants, including faculty and students, and data sources with the goal of making recommendations designed to move Pepperdine's PsyD program toward cultural infusion.

Program Description

Pepperdine University's PsyD in clinical psychology is offered through the Graduate School of Education and Psychology. The graduate school is part of a private, Christian university and is located in the culturally and linguistically diverse city of Los Angeles, CA. The population of Los Angeles is over 3 million people, 47% of whom identify themselves as Caucasian, 11% African-American, 10% Asian-American, .9% as Native Hawaiian or Other Pacific Islander, .8% as American Indian or Alaska Native, 26% identify as some other race, and 5% identify with two or more races. Forty-seven percent of Los Angelinos identify as Hispanic or Latino and 58% speak a language other than English in the home (U.S. Census Bureau, 2000). Given its location in the diverse

city of Los Angeles, it is essential that Pepperdine University's doctoral program in clinical psychology strive to develop culturally centered training practices.

The doctoral program in clinical psychology is an APA accredited four year program with an average of 27 students per class for a total student census of approximately 108 students. Sixty-four percent of the faculty identify as Caucasian and 36% are faculty of color; with 14% identifying as African-American, 14% as Latino/Hispanic, 5% as Asian-American, and 5% as multiethnic/biethnic.

The PsyD program requires a course entitled Sociocultural Basis of Behavior during the first semester of training. Based on student interest an elective entitled Culturally Affirmative Treatment Approaches was offered during the summer 2006 semester. The course was discursive in nature and invited esteemed psychologists from diverse ethnic and cultural backgrounds to explore issues related to the treatment of ethnically and culturally diverse groups. Currently, Pepperdine faculty and administration are in the process of developing a year-long multicultural specialty track that will be offered on an elective basis.

The Diversity Council of Pepperdine's PsyD program sponsors a speaker series entitled Faith and Vocation, in which culturally diverse speakers are invited to speak to students from all years in the PsyD program as well as Pepperdine faculty and administration. These talks occur approximately three times per academic year. Additionally, students and faculty created an ongoing forum in which to explore issues related to multicultural research, training, and practice. The Multicultural Research and Training Lab is supported by four full-time faculty members and students from all years of the program. It meets bimonthly to discuss multicultural dissertation research and

other issues related to multicultural training and research. In October 2006, the Multicultural Research and Training Lab held its first conference which invited doctoral psychology students from the Southern California region to present their multicultural research.

Faculty Participants

Twenty-seven full-time and 11 adjunct and visiting faculty members were asked to participate in the current study by completing a brief demographic questionnaire (see Appendix L) and a survey about multicultural training practices (see Appendix O). They were given the option to complete paper and pencil or online versions of the measures.

Graduate Student Participants

One hundred and thirty-eight students enrolled in all years of the PsyD program were asked to participate in the study. All students were asked to complete a demographic questionnaire (see Appendix M) as well as a survey about their self-perceived multicultural competence (see Appendix P). They were also given the option to complete paper and pencil or online versions of the measures. Two students from each year, who were the highest and lowest scoring on the measure of self-perceived multicultural competence were selected to participate in a 1 hour, semi-structured interview (see Appendix N).

Procedures

Faculty data collection. All full-time faculty members and adjunct faculty teaching in the PsyD program in the 2006-2007 academic year were asked to volunteer to participate in the study. An email was sent to all faculty members providing them the option to complete an online or a paper and pencil version of the research instruments

(see Appendix B). The email directed participants who choose to participate online to click on a link that took them to the online survey. The email also informed them that a hard copy of the study materials will be disseminated during a faculty meeting, for full-time faculty, or via their on-campus faculty mailboxes, for adjunct faculty.

For full-time faculty members, envelopes which included an informed consent form, instructions, a demographics questionnaire, the Multicultural Competency Checklist (Ponterotto, 1997), and a pre-stamped, pre-addressed return envelope was distributed during a faculty meeting (see Appendices F, L, & O). Because adjunct faculty are not required to attend faculty meetings, the paper and pencil study materials were placed in their faculty mailboxes (see Appendices F, L, & O). Faculty participants were given a brief description of the nature and aims of the research study. They were informed of the potential risks and benefits of the study, that participation is strictly voluntary, that they may withdraw their participation at any time, and that their responses will be kept anonymous and confidential. They were notified that their survey responses would be coded numerically without names or other identifying information. They were then directed to return completed surveys in a stamped, pre-addressed envelope to the primary investigator's mailing address.

Student data collection. All graduate students enrolled in the PsyD program during the 2007-2008 academic year were sent an email asking them to participate in the study (see Appendix C). All students had the option to complete an online version of the research or a paper and pencil version. The email directed participants who chose to participate online to click on a link that took them to the online survey. The email also

informed them that a hard copy of the study materials would be placed in their on-campus student mailboxes (see Appendices H, J, M, & P).

Informed consent to participate in the study was obtained prior to beginning the survey (see Appendices G & H). Participants were given a brief description of the research study and the potential risks and benefits of participation. They were informed that participation is strictly voluntary, that they may withdraw at any point, and that refusal to participate would not impact their standing in the graduate program. Further, they were assured that their responses would be kept private and confidential and that their surveys would be identified by a coded number, not by name or other identifying information, known only to the principal investigator and her dissertation chair. In addition, interested participants were given the opportunity to consent to be contacted for follow-up interviews based on the information provided through the online surveys (see Appendix I & J).

Of the students who agreed to a follow-up interview, 2 students from each year in the program were randomly selected, based on their attaining either a high or low score on the California Brief Multicultural Competence Scale, to provide information regarding students' perceptions of the multicultural training curriculum and their ability to apply multicultural concepts in their clinical work. The purposeful selection of high and low scorers on the CBMCS is to ensure that the information that is gathered is representative of all levels of learning and cultural competence. Conducting interviews with high and low scorers on the cultural competence measure provides an opportunity to explore potentially different experiences and perceptions these students may have with respect to the multicultural training offered at Pepperdine. The chosen students were provided with

an informed consent outlining the nature of the interview, the potential risks and benefits, that their participation is voluntary and that they may withdraw at any time (see Appendix K). Participants were asked to consent to have the interviews tape-recorded and were informed that transcripts would be made from these recordings for data analysis. They were informed that their recorded information would be kept strictly confidential and that audio data files and transcripts will be coded using a de-identified numerical system. It was explained that the audio data files and transcripts will be retained by the principal investigator and disposed of after a period of 5 years, in compliance with the guidelines outlined by the University's Institutional Review Board. Interviews took an estimated 1 to 2 hours to complete.

Measures

Student demographic questionnaire. All students who participants were asked to complete a brief (12-item) questionnaire to gather demographic data and information about multicultural training acquired in addition to the coursework required for the PsyD program (see Appendix M). Specific questions included gender, ethnicity, sexual orientation, disability status, socioeconomic status, prior multicultural training, and extracurricular activities that may have contributed to their multicultural development.

Faculty demographic questionnaire. Faculty participants were asked to complete a brief (20-item) questionnaire to gather basic demographic and background information (see Appendix L). Specific questions included gender, ethnicity, disability status, socioeconomic status, length of time as faculty member, faculty member status (full-time versus adjunct), multicultural coursework in graduate school and through continuing

education, preparedness teaching multicultural content, and comfort discussing multicultural issues in faculty meetings.

Semi-structured interviews. The semi-structured interview included nine questions designed to elicit information about students' overall experience of multicultural training at Pepperdine, their own perceptions regarding their clinical work with diverse groups, and suggestions for future multicultural training (see Appendix N).

Multicultural competency checklist. The Multicultural Competency Checklist (MCC) (Ponterotto et al., 1995; Ponterotto, 1997) was designed as a pragmatic assessment for training programs to use in multicultural program development (see Appendix O). The MCC has 24 items organized along six overarching themes: (a) minority representation, (b) curriculum issues, (c) clinical practice and supervision, (d) research considerations, (e) student and faculty competency evaluation, and (f) physical environment. The categories and items on the checklist were developed from a theme analysis of literature describing leading multicultural counseling programs and from the authors' collective experience serving as multicultural consultants to training programs (Ponterotto et al., 1995). A limitation of the MCC is a lack of available psychometric data. This is due, in part, to the fact that dichotomous scales do not lend themselves to psychometric study. Despite this lack of available psychometric data, the MCC continues to be one of the most widely used measures of multicultural training programs and demonstrates good construct validity (Constantine, Ladany, Inman, & Ponterotto, 1996; Manese, et al., 2001; Ponterotto, 1996; Rogers, 2006; Tomlinson-Clarke, 2000). After careful review of the instrument, the principal investigator decided to use the measure as a foundation of a multiply informed evaluation of the current multicultural training

practices within Pepperdine University's PsyD program. The lack of psychometric data for the MCC is an acknowledged limitation that was taken into consideration during the analysis phase of the study. Specifically, data derived from the MCC was compared with multiple other sources of information to ensure its trustworthiness.

California brief multicultural competence scale. The California Brief Multicultural Competence Scale (CBMCS; Gamst et al., 2004) was developed from four instruments; the Cross-Cultural Counseling Inventory- Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), the Multicultural Awareness, Knowledge, Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), the Multicultural Counseling Awareness Scale-Form B (MCAS-B; Ponterotto, Sanchez, & Magids, 1991), and the Multicultural Competency and Training Survey (MCCTS; Holcomb-McCoy & Myers, 1999). Questions were factor-analyzed, scrutinized for content validity by a panel of experts, and further validated through confirmatory factor analysis. The CMBCS contains 21 items that assess four factors: (a) nonethnic ability, (b) multicultural knowledge, (c) awareness of cultural barriers, and (d) sensitivity to consumers. The CMBCS subscales demonstrate adequate psychometric properties with initial reliability coefficients ranging from .75 to .90. The CMBCS subscales and MCI subscales were correlated in the predictable directions, suggesting adequate criterion-related validity (see Appendix P).

Prospective student recruitment materials. Prospective student recruitment were reviewed to assess for multicultural content. Specifically, materials were reviewed, using a checklist developed by Rogers (2006), to determine if they include a statement of affirmative action, a stated commitment to diversity, evidence of support systems and

financial aid for diverse students, information regarding multicultural coursework and training, and a demographic breakdown of graduate students (see Appendix S).

Course syllabi for the 2006-2007 academic year. Course syllabi for first, second, and third year courses for the 2006-2007 academic year were reviewed for the level of integration of multicultural content (see Appendix T). Students in the fourth year of the program typically are placed in full-time internships and are no longer enrolled in courses.

Data Analysis

In order to ensure the trustworthiness of the data, the study design incorporates triangulation of data collection methods, sources of data, and informants.

Research question #1 was explored using descriptive statistics to report the demographic characteristics of the faculty, their self-perceived knowledge, experience, and comfort integrating multicultural content in the classroom. Descriptive statistics were also used to explore research question #2, faculty perceptions of the multicultural competence of the overall training program as assessed by the Multicultural Competency Checklist. Descriptive statistics were used to explore research question #3, the inclusion of multicultural content in lectures, course readings, and assignments, as represented in course syllabi.

To investigate research question #4, descriptive statistics were used to analyze the characteristics of students' self-ratings on the four subscales of the CBMCS: nonethnic ability, sensitivity to consumers, multicultural knowledge, and awareness of cultural barriers. The current study describes the distribution of CBMCS scores based on students' year in program, ethnicity, and gender. To address research question #5, high

and low scorers on the CBMCS were chosen to select participants in semi-structured interviews. These interviews were analyzed using a content analysis. Each transcript was read thoroughly and reread until categories and topics emerged. Segments of data were compared with each other within and across interview transcripts until a set of themes were inductively derived to provide information about the experience of multicultural training in the PsyD program at Pepperdine.

Research question #6 was examined by reviewing prospective student recruitment materials for inclusion of nine items identified by Rogers (2006) as characteristic of training programs that have been successful in attracting culturally diverse students. The 9-item checklist includes a statement welcoming culturally diverse students, an affirmative action statement, a statement asserting the program's commitment to diversity, evidence of the availability of support services and financial aid for culturally diverse students, use of a special admission policy for culturally diverse students, availability of multicultural coursework, a statement about relevant faculty teaching and research interests, and a demographic breakdown of graduate students.

Information derived from the surveys and document reviewed were examined in the context of data from the interviews and other data sources utilized. Consistencies and discrepancies were identified amongst the information sources with the goal of providing recommendations for development of the multicultural training at Pepperdine University's PsyD in clinical psychology.

In conclusion, the current study utilized a bounded case study design which sought to explore and describe the current multicultural training at Pepperdine's PsyD program in clinical psychology. By using a variety of methods including, student and

faculty surveys, semi-structured interviews with students, and a review of syllabi and prospective student recruitment materials, the study has attempted to provide a rich and holistic picture of the current state of multicultural training offered at Pepperdine's PsyD program. By carefully documenting the process of data collection and analysis, the current study will also provide a template for other training institutions attempting to perform cultural audits of their programs.

Results

Student Participants

One hundred and thirty-eight students who were currently enrolled in Pepperdine's PsyD program in Clinical Psychology were invited to participate in a survey assessing multicultural training at Pepperdine and participants' self-perceived multicultural competence. All students received an email inviting them to participate online. In addition, they were informed that paper-and-pencil versions of the survey would be disseminated in their on-campus mailboxes. Paper-and-pencil versions of the study materials were placed in the on-campus mailboxes of 83 students who are participating in on-campus activities and have mailboxes. Finally, students were informed that they would have the opportunity to consent to be contacted for a follow-up interview.

Student demographic questionnaire (see Appendix M). Of the 138 students that were invited to participate 48 students responded, a response rate of 35%. Five of the 48 respondents did not complete the survey and were not included in the analysis. Of the 43 remaining students, 9% were in the 1st year of training, 23% were in the 2nd year, 23% were in the 3rd year, 28% were in the 4th year, 2% were in the 5th year, 2% were in the 8th

year, 2% were in the 9th year, and 9% had completed all aspects of training but the dissertation (see Table 1). Ninety-one percent of the respondents were female and 9% were male. In order to protect the anonymity of respondents, age ranges were used. Nine percent of the respondents were 21-25 years old, 60% were 26-30 years old, 26% were 31-35 years old, 7% were 36-40 years old, 2% were 41-45 years old, 2% were 46-50 years old, 2% were 51-55 years old. In terms of ethnicity, 70% self-identified as Caucasian/White, 9% as Multiethnic/Biethnic, 7% as Asian-American, 7% as Middle Eastern, 5% as African-American/Black, and 2% as Latino/Hispanic. Nineteen percent of the students were bilingual. Forty-nine percent of respondents were middle class, 26% were upper-middle class, 9% were lower class, 7% were lower- middle class, and 5% were unsure. None of the students were disabled.

The Student Demographic Questionnaire also asked students to rate how relevant the required multicultural training course was, using a Likert scale ranging from 1 (not at all relevant) to 5 (very relevant). The mean score on that item was 3.93 ($M = 3.93$, $SD = 0.96$), which suggests that students found the course relevant to their training and development as clinicians. Ninety-eight percent of the students indicated that they had previous multicultural training. This included undergraduate and graduate coursework, didactic seminars at practicum sites and internships, professional organizations and conferences, multicultural research, employment and clinical practice. Students were asked to share extracurricular activities that had contributed to their development as culturally responsive clinicians (please see Table 2). These activities included involvement in on-campus multicultural organizations such as, the Multicultural Research and Training Lab and the Latino Student Psychological Association. Other

activities included international travel, living abroad, family, friends, volunteer work, church, cultural fairs, independent research and reading, literature, music, foreign films, and eating foods from diverse cultures. It is important to note that, while exposing oneself to art from diverse cultures and eating culturally diverse foods is helpful in developing cultural awareness, these activities must be undertaken with the aim of gaining a lived-in understanding of culture.

California brief multicultural competence scale (see Appendix P). The California Brief Multicultural Competence Scale (Gamst et al., 2004) is composed of four subscales. By totaling the subscale scores and using the median-split method, the instrument can identify respondents who are in need of additional training. Respondents can be characterized as low (below the 50th percentile) or high (above the 50th percentile) in multicultural competence. Scores below the 50th percentile on a particular subscale are indicative of lower multicultural competence in that area and suggest the need for additional training (see Table 3). The four areas are Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Nonethnic Ability.

CBCMS multicultural knowledge. The CBMCS Multicultural Knowledge subscale contains 5 items which assess an individual's knowledge of ethnically and racially diverse groups. Fifty percent of the first year students scored below the 50th percentile indicating the need for training in the area multicultural knowledge. Twenty percent of the second year students, 20% of third year students, 8% of fourth year students, and 43% of students beyond the fourth year scored below the 50th percentile, thus indicating the need for additional training. Twenty-three percent of the total sample

scored below the 50th percentile on the Multicultural Knowledge subscale. Those students that appeared to have higher levels of competence in the area of Multicultural Knowledge indicated greater participation in additional multicultural training, including multicultural research, a multicultural focus in their Master's degree program, and membership in multicultural professional organizations.

CBCMS awareness of cultural barriers. The CBMCS Awareness of Cultural Barriers subscale consists of 6 items designed to assess an individual's awareness of their own culture as well as societal and institutional discrimination. None of the first year, second year, third year, or students beyond the fourth year scored below the 50th percentile in the area of Awareness of Cultural Barriers. Eight percent of fourth year students scored below the 50th percentile on Awareness of Cultural Barriers subscale. Two percent of the total sample scored below the 50th percentile on the Awareness of Cultural Barriers subscale, which suggests that students endorse an awareness of the barriers that culturally diverse clients face on an institutional level. Since only 1 of the 43 respondents scored below the 50th percentile, no conclusions can be drawn between level of competence and extent of additional multicultural training.

CBCMS sensitivity and responsiveness to consumers. The CBMCS Sensitivity and Responsiveness to Consumers subscale consists of 3 items that assess the degree to which an individual is aware of and able to modify their clinical style to suit the needs of culturally diverse clients. None of the first year students scored below the 50th percentile on this subscale. Ten percent of the second years students, 10% of third year students, 8% of fourth year students, and 14% of students beyond the fourth year scored below the 50th percentile, thus indicating the need for additional training. Twenty-one percent of the

total sample scored below the 50th percentile on the Sensitivity and Responsiveness to Consumers subscale. Those students scoring higher on the Sensitivity and Responsiveness to Consumers subscale identified additional multicultural training that ranged from specialized training in cultural issues at the undergraduate and Master's level to trainings offered at multicultural conferences. This is contrasted with those students scoring lower on the Sensitivity and Responsiveness to Consumers subscale, whose additional multicultural training experiences were limited to didactics and seminars at practicum sites.

CBMCS nonethnic ability. The CBMCS Nonethnic Ability subscale consists of 7 items and assesses an individual's competence in dealing with non-ethnic/racial aspects of culture such as gender, age, socioeconomic status, sexual orientation, and disability status. Seventy-five percent of the first year students scored below the 50th percentile indicating the need for training in the area Nonethnic Ability. Seventy percent of the second year students, 70% of third year students, 58% of fourth year students, and 57% of students beyond the fourth year scored below the 50th percentile, thus indicating the need for additional training. Sixty-five percent of the total sample scored below the 50th percentile, which suggests that students may have lower competence in non-ethnically or racially defined aspects of culture. Though many of the lower scoring students indicate a multiplicity of additional multicultural training experiences, it appears that the students felt less prepared to respond to the mental health needs of clients from nonethnic dimensions of diversity.

It is helpful to examine how many different areas of additional training are indicated. Additional training was not indicated on any of the four subscales for 28% of

the total sample. Fifty-one of the total sample scored lower than the 50th percentile on one subscale, 14% met criteria for additional training on two subscales, and 7% of the sample met criteria for training on three subscales.

Faculty Participants

Twenty-two faculty members who taught in Pepperdine's PsyD program in the 2006-2007 academic year were invited to participate in a survey regarding the multicultural training at Pepperdine and their comfort in addressing multicultural content in the classroom. All faculty members received an email inviting them to participate online. In addition, they were informed that paper-and-pencil versions of the survey would be disseminated in their on-campus mailboxes. Finally, the principal investigator disseminated research materials in a monthly faculty meeting, which all full-time faculty are required to attend.

Faculty demographic questionnaire (see Appendix L). Of the 22 faculty members that were invited to participate, 9 faculty members responded, a response rate of 41%. One of the 9 respondents did not complete the survey and was not included in the analysis. Sixty-three percent of the respondents were male and 37% were female. In order to protect the anonymity of respondents, less specific demographic information will be reported. Twenty-five percent of the respondents were 46-50 years old, 37% were 51-55 years old, 25% were 56-60 years old, and 13% were 61 years or older. In terms of ethnicity, 75% respondents self-identified as Caucasian/White and 25% identified as members of racially/ethnically diverse groups. Thirteen percent of the faculty members were bilingual. Thirty-seven percent of respondents were middle class, 37% were upper-middle class, 13% were upper class, and 13% were unsure. Eighty-eight percent of the

respondents were licensed psychologists, 14% were not licensed in the field of psychology. All of the licensed psychologists had their license for 20 years or more, 86% obtained their doctoral degrees between 1981-1990, and 14% obtained a doctoral degree between 1971-1980. Twenty-five percent had been teaching in Pepperdine's PsyD program for 6-10 years, 13% for 11-15 years, 25% for 16-20 years, and 37% for 21-25 years. Seventy-five percent of respondents were full-time faculty and 25% were adjunct faculty.

Faculty were asked about their multicultural training experiences as both students and as professionals (see Table 5). Thirteen percent of respondents completed undergraduate coursework with multicultural content and 87% did not. Sixty-three percent of respondents received multicultural training at the graduate level and 37% had no training at all. All of the respondents indicated that they had received continuing education on multicultural topics. Faculty members reported that they participated in multicultural training activities while they were students, which included coursework, research, and didactic training at clinical sites. Multicultural training as professionals included continuing education, involvement in scholarship and publications, professional conferences, mentorship of students on multicultural issues, and university sponsored speakers. Eighty-seven percent of respondents belonged to professional organizations or participated in committees that are concerned with multicultural issues.

The Faculty Demographic Questionnaire assessed how prepared faculty members feel in addressing multicultural topics in the classes that they teach, using a Likert scale ranging from 1 (not at all prepared) to 5 (very well prepared). The mean score on that item was 3.75 ($M = 3.75$, $SD = 0.71$), which suggests that faculty feel prepared to address

multicultural content in their courses. Respondents were asked how well the administration financially supports continuing multicultural education for faculty. The mean score on that item was 3.43 ($M = 3.43$, $SD = 0.98$), which suggests that most of the respondents consider the administration, at least, somewhat financially supportive of continuing multicultural education for faculty members. Finally, respondents were asked to rate their comfort in addressing multicultural issues in faculty meetings. The mean score on that item was 3.88 ($M = 3.88$, $SD = 0.99$), which suggests that faculty feel fairly comfortable discussing multicultural issues in faculty meetings.

Multicultural competency checklist (Appendix O). The Multicultural Competency Checklist (Poneterotto at al, 1995; Ponterotto, 1997) is a 24-item checklist which identifies six criteria that are characteristic of infused multicultural training programs. Faculty members were asked to complete the Multicultural Competency Checklist, rating each competency as either “met” or “not met.” Table 6 presents a summary of the data across all items in the six competency areas: (a) minority representation, (b) curriculum issues, (c) counseling practice and supervision, (d) research considerations, (e) student and faculty competency evaluation, and (f) physical environment.

Minority representation. Research on campus climate suggests that a population of, at least, 30% ethnically/racially diverse student population is necessary for culturally diverse students to feel at home on predominantly Caucasian/White campuses (Green, 1988). The first four items of the checklist assess whether there is 30% or greater ethnically/racially diverse representation in the faculty, staff, and student bodies, as well 30% or greater bilingual faculty. Seventy-five percent of respondents reported that 30% or more faculty member were racially/ethnically diverse, while 25% reported that this

competency was not met. Demographics that are routinely collected for APA accreditation on a yearly basis indicate that, as of September 2007, 64% of the faculty identify as Caucasian/White and 36% are faculty of color; with 14% identifying as African-American, 14% as Latino/Hispanic, 5% as Asian-American, and 5% as multiethnic/biethnic. Seventy-five percent of respondents stated that less than 30% or more faculty were bilingual and 25% respondents left this item blank. Thirty-eight percent of respondents stated that 30% or more of the student population were racially/ethnically diverse, 50% stated this competency was not met, and 12% left this item blank. According to data that the university collects for APA accreditation, as of September 2007, 32% of the student body was composed of racially/ethnically diverse students. Thirty-eight percent of respondents stated that at least 30% of the support staff were racially/ethnically diverse, 50% stated this competency was not met, and 12% left this item blank.

Curriculum issues. Items 5 through 9 assess the level to which multicultural content is addressed and integrated in the curriculum. Eighty-eight percent of respondents stated that one multicultural course is required and 12% stated that this competency was not met. Eighty-eight percent of respondents stated that one or more additional multicultural course that is recommended or required, while 12% stated that this competency was not met. Fifty percent of respondents reported that multicultural content is integrated into all coursework, that faculty can specify how this is done, and syllabi reflect this inclusion. Fifty percent of respondents stated that this competency was not met. Eighty-eight percent of respondents stated that a diversity of teaching strategies and procedures are used in the classroom, while 12% stated that this competency was not met.

Seventy-five percent of respondents stated that varied assessment methods are utilized to evaluate performance and learning, 12% stated that this competency was not met, and 12% left this item blank.

Clinical practice, supervision, and immersion. Items 10 through 13 on the checklist examines the degree to which multicultural issues are integrated in trainees' clinical practice and supervision. Eighty-eight percent of respondents indicated that trainees are exposed to 30% or more culturally diverse clientele and 12% respondent left this item blank. Seventy-five percent of respondents indicated that multicultural issues are integral to on-site and on-campus clinical supervision, while 25% respondents left this item blank. Seventy-five percent of respondents indicated that trainees do not have access to a cultural immersion experience that lasts at least one semester, while 25% respondents stated that this competency was met. Seventy-five percent of respondents reported that there is a Multicultural Affairs Committee composed of faculty and students, while 25% indicated that this competency is not being met.

Research considerations. Items 14 through 17 assesses the presence of student and faculty research on multicultural topics. One hundred percent of respondents stated that there is at least one faculty member whose primary research interest is in multicultural issues. Sixty-three percent of respondents reported that there is clear faculty research productivity in multicultural issues, as evidenced by faculty publications and presentations on multicultural topics, while 37% stated that this competency was not met. Seventy-five percent of respondents indicated that students were actively being mentored in multicultural issues, while 25% stated that this competency was not met. Eighty-eight

percent of respondents stated that diverse research methodologies are apparent in student and faculty research, while 12% of respondents left this item blank.

Student and faculty competency evaluation. Checklist items 18 through 22 assess whether students and faculty members are being evaluated regularly in terms of cultural competence. Fifty percent of respondents stated that students are evaluated yearly and at the end of the program regarding their sensitivity to and knowledge of multicultural issues, while 50% stated that this competency was not met. Sixty-three percent of respondents indicated that one component of faculty teaching evaluations include their ability to integrate multicultural issues into the course and foster inclusive learning environments. Thirty-seven percent of respondents indicated that this competency was not met. Examination of the current student, end-of-semester course evaluations reveal that there are no questions regarding integration of multicultural issues. Eighty-eight percent of respondents indicated that multicultural issues are integrated in comprehensive examinations that are completed by all students, while 12% stated that this competency was not met. None (0%) of the respondents believed that the program integrates a reliable and valid paper-and-pencil self-report measure of student multicultural competence. Additionally, 88% of the respondents stated that the program does not integrate a context-validated portfolio assessment of student multicultural competence. Twelve percent of respondents left this item blank.

Physical environment. The final two items on the checklist examines how the program's physical environment reflects multicultural values and appreciation of cultural diversity. Sixty-three percent of respondents indicated that the physical environment does not reflect an appreciation of cultural diversity, 25% indicated that this competency was

met, and 12% of respondents left this item blank. Eighty-eight percent of respondents indicated that there was not a Multicultural Resource Center where students can convene, 12% stated that this competency was met, and 12% left this item blank.

The five competencies that were most frequently identified as being met were Item 14, “The program has a faculty member whose primary research interest is in multicultural issues.” (100%); Item 5, “Program has a required multicultural course.” (88%); Item 6, “Program has one or more additional multicultural courses that are required or recommended.” (88%); Item 8, “Diversity of teaching strategies and procedures employed in class (e.g., individual achievement and cooperative learning models are utilized).” (88%); and Item 10, “Students are exposed to 30%+ multicultural clientele.” (88%).

The five competencies most infrequently met were Item 21, “The program incorporates a reliable and valid paper-and-pencil self-report assessment of student multicultural competency at some point in the program.” (0%); Item 22, “The program incorporates a content-validated portfolio assessment of student multicultural competency at some point in the program” (0%); Item 24, “There is a Multicultural Resource Center of some form in the program area (or in the department or academic unit) where students can convene. Cultural diversity is reflected in the décor of the room and in the resources available (e.g., books, journals, films).” (12%), Item 12, “Students have supervised access to a cultural immersion experience such as study abroad for at least one semester, or an ethnographic immersion in a community culturally different from that of the campus or the student’s own upbringing.” (25%), and Item 23, “The physical surroundings of the program reflect an appreciation of cultural diversity (e.g., artwork,

posters, paintings, languages heard.)” (25%). The mean percentages for all of the competencies was computed to provide overall rankings (see Table 7). The most frequently met competency was Research Considerations (82%), followed by Curriculum Issues (78%), Clinical Practice, Supervision, and Immersion (66%), and Minority Representation (57%). The two competencies met least frequently were Physical Environment (19%) and Student and Faculty Competency Evaluation (40%).

Syllabi review (Appendix T). In order to examine one component of integration of multicultural content in the classroom, syllabi for PsyD courses taught in the 2006-2007 calendar year were collected and reviewed. The syllabi were reviewed to ascertain whether there was specific mention of multicultural competence in the course overview and objectives, the number of lectures that addressed multicultural topics, the number of readings that addressed multicultural topics, and the number of class experiences that integrated multicultural topics. Forty-six total syllabi were collected. Of those, 3% were assessment courses, 30% were clinical skills/group supervision, 9% were electives, 13% were intake and general interventions courses, 4% were multicultural courses, 15% were research design/statistics courses, 11% were specialty track courses, and 4% were classified as other.

Thirty-seven percent of the syllabi discussed multicultural competence in the course overview and objectives section. The mean number of times multicultural content was designated for inclusion in course lectures was computed. Because the clinical skills/group supervision courses are designed to create an open forum for discussion of cases, formalized lectures were not enumerated on the syllabi for these courses. Thus, they were excluded from the computation of the average number of lectures that include

multicultural content. The average number of lectures that incorporate multicultural topics was 1. Not surprisingly, multicultural courses mentioned multicultural topics in the most lectures ($M = 14$, $SD = 0$), followed by courses classified as other ($M = 1$, $SD = 1.41$), specialty track courses ($M = 0.6$, $SD = 0.89$), assessment courses ($M = 0.33$, $SD = 0.52$), research design and statistics courses ($M = 0.28$, $SD = 0.76$), elective courses ($M = 0.25$, $SD = 0.50$), and intake and general interventions courses ($M = 0.17$, $SD = 0.41$). Fifty-two percent of the courses did not include multicultural topics in any of the lectures.

The average number of multicultural readings mentioned on the course syllabi was 6. Multicultural courses assigned the greatest number of multicultural readings ($M = 21$, $SD = 4.25$), followed by research design and statistics courses ($M = 3.43$, $SD = 6.37$), assessment courses ($M = 0.83$, $SD = 2.04$), intake and general interventions courses ($M = 0.50$, $SD = 1.22$), clinical skills/group supervision courses ($M = 0.50$, $SD = 0.65$), specialty track courses ($M = 0.25$, $SD = 0.55$), other courses ($M = 0$, $SD = 0$), and electives courses ($M = 0$, $SD = 0$). Sixty-seven percent of the course syllabi did not include any readings that addressed multicultural topics.

The average number of class projects or experiences that incorporated multicultural content mentioned on the course syllabi was 0.40 ($M = 0.40$, $SD = 1.08$). Multicultural courses assigned the greatest number of multicultural experiences ($M = 5$, $SD = 1.41$), followed by clinical skills/group supervision ($M = 0.50$, $SD = 0.52$), research design and statistics courses ($M = 0$, $SD = 0$), assessment courses ($M = 0$, $SD = 0$), intake and general interventions courses ($M = 0$, $SD = 0$), specialty track courses ($M = 0$, $SD = 0$), other courses ($M = 0$, $SD = 0$), and electives courses ($M = 0$, $SD = 0$). Eighty percent

of the course syllabi did not mention any class experiences, projects, or activities that integrated multicultural issues.

It is helpful to compare and contrast the rates of inclusion of multicultural content in course syllabi with faculty perceptions regarding their comfort incorporating multicultural content and their view of the overall level of integration of multicultural content across the curriculum. On the Faculty Demographics Questionnaire, 100% of faculty members indicated that they felt prepared to integrate multicultural content in their courses ($M = 3.75$, $SD = 0.71$). However, only 50% of faculty members reported that multicultural content is integrated into all coursework, that faculty can specify how this is done, and syllabi reflect this inclusion. Fifty percent of respondents stated that this competency was not met. Thus, it appears that there is a disconnect between faculty perceptions of their own preparation to address multicultural content in the classroom and actual inclusion of multicultural content across the curriculum.

Prospective student recruitment materials (Appendix S). To assess recruitment strategies that Pepperdine's PsyD program uses to attract diverse students, the current study used a checklist developed by Rogers (2006) to review recruitment materials for multicultural content (Appendix S). The nine-item checklist included an affirmative action statement, a statement asserting programmatic commitment to diversity, a statement welcoming culturally diverse students, evidence of availability of support services and financial aid for culturally diverse students, use of a special admission policy for culturally diverse applicants, a statement about relevant teaching and research interests, availability of multicultural coursework, and a demographic breakdown of graduate students. The Graduate School of Education and Psychology and PsyD in

Clinical Psychology web pages were reviewed for multicultural content. In addition, the printed recruitment materials sent to all prospective students and recruitment web based video were also reviewed for multicultural content. For a summary, please refer to Table 8.

The Graduate School of Education and Psychology mission statement webpage includes a clear commitment to diversity, a statement welcoming diverse students, and an outline of specific strategies designed to promote multicultural proficiency. The printed Graduate School of Education and Psychology brochure does not include the mission statement that is located on the website. The pages of the brochure devoted to the PsyD program incorporate multicultural content through quotes from a faculty member and a student who discuss their goals and experiences in the program. The PsyD specific webpage includes a brief statement regarding the consideration of individual and cultural diversity, while the printed recruitment brochure for the PsyD program includes an abbreviated version of the GSEP mission statement that is found on the website. None of the recruitment materials discuss a special admission policy for culturally diverse students or included an affirmative action statement. The GSEP website offers a great deal of information regarding financial aid that is available to culturally diverse students, including links to specific diversity scholarship programs. The printed recruitment materials mention the GSEP Contribution to Diversity Award in the general brochure, but do not offer the additional details and resources that are found on the website. The specific financial aid brochure does not mention financial aid that is specifically available for diverse students.

Information regarding support systems for culturally diverse students is provided on the website through drop down menus or under the scholarly activity tab. These support systems are not mentioned in the printed recruitment materials. It would be helpful to have this information in a more centralized and prominent location on the website and included in the printed recruitment materials. With respect to coursework, the website describes the one required multicultural course, while the printed PsyD brochure also mentions sensitivity to cultural context and individual differences in a general discussion of courses.

The website presents multicultural scholarly activity through the Multicultural Research and Training Lab web page, but does not include specific faculty and student scholarly works and research. Prospective students are invited to obtain more information regarding faculty scholarly activities looking under faculty members' names. There is no mention of multicultural research or scholarly work in the printed recruitment materials. None of the recruitment materials provide a demographic breakdown of graduate students.

The recruitment materials including the website, printed materials, and recruitment video utilize racially and ethnically diverse students and faculty members to offer their general perspectives of the program. However, the recruitment video does not make specific mention of multicultural training or the centrality of diversity to the mission of the Graduate School of Education and Psychology.

In summary, it appears that the Graduate School of Education and Psychology website focuses on diversity in its mission, welcomes diverse students, offers financial aid for diverse students, provides some information about support systems for culturally

diverse students, presents multicultural scholarly activities, and discusses multicultural coursework. The printed recruitment materials provided limited coverage of multicultural content. The recruitment video only includes one brief mention of multicultural content by a student. Otherwise, the video omits all of the checklist items.

Qualitative student interviews (see Appendix N). In order to better understand the personal experiences of the multicultural training offered in Pepperdine's PsyD program, all of the students who completed surveys were asked to consent to be contacted for an in-person follow-up interview. Of those students who consented to follow-up, the highest and lowest scoring students on the California Brief Multicultural Competence Scale from each class were identified and asked if they'd like to participate in the interview. Based on scores on the CBMCS, seven students were initially contacted to be interviewed. Six students completed interviews. One first year student completed the interview because only one consented to be contacted for follow-up. The highest and lowest scoring second year students on the CBMCS were interviewed. Only the lowest scoring third year student on the CBMCS was interviewed due to scheduling demands of the highest scoring third year student. The highest and lowest scoring fourth year students on the CBMCS were interviewed. Of the interview participants, 4 were White/Caucasian and 2 were students of color. Five of the participants were female and one was male.

The interviews took between 30-60 minutes to complete. All interviews were audiotaped and transcribed by the interviewer. The interview schedule was semi-structured and focused on students' general experiences in the PsyD program, experiences of the required multicultural course, students' perceptions of the level of infusion or integration of multicultural content across the curriculum, clinical work with

diverse clients, experiences with diversity in supervision, and the overall atmosphere and physical environment (see Appendix N). The interview focused on these topic areas in order to gather information from students that would correspond to the data collected on faculty surveys. A qualitative content analysis was conducted to identify emerging themes in the interview responses. The data analysis was triangulated as both the principal investigator and her faculty advisor separately identified themes and discussed disagreements until consensus was reached.

Overall experience. The first major theme to emerge was that, overall, students stated that their experience in Pepperdine's PsyD program was positive. Several subthemes emerged that seemed to contribute to the positive experience. Students observed that the PsyD program is rigorous academically and that they feel well prepared to enter training sites and the workforce. They stated that faculty were compassionate, supportive, and committed to helping students do their best. Similarly, student cohorts were also supportive and challenged one another to do their best. Having the opportunity to apply classroom learning in clinical rotations was one of the benefits of the program, though the process of applying for practicum sites was identified as one of the challenges. Other challenges included balancing the multiple demands of the program and some of the constraints of the curriculum required for an APA accredited training program.

Multicultural course. The multicultural course was seen as a "primer" or overview of multicultural issues, which "provided an initial understanding of the cultural maps of oneself and one's clients." Many students indicated that it was beneficial to complete the class during the first semester, though some feared that the compartmentalization of the separate-course model did not provide enough time for in-

depth learning and may imply that culture does not need to be considered or discussed in other classes. The class was perceived as providing superficial coverage of multicultural issues. Students reported that the class provided generalized descriptions of cultural groups with little specific training about integrating that knowledge in the classroom. “I felt like there was a lot of information gathering and learning about different cultures, but I didn't feel like when it came time to get into clinical practice- 'What do I do with all of this information?' was answered very well” (J. R. Donagy, personal communication, April 11, 2008).

It is interesting to note the varied experiences that students from different backgrounds report having. Some students noted that their experience of the class was marred by other students’ skepticism and unwillingness to engage openly in the emotional process of self-exploration. Another student discussed feeling like she had to be “representative” of her particular racial/ethnic group when that group was being covered.

“I think a lot of students felt like ...they were the only representatives of Hispanics or Persian Americans. I guess, because it’s a sensitive topic, you kind of feel like all eyes are on you when you're discussing that specific group” (N. P. Sloane (*pseudonym*), personal communication, April 10, 2008).

Still other students found that the course was extremely emotionally charged and would not have been safe without effective leadership from the professor.

“I really struggled because I'm one of the few White students whose really interested in the multicultural field...I had this feeling, 'damned if you do, damned if you don't.' If I help, I get heat for being out there. If I don't help, I'm

gonna get heat for not being a part. And that was an important conversation to have and scary to admit that I was feeling that way. I mean our class was close and a lot of taboo things were touched on and it got really, um, controversial and people got hurt and people got upset. But [the professor] was phenomenal...He really picked up on subtleties and made sure that everybody was heard” (R. L. Johnson (*pseudonym*) personal communication, April 10, 2008).

Many students indicated that additional coursework on the application of knowledge in therapy would be helpful. Other ideas for the multicultural curriculum included a yearlong series on multicultural issues, small multicultural process groups, specialized multicultural topic courses, and addressing didactic topics prior to intensive self-exploration.

Integration of multicultural topics throughout the curriculum. The primary theme that emerged with respect to level of integration of multicultural content across the curriculum was that it was generally treated as a caveat or disclaimer. Students stated that classes presented multicultural issues at the end of the semester. Multicultural topics were mentioned briefly in discussions of diagnoses or test selection, but students indicated that it really was not a focus. Some students noted that often course syllabi present diversity topics and then they would not be integrated at all. Students felt that there were some “solid attempts” to integrate culture, but there is still “a lot of work to be done.”

Clinical work with diverse groups. Many students stated that they had a great deal of experience with racially/ethnically diverse individuals in therapy, with many reporting working with mostly African-American and Latino clients. Students’ perceptions of their level of experience depended, at least to some degree, on their ethnic/racial background.

One student of color, who had worked with primarily African-American and Latino clients, felt that her work with diverse populations was limited, while another student of color noted that “99% of my clients have been culturally different than me.” Students reflected that their work with diverse clients impacted the way in which they conceptualize treatment plans and goals and taught them a great deal about the impact of one’s worldview on their understanding of mental illness.

Multicultural issues in supervision. Students varied widely in their experiences with diversity in supervision. Some students described supervisors who did not address multicultural issues at all. The following passage describes one student’s experience of a supervisor who did not effectively address multicultural issues and how the student handled it.

“Sometimes I would bring up things and feel like I get a blank stare...I feel like my supervisor thinks it’s bullshit. [Interviewer asks how student handles the situation] I just remember that my supervisor has not had any of the experiences I’ve had...he doesn’t know that much about it. He doesn’t pursue it and he doesn’t read up on it. So, um, that’s it. I just kind of put that boundary there” (R. L. Johnson (*pseudonym*), personal communication, April 10, 2008).

Other students observed that multicultural topics were mentioned superficially in supervision. Race, ethnicity, and culture is acknowledged as a caveat, but not integrated into the process of learning about testing and therapy in supervision. One particularly painful experience highlights how damaging the superficial coverage of diversity in supervision can potentially be. A student of color described an incident in which a client expressed overt racism toward him/her. He/she was asked to leave the room where the

supervisor was interviewing the client. The student shared the feelings evoked in the process of supervision.

“I went back to the room by myself and later my supervisor came in and she sat down and she talked to me about what had happened and her experience with racism and, you know, how to deal with it and things like that. So, I think that was good in that respect...but then, after it settled down, I got kind of angry, because I felt like she could've supported me more” (D. R. Lehe (*pseudonym*), personal communication, April 11, 2008).

The student reflected that it would have been helpful if the supervisor had devoted more time to come back to that incident and continue to process additional feelings that arose.

Finally, some students felt that they had supervisors that challenged them to take into consideration their own cultural context and the context of their clients when making treatment decisions.

Atmosphere and physical environment. Students identified the overall atmosphere as challenging and supportive, citing both their cohorts and professors as sources of support and encouragement to achieve their best academically. In general, the building was perceived as a “nice, professional” environment, with comfortable furnishings. Frequently students remarked that the school had a lack of communal areas in which students and professors could congregate and interface. Students noted that the PsyD lounge, café, and library areas were too small and that the outside areas of campus were underutilized. This was seen to contribute to the commuter feeling of the campus. Students stated that they typically completed their classes and immediately left campus. One student observed that the physical environment was “White, privileged”, while

others did were “not [on campus] long enough to be bothered by the [physical environment].”

Discussion

The present study provides a cultural audit of the current multicultural training practices in Pepperdine University Graduate School of Education and Psychology’s PsyD program in clinical psychology. The study utilized, as its target for culturally competent training, Fouad’s (2006) seven areas of best practices that are critical to evaluating culture-centered psychological education and training, which include: (a) an explicitly stated commitment to diversity in the programs’ philosophy; (b) active efforts to recruit culturally diverse graduate students; (c) active efforts to recruit and retain diverse faculty; (d) efforts to make the admissions process fair and equitable; (e) ensuring that students gain the awareness, knowledge, and skills to work with diverse populations; (f) evaluation of courses throughout the curriculum for infusion of culture-centered material; and (g) evaluation of students’ cultural competence annually. Ponterotto’s (1997) Multicultural Competency Checklist; and a checklist developed by Rogers (2006) of characteristics of exemplary multicultural school psychology programs were also utilized to conduct a cultural audit of the program. Synthesizing data from multiple sources, it would seem that the multicultural training offered in the PsyD program has a number of strengths, including supportive faculty and student cohorts, multicultural research which utilizes diverse research methodologies, and a mission statement that clearly outlines the importance of diversity to the university. Additionally, concrete steps are being taken to embrace and continue to develop the University as a multicultural organization. Areas of growth include better infusion of multicultural content across the curriculum, integration

of diversity issues in clinical supervision, evaluation of student multicultural competence and faculty integration of multicultural topics in courses, improvement of community spaces, and multicultural training that attends to aspects of diversity beyond race and ethnicity.

Utilizing a bounded case study design, the current investigation gathered data from faculty in the PsyD program, currently enrolled doctoral students, course syllabi and prospective student recruitment materials. The research questions were:

1. How do faculty members, full-time, adjunct and visiting, self-rate their overall competence in integrating multicultural issues in the classroom?
2. How do faculty members rate the multicultural training offered in Pepperdine's PsyD program?
3. How frequently are multicultural issues addressed throughout the curriculum?
4. How do graduate students enrolled in all four years of the program self-rate their overall multicultural competence?
5. How do students perceive the multicultural training in the PsyD program and their preparation to address cultural factors in clinical settings?
6. In what ways do the program's prospective student recruitment materials reflect multicultural philosophies and practices?

Participants were given the option of completing online or paper-and-pencil surveys. Faculty surveys included the Faculty Demographic Questionnaire (see Appendix L) and the Multicultural Competency Checklist (MCC) (see Appendix O) (Ponterotto, 1997). Students were asked to complete the Student Demographic Questionnaire (see Appendix M) and California Brief Multicultural Competence Scale (CBMCS) (see

Appendix P) (Gamst et al., 2004), which assesses students' self-perceived multicultural competence. Prior to collecting the surveys, students were asked to consent to be contacted for a follow-up interview. Those students from each class that scored highest and lowest in multicultural competence, as assessed by the CBCMS, were recruited for semi-structured interviews (see Appendix N). Course syllabi from the 2006-2007 academic year and prospective student recruitment materials from the Pepperdine website, printed mailings, and recruitment video were reviewed for multicultural content using a checklist developed by Rogers (2006) (see Appendices S & T).

Descriptive statistics were used to describe the demographic characteristics of faculty and students, faculty perceptions of the multicultural training as assessed by the MCC, inclusion of multicultural content in course syllabi, and students' self-ratings of multicultural competence on the CBMCS. Content analysis was used to identify recurrent themes in semi-structured student interviews and to compare these themes with information collected in the faculty and student surveys.

Multiple sources of data; including faculty surveys, student interviews, and a review of course syllabi suggested that multicultural content is not adequately infused throughout the curriculum. Though faculty respondents indicated that they feel prepared to address multicultural topics in the classroom, half of the respondents stated that multicultural content was not integrated into all coursework. Data from student interviews suggests that multicultural content is often addressed in a superficial manner or in the form of a "caveat." One student noted that, while many syllabi stated that diversity would be integrated throughout courses, very few actually addressed multicultural content in a substantive manner. Many of the students who were

interviewed recognized faculty efforts to improve in this area, but still felt that improvement was needed.

Review of course syllabi from the 2006-2007 academic year suggested that often diversity is addressed in course goals and objectives and then rarely or never mentioned in lectures, readings, or assignments. A majority of classes do not mention diversity in any lectures, while multicultural classes devote the greatest number of lectures to diversity topics, followed by “other” courses, and then specialty track courses. Multicultural courses assigned the most multicultural readings, followed by research design and statistics courses. In terms of assignments, clinical skills/group supervision classes mention diversity related assignments most often after multicultural classes. It is recommended that faculty members receive additional training specific to the integration of culture both generally in the classroom and specific to their topic area, such as therapeutic interventions or assessment.

There seems to be a discrepancy between faculty respondents’ perceptions of their ability to address multicultural content in the classroom and actual meaningful integration of diversity topics in courses. Faculty members’ level of integration of multicultural content in courses is not currently being systematically evaluated. Central to building a more culturally infused curriculum is incorporating systems of accountability for faculty members (Parham, 2004). Arredondo and Arciniega (2001) emphasize that learning organizations must engage in systematic self-reflection and an evaluation of existing curriculum as a preliminary step towards revision. One simple method to begin to more closely examine the level of integration of multicultural topics across the curriculum is to alter course evaluations to allow students to assess the level of multicultural integration in

each course. This was one of the methods that the California School of Professional Psychology, San Francisco used when undergoing a multicultural transformation (Tori & Ducker, 2004). Faculty members could use the multicultural counseling competencies, originally presented by Sue, Arredondo, and McDavis (1992), as a framework to identify which specific activities in their courses are currently being used to enhance student competency (Stadler et al., 2006). Based on a review of the multicultural counseling competencies, faculty are encouraged to make changes to enhance the development of awareness, knowledge, and skills. To further encourage discourse and provide an avenue of accountability, it is recommended that all courses be scheduled for review during faculty meetings (Stadler et al., 2006). During these meetings, course syllabi should be reviewed by all faculty members and assessment/instructional strategies should be discussed and implemented. To ensure accountability, faculty efforts at integration of multicultural content in their courses, as assessed by student evaluations, should be considered during annual performance reviews and during the tenure process (Parham, 2004).

The required multicultural course was viewed by students as a “primer” on multicultural issues. Many students felt that the course was not adequate in preparing them to address issues of culture in their clinical work. Some students were concerned that requiring a single multicultural course may serve to compartmentalize cultural issues and leave students with the impression that one course was adequate preparation to practice in a culturally responsive manner. This is consistent with prior research which suggests that the single-course model is not effective in training culturally competent clinicians (Hill, 2003; Ponterotto, 1997). Students of color felt a pressure to serve as

“representatives” of their cultural group and noted that group differences were presented without adequate discussion of within group heterogeneity. This superficial treatment of multicultural issues may lead to the development of stereotypes (Ridley, Espelage, & Rubenstein, 1997). Multiple students stated that they did not learn the skills needed to apply knowledge of diverse groups to their clinical work. This is consistent with prior research that observed that single multicultural courses focus largely on exposure to the concept of multicultural competencies and to the development of awareness, attitudes and beliefs (Parham, 2004; Stadler et al., 2006). Students suggested it would be helpful to have a longer multicultural course or a yearlong series on multicultural issues. One student suggested that a small group format would be more conducive to intensive exploration of cultural issues. The Racial Cultural Lab at Teachers College, Columbia University may be an appropriate training model to consider. It is a two-part course that employs a variety of instructional techniques aimed at raising students’ self-awareness of influences on their worldview (Carter, 2003). The first part of the course is didactic in nature, while the second part involves an intense experiential process in a small group format. Providing the didactic portion of the course prior to intense self-exploration may reduce defensiveness on the part of students. Further courses should be offered to facilitate increased and specialized diversity-related knowledge and culturally appropriate clinical and research skills (Arredondo & Arciniega, 2001; Stadler et al., 2006).

Multicultural immersion experiences have been successfully used to combine the emotional and cognitive aspects of multicultural learning (Pope-Davis, Breaux, & Liu, 1997). Students would first identify a group that is culturally different from themselves, then immerse him or herself in that group over the course of a semester by going to the

groups social gatherings, presentations, and meetings (Pope-Davis et al., 1997). It would be helpful to assess self-perceived multicultural competence prior to the immersion experience and then just after. Student autobiographies that address their own experiences with oppression, race, class, and gender should be written prior to immersion.

Throughout the semester, students should be asked to journal to process feelings of discomfort or anxiety that they are experiencing as a result of the immersion experience (Pope-Davis et al, 1997). The final phase of the immersion experience would be to have students present about their experiences (Pope-Davis et al., 1997).

Analysis of students' self-reported cultural competence scores on the CBMCS suggests that an overwhelming majority (98%) of students' demonstrated awareness of cultural barriers, 77% demonstrated adequate multicultural knowledge, and 79% exhibited adequate sensitivity and responsiveness to consumers. It is important to note that student self-ratings on the CBMCS conflict with interview findings that suggest that the multicultural training is not adequate preparation for addressing culture in clinical situations. This may indicate that the CBMCS does not do an adequate job of measuring the skills dimension of the MCC's, which was identified by students as an area that was not effectively addressed in the University's current multicultural training curriculum.

This limitation of the CBCMS is a reflection of the multicultural field's struggle to define and evaluate multicultural competence. Hays (2008) observes that assessing multicultural competence is a multidimensional process that includes evaluation of student competencies for specific ethnic/racial groups as well as other marginalized groups. The existing MCC instruments still need additional factor analytic and validation studies as well as studies to ensure that the MCC scales are not measuring different

constructs (Constantine & Ladany, 2000; Hays, 2008). Defining and assessing multicultural competence has been repeatedly identified as a barrier to methodologically sound research (Constantine et al., 2004).

Sixty-five percent of students did not show adequate non-ethnic ability, which is competence in addressing non racial/ethnic aspects of culture such as gender, age, socioeconomic status, sexual orientation, and disability status. This suggests that Pepperdine students have limited knowledge of broader aspects of culture, which may indicate that the required multicultural course, as well as discussion of culture across the curriculum, is restricted to ethnic or racial definitions of culture. It is recommended that efforts be made to expose students to a broad definition of culture, in keeping with Pederson's (1991) original conception of culture. It would be helpful to expose students to Arredondo and colleagues' (1996) Personal Dimensions of Identity (PDI) Model (Arredondo et al., 1996; Arredondo, 1999). This model offers a reference point for exploring the multiple aspects of identity by emphasizing various dimensions of self-definition. These include the A dimension, which refers to relatively fixed characteristics such as culture, ethnicity, gender, language, physical well-being, race, sexual orientation, and social class. Dimension C refers to the historical, political, global events that shape one's personal worldview. Dimension B, mentioned last because represents the "consequences" of Dimensions A and C, include characteristics such as educational background, geographic location, recreational interests, relationship status, religion/spirituality, and health care practices (Arredondo et al., 1996; Arredondo, 1999).

Although fifty percent of faculty respondents believed that students' multicultural competence is evaluated yearly, there are no formal evaluations of students' multicultural

competence and sensitivity to diverse groups. It is recommended that the program begin the process of reviewing the literature, evaluating, and selecting one or more multicultural competency scales to administer to students at all levels of training. The California Brief Multicultural Competence Scale (Gamst et al., 2004) may be an appropriate method by which to begin assessing multicultural competence in students as they move through the training program. The CBMCS has several advantages including, short length, strong theoretical foundation, and the provision of training cut-offs. In addition, the CBMCS Multicultural Training Program offers in-depth training organized along the four subscales of the CBMCS.

Given the aforementioned limitations of such self-report measures of multicultural competence, it is imperative to incorporate other evaluation tools to assess students' development in the area of multicultural competence. Other recommended means of assessing student multicultural competence are faculty members' annual review of students, supervisors' evaluations of practicum students and interns, and having students develop multicultural portfolios (Stadler et al., 2006). Portfolios encourage students to be more self-reflective about their learning, take more ownership of their development, and help them communicate what they have learned to others (Coleman, 1996; Coleman & Hau, 2003). Such portfolios should be designed to demonstrate the students' multicultural awareness, knowledge, and skills (Coleman, 1996; Coleman & Hau, 2003). Items to be included in the portfolio would be: (a) a display of culturally responsive interventions, (b) ethical knowledge about culturally responsive treatment, (c) cultural empathy, (d) ability to critique existing therapy models for their cultural relevance, (e) development of an theoretical orientation that is culturally responsive, (f)

knowledge of norms of culturally diverse groups, (g) awareness of self as a cultural being, (h) knowledge of within group differences, and (i) value and respect for cultural diversity (Ridley et al., 1994).

Prior to instituting a portfolio process, it is essential that faculty serving as advisors to PsyD students be provided with extensive training regarding both portfolios, as well as, culturally responsive client care and training. It is recommended that faculty advisors and students work together to develop a portfolio goal based on prior experiences and learning level. Next, faculty advisors and students should agree on what type of evidence would be helpful in demonstrating the student's competence. Examples may include video or audio taped therapy sessions, progress notes, case conceptualizations, or treatment plans. At this step, a timeline and criteria for establishing competence are delineated (Coleman, 1996). Coleman recommends a combination of client report, multicultural self-assessment tools, such as the CBMCS or another measure, and student self-evaluative comments. It is recommended that students produce evidence, such as a videotaped session, as evidence that reflects the level of competence students produce on self-report measures and self-evaluations. Through examination of the congruence between students' self evaluations of competence and the evidence they present to demonstrate their competence, faculty advisors can evaluate student development. The final step in the process is to provide students with feedback regarding their strengths and weaknesses on a regular basis. It is recommended that student portfolio goals be reviewed and refined on a yearly basis to promote continued development as the student progresses through the PsyD program.

The clinical training offered within Pepperdine's PsyD program was repeatedly identified as a strength, although perceptions differed with respect to the level of integration of diversity issues in clinical supervision. The majority of faculty respondents (88%) stated that students are exposed to over 30% culturally diverse clientele and that multicultural issues are integral to clinical supervision (75%). Students expressed a range of experiences with diversity in clinical work and supervision, ranging from feeling that they had a great deal of exposure to clinical work with diverse groups to feeling that their exposure to diverse groups was limited. It is important to point out that one student of color felt that his/her exposure to culturally diverse groups was limited because most of his/her clients matched his/her in terms of racial/ethnic identity. This points out the need to examine assumptions underlying clinical training and guard against teaching from an exclusively Eurocentric position. Based on student interview responses, it seems that respondents' perceptions of the integration of multicultural content in clinical supervision ranged from viewing supervisors as lacking in skills and knowledge, to addressing culture in a cursory manner, to integrating cultural context into all treatment decisions. It may be beneficial to provide on-site clinical supervisors with additional training specific to addressing culture in supervision. It would also be helpful to develop a method of assessing the quality of integration of multicultural issues in off-site supervision. One suggestion might be to include this question in student evaluations of off-site supervisors and practicum sites. Furthermore, when choosing practicum placement sites, it is recommended that training faculty specifically inquire about multicultural training, supervision, and opportunities for clinical work with culturally diverse groups. It is

imperative to continually evaluate the level of culturally relevant supervision that occurs within practicum and internship settings.

Both faculty and student respondents identified multicultural research as an area of strength at Pepperdine. One hundred percent of faculty respondents indicated that there are one or more faculty members whose primary research interest is multicultural in nature. Students also shared that they found the on-campus multicultural research one of the key aspects of the multicultural experience at Pepperdine. The Multicultural Research and Training Lab offers a unique source of support and encouragement of student scholarship in multicultural topics. The strength of the multicultural research is not as well represented on the Pepperdine Graduate School of Education and Psychology website and in the printed prospective new student materials as it could be. It is recommended that the Multicultural Research and Training Lab highlight key faculty and student research activities much like the Pepperdine Applied Research Center has done on the Pepperdine GSEP website.

One of the most frequently identified areas of growth identified in this study was community spaces and physical environment. Although students indicated that the overall atmosphere at Pepperdine was supportive and challenging, with a great deal of encouragement coming from both faculty members and student cohorts, many students remarked that there was a lack of community areas in which to socialize and dialogue. Library and study spaces are limited and the campus lacks a designated Multicultural Resource Center. Some students indicated that the artwork and overall décor of the campus seemed to be privileged and Eurocentric, while others stated that they were not on campus long enough to really notice the artwork. There is evidence that a great deal of

learning about cultural competence happens outside the classroom and that educational environments can provide opportunities for learning in a real-world contexts such as the campus and community (Johnson & Lollar, 2002; Stadler et al., 2006). Prominently displaying cultural emersion opportunities and experiences promotes a positive and inclusive cultural environment in shared University spaces. Not only does a culturally inclusive physical environment promote positive multicultural experiences in current students and staff, it sends an important message to potential new students and faculty. While it is important to acknowledge that the PsyD program exists in the context of the Graduate School of Education and Psychology which, in turn, is part of Pepperdine University, it is recommended that efforts be made, with the help and support of the larger institution, to improve the communal areas on campus and to select artwork that positively represents the diverse community in which the University is situated.

In addition to the physical environment, a key component towards the development of multicultural infusion as an institution that values diversity is the overall cultural atmosphere (Loden & Rosener, 1991; Stadler et al., 2006). Institutions can move beyond desegregation or Equal Employment Opportunity approaches to diversity to infusion and integration through creating opportunities for multicultural learning and socialization outside the classroom. Stadler and colleagues (2006) reported that their department encourages students to get involved with various multicultural experiences on campus and in the community. A group of students and faculty distributes information on diversity-promoting activities and cultural events using an electronic mailing list (Stadler et al., 2006). Constantine and colleagues (2006) found that involvement and immersion in cultural communities has been identified as key to developing increased multicultural

competence, it is recommended that the PsyD program takes steps to create a committee to research culturally relevant events on-campus and in the community and disseminate this information to faculty and students via an electronic mailing list.

A review of the printed prospective new student recruitment materials, the Graduate School of Education and Psychology website, and the recruitment video revealed that the materials are inconsistent in their presentation of information. The GSEP mission statement clearly outlines the importance of diversity to the university and the concrete steps that are being taken to embrace and continue to develop as a multicultural organization. Again, it is important to reiterate that the PsyD program exists within the context of the Graduate School of Education and Psychology, which is situated within Pepperdine University as a whole. Therefore, it is important that individuals from all levels of the University work together to include the mission statement in the printed prospective new student recruitment materials and the recruitment video. The GSEP website does an excellent job outlining the various sources of financial support available to diverse students, while the printed recruitment materials do not make specific reference to grants and scholarships available to culturally diverse students. Since this is one of the key strategies that has been linked to successful recruitment of culturally diverse students, it would be advisable to incorporate this information in printed and video recruitment materials (Rogers, 2006). Similarly, information about available support systems for culturally diverse students was difficult to find on the website, and not included in printed materials or the recruitment video. It might be beneficial to redesign pages of the GSEP website to highlight available support systems and to include a specific section on the PsyD webpage that addresses cultural diversity specifically. This

section should include information about support systems for diverse students and relevant multicultural research activities. Finally, Rogers (2006) identifies the provision of a demographic breakdown of graduate students as another key recruitment strategy for recruiting culturally diverse students. Since student demographic information is collected on a yearly basis as part of the APA accreditation process, it is recommended that this information be provided on the website and in printed prospective new student recruitment materials. Following the data collection phase of the current study, an informational video was produced that specifically addresses diversity. Though the contents of the video will not be discussed in detail in the current study, it may represent an important step in the recruitment of culturally diverse students. However, there are concerns that presented diversity-related topics in a separate recruitment video may send the message that diversity is a topic that is compartmentalized within the PsyD program. It is recommended that the PsyD program work in concert with the University and GSEP to ensure that recruitment materials represent a model of infusion rather than compartmentalization.

At this point, Pepperdine's PsyD program could best be described as being at the *cultural pre-competence* stage of Cross and colleagues' (1989) model of organizational development. At this stage, organizations have begun to recognize weaknesses and have taken initial steps towards becoming culturally responsive. Additionally, systems that are developmentally at the pre-competence stage run the risk of discontinuing change efforts after achieving one goal or initial attempts at change have not been successful (Cross et al., 1989). Utilizing Parham's (2004) model, the PsyD program would fall into the *pre-competence* stage as well. His model also emphasizes the need for programs to avoid

attempting “quick fix” solutions and encourages movement through the *competence* and *proficiency* stages to multicultural infusion (Parham, 2004). Utilizing D’Andrea and colleagues (1991) model, Pepperdine’s PsyD program appears to be at the *cultural integrity* stage, where more attention is given to cultural diversity issues, a commitment to diversity comes from top management, and more advanced levels of multicultural training are being introduced.

The goal of multicultural transformation is to move through Cross et al.’s (1989) *cultural competence* stage, where programs continue to assess themselves and develop cultural resources, to the *cultural proficiency* stage, which is characterized by a clearly articulated social justice agenda which makes multiculturalism integral to the organization’s culture. In D’Andrea et al.’s (1991) model, the goal is to move to the *infusion* stage, in which a significant emphasis is placed on multiculturalism and the training program utilizes an integrated design that incorporates multicultural theory into every aspect of training. In Parham’s (2004) model multicultural transformation would move through mere *competence* to *proficiency* or multicultural infusion.

The present study represents one of the most in-depth analyses of the multicultural training in graduate psychology programs. In addition to assessing a particular graduate program in clinical psychology, this study is meant to serve as a template or model for other graduate programs to follow when conducting a cultural audit of their multicultural training. In terms of methodology, this study integrates components of prior investigations of multicultural training in graduate psychology. Previous studies have focused on faculty members’ perceptions (Fouad, 2006; Ponterotto et al., 1995, 1997; Rogers, 2006), student perceptions (Tori & Ducker, 2004; Rogers, 2006), student

self-perceived multicultural competence (Manese et al., 2001), course syllabi (Bluestone et al., 1996), and recruitment materials (Rogers, 2006). By gathering information from multiple sources, including faculty members' perceptions of the multicultural training offered within the program, faculty members' self-rated comfort addressing multicultural topics in the classroom, students' self-perceived multicultural competence, students' perceptions of the multicultural training offered, analysis of course syllabi, and recruitment materials, the present study was able to provide a comprehensive view of the training offered in order to identify strengths and areas for future growth. This represents a first step in multicultural transformation. Substantive transformation into a multiculturally infused training program requires patience and persistence, as well as continual evaluation and self-reflection at all levels of the educational system. Furthermore, critical to the change process is the creation of systems of accountability for students and faculty alike (Parham, 2004; Stadler et al., 2006). For a summary of recommendations, please see Table 9.

Another goal of the current study was to present a template for other training programs seeking multicultural transformation. Through the process of conducting this cultural audit, a number of recommendations for training programs emerged. Central to beginning such a process of transformation is a review of the relevant literature of multicultural competence. It is recommended that training programs recognize the broader context in which they are situated and involve constituents at all levels of the system, which may include the graduate school and the university at large. It is critical to move beyond quantitative or equity based audits by gathering information from multiple informants (e.g. students, faculty, administration, and support staff) and multiple methods

(e.g. surveys, interviews, and source materials). The low response rate that was observed in this study highlights the need to ensure that the anonymity and confidentiality of faculty informants is protected. This could be achieved by collecting information regarding faculty perceptions separate from demographic information. It is recommended that a standardized and validated measure of students' multicultural competence be used in conjunction with information from student interviews. In order to ensure that a diversity of opinions is obtained, it is important to identify and interview students from each class that score highest and lowest on self-perceived multicultural competence. Another central component to conducting a thorough cultural audit is the gathering of information from source materials including course syllabi, recruitment materials, available University self-study materials, and University course evaluation forms. It is essential to compare and contrast information gathered from multiple informants and sources to identify themes that emerge consistently and/or discrepancies in the data. Programs should develop recommendations based on findings of the cultural audit and relevant multicultural training literature. It is also important for programs to develop and regularly evaluate outcomes, making interventions when necessary. A final component of transformation is designing systems of accountability to ensure that faculty and students are held accountable for the development of cultural competence. For a summary of recommendations for institutions seeking to conduct a cultural audit, please see Table 10.

There are several limitations present in this study. First, the sample size is quite small (35% response rate for students and 41% for faculty). The limited number of responses may be due to participant concerns that they may be identified due to the

limited population from which the sample is being drawn. For faculty members, future studies of this kind might consider focusing on faculty perceptions exclusively while eliminating questions regarding the courses they teach. A second limitation is the inherent bias in self-report data collection. This may mean that those who responded have a particular interest in multicultural topics, which may influence their perceptions of the training offered at Pepperdine, thus significantly impacting the data that was collected. Social desirability on the student multicultural competence scale represents a third limitation in spite of concerted efforts by Gamst and colleagues (2006) to control for this variable during the development of the scale. A fourth limitation with the CBMCS is that it does not seem to directly address multicultural intervention skills, but rather focuses on awareness and general multicultural knowledge. Fifth, the study design does not allow for the determination of causal relationships and it is not possible to determine the relative contributions of students' or faculty members' prior multicultural experiences and the impact of the multicultural training offered within Pepperdine on students' or faculty members' self-perceived competence. A sixth limitation, related to instrumentation, is the lack of psychometric validation for the Multicultural Competency Checklist (Ponterotto et al., 1995; Ponterotto, 1997). This is reflective of the conceptual and theoretical challenges that are present in the multicultural field and the difficulties designing scales to assess the personality characteristics that are central to multicultural competence (Constantine et al., 2006; Taylor et al., 2006). Continued work to develop reliable and valid instruments for training programs to use to evaluate their cultural responsiveness would be a significant addition to the literature and field. A seventh limitation is the lack of a client-based perspective of multicultural competence and lack of an established link

between self-perceived multicultural competence and actual clinical effectiveness with culturally diverse clients. The limited number of student interviews is an eighth limitation and may have prevented the primary investigator from most accurately representing students' experiences of the multicultural training at Pepperdine. A ninth, and final, limitation is the limited generalizability of the study. It is unlikely that the findings will be directly applicable to a wide range of doctoral programs since training institutions vary so much. However, this study can serve as a guide for the process of conducting a cultural audit.

Future research should be directed toward utilizing feedback from actual clients to evaluate trainees' cultural competence. Little research has been conducted that explores the link between client rated cultural competence and self-perceived multicultural competence. Such research would help validate such self-report measures and their utility in assessing actual clinical effectiveness. Further, it would be interesting to investigate the relationship between CBMCS training modules, improvement on the CBMCS, and client-rated competence. Research should be undertaken to determine which factors are central to effective multicultural training. For example, it would also be appropriate to craft a study to investigate the effectiveness of supervision training on diversity issues. Finally, it would be helpful to conduct cultural audits at several points during training sites' transformation into cultural responsive organizations in order to better understand the process of change.

In sum, the current study found that Pepperdine's PsyD program offered a number of strengths, including strong academics, exemplary clinical training opportunities, an atmosphere of support among faculty and students, a clearly stated mission that

incorporates diversity, extensive student and faculty scholarship on multicultural issues, and financial and social support systems for diverse students. These findings are encouraging in that they suggest an atmosphere conducive to multicultural program development (Leach & Carlton, 1997). There are a number of adjustments that would transform Pepperdine's PsyD program into a more culturally responsive training environment, including better infusion of multicultural topics across the curriculum, longer and more comprehensive exploration of culture in the separate multicultural course, attention to educating students regarding non-visible ethnic racial aspects of diversity, more in-depth discussion of diversity topics in clinical supervision, more culturally inclusive community spaces, and better representation of relevant multicultural research and supports in recruitment materials. It is hoped that this study will serve to further the development of the multicultural training in Pepperdine's PsyD program as well as serve as a template for other clinical training programs who would like to conduct a cultural audit.

Personal Reflections

The process of conducting this cultural audit has been profound, both personally and professionally. At the outset of this journey, I wanted to complete a dissertation that would contribute to the field of multicultural training and have a specific impact on Pepperdine's PsyD program. Formulating and streamlining the emphasis of this research proved to be arduous and frustrating, at times, as I attempted to find a coherent direction for this project in the face of the significant methodological constraints that exist in the nascent field of multiculturalism. As I immersed myself in the multicultural literature and had long conversations with my dissertation committee chair, I felt that there was

something intangible that was not being addressed in the literature or in the current study's methodological design. That intangible "something" appears to relate to a training program going beyond merely fulfilling requirements for accreditation or attempting "quick fixes" to achieve multicultural competence. The "something" that evaded measurement in this study is associated with an atmosphere in which an institution or community of learners seek to make themselves vulnerable and engage in the emotionally charged and anxiety-evoking process of multicultural transformation. Throughout my training program, I was surrounded by a community of diverse students and faculty who felt the same excitement about diversity and training that I do. Given my context and community within the PsyD program, I often felt a dynamic energy propelling multicultural issues forward at Pepperdine. Therefore, I was surprised and discouraged when the study's response rate fell far below my expectations. Reflecting on the low response rate and student interviews made me aware of my own naiveté regarding the reality of the range of experiences that students have within Pepperdine's PsyD program. As I moved through the phases of data collection and interpretation, I often found myself feeling anxious about my ability and place to be commenting on the state of multicultural training as a White female, upon whom much privilege had been conferred. Often I felt discouraged and powerless to make a substantive impact as I began to understand the much larger context in which Pepperdine's PsyD program resides. However, I found myself energized as I pondered and absorbed the qualitative interviews. Those voices contained within the transcripts reminded me just how critical and needed this research is. My experience of this dissertation journey, filled with a myriad of emotions, came full circle as my committee empowered me to accept the authenticity of my voice as a scholar

in order to contribute to the field of multicultural training and education. I am pleased with the outcome of this project and look forward to a lifetime of learning and growth as I continue to develop as a culturally responsive clinician and researcher.

Table 1

Student Demographic Characteristics

Variables	N	%
Gender (<i>N</i> =43)		
Female	39	91
Male	4	9
Age (<i>N</i> =43)		
21-25	4	9
26-30	22	60
31-35	11	26
36-40	3	7
41-45	1	2
46-50	1	2
51-55	1	2
Ethnicity (<i>N</i> =43)		
African American/Black	2	5
Asian American	3	7
Caucasian/White	30	70
Latino/Hispanic	1	2
Middle Eastern	2	5
Multirethnic/Biethnic	4	9
Bilingual (<i>N</i> =43)	8	19
Socioeconomic Status (<i>N</i> =43)		
Lower Class	4	9
Lower-Middle Class	3	7
Middle Class	21	49
Upper-Middle Class	11	26
Unsure	2	5

(Table continues)

Variables	N	%
<hr/>		
Year in Program (<i>N</i> =43)		
First year	4	9
Second year	10	23
Third year	10	23
Fourth year	12	28
Fifth year	1	2
Eighth year	1	2
Ninth year	1	2
All but dissertation	4	9

Table 2

Student Additional Multicultural Training Experiences

Variables	N	%
Additional Multicultural Training		
Undergraduate coursework	3	7
Graduate coursework	15	35
Didactics/seminars at practicum/internship	21	49
Multicultural professional organizations	3	7
Conferences	15	35
Personal research	5	12
Pepperdine seminars	6	14
MRTL conference	6	14
Class discussion	1	2
Undergraduate minor	1	2
Undergraduate major	1	2
Multicultural MA program	1	2
Multicultural research	6	14
Employment	2	5
Clinical practice	8	19
Extracurricular Activities		
Multicultural Research and Training Lab	8	19
Latino Student Psychological Association	1	2
International travel	7	16
Living abroad	3	7
Family	2	5
Friendships	3	7
Volunteer work	4	9
Church	3	7
Cultural fairs	1	2
Independent research and reading	1	2
Art	1	2
Literature	1	2
Music	1	2
Foreign films	1	2
Eating foods from diverse cultures	1	2

Table 3

California Brief Multicultural Competence Scale (CBMCS)
(Gamst et al., 2006)

Variables	% of students in need of additional training
Multicultural Knowledge	
First year	50
Second year	20
Third year	20
Fourth year	8
Beyond the fourth year	43
Awareness of Cultural Barriers	
First year	0
Second year	0
Third year	0
Fourth year	8
Beyond the fourth year	0
Sensitivity and Responsiveness to Consumers	
First year	0
Second year	10
Third year	10
Fourth year	8
Beyond the fourth year	14
Nonethnic Ability	
First year	75
Second year	70
Third year	70
Fourth year	58
Beyond the fourth year	57

Table 4

Faculty Demographic Characteristics

Variables	%
Gender (<i>N</i> =8)	
Female	37
Male	63
Age (<i>N</i> =8)	
46-50	25
51-55	37
56-60	25
61 and older	13
Ethnicity (<i>N</i> =8)	
Caucasian/White	75
Ethnically/Racially diverse	25
Bilingual (<i>N</i> =8)	13
Socioeconomic Status (<i>N</i> =8)	
Lower Class	0
Lower-Middle Class	0
Middle Class	37
Upper-Middle Class	37
Upper Class	13
Unsure	13
Licensed Psychologists (<i>N</i> =8)	
Yes	88
No	13

(Table continues)

Variables	%
<hr/>	
Decade in Which Doctoral Degree Was Obtained (<i>N</i> =7)	
1981-1990	86
1971-1980	14
Number of Years Teaching in Pepperdine's PsyD Program	
6-10	25
11-15	13
16-20	25
21-25	37
Full-Time vs Adjunct Faculty	
Full-Time	75
Adjunct	25

Table 5

Faculty Additional Multicultural Training Experiences

Variables	N	%
Multicultural Training as Students		
Undergraduate coursework	1	13
Graduate coursework	3	38
Didactics/seminars at practicum/internship	2	25
Clinical practice	1	13
Research	1	13
Being mentored by a culturally diverse professor	1	13
Multicultural Training as Professionals		
Continuing Education	6	75
Scholarship and publications	1	13
Professional conferences	1	13
Mentoring students on multicultural issues	1	13
University sponsored speakers	1	13
Employment	1	13
Clinical practice	1	13

Table 6

Multicultural Competency Program Checklist for Professional Psychology
(Ponterotto, Grieger, & Alexander, 1995; Ponterotto, 1997)

Variables	Competency	
	% Met	% Not Met
Minority Representation		
1. 30%+ faculty represent racial/ethnic minority populations.	75	25
2. 30%+ faculty are bilingual.	75	Blank
3. 30%+ students represent racial/ethnic minority populations.	38	50
4. 30%+ support staff (secretaries, graduate assistants) represent minority populations.	38	50
Curriculum Issues		
5. Program has a required multicultural course.	88	12
6. Program has one or more additional multicultural courses that are required or recommended.	88	12
7. Multicultural issues are integrated into all course work. Faculty can specify how this is done and syllabi clearly reflect this inclusion.	50	50
8. Diversity of teaching strategies and procedures employed in class (e.g., individual achievement and cooperative learning models are utilized).	88	12
9. Varied assessment methods used to evaluate student performance and learning (e.g., written and oral assignments).	75	12
Clinical Practice, Supervision, and Immersion		
10. Students are exposed to 30%+ multicultural clientele.	88	Blank
11. Multicultural issues are integral to on-site and on-campus clinical supervision.	75	Blank
12. Students have supervised access to a cultural immersion experience such as study abroad for at least one semester, or an ethnographic immersion in a community culturally different from that of the campus or the student's own upbringing.	25	75

(Table continues)

Variables	Competency	
	% Met	% Not Met
13. Program has an active Multicultural Affairs Committee composed of faculty and students. Committee provides leadership and support with regard to multicultural initiatives.	75	25
Research Considerations		
14. The program has a faculty member whose primary research interest is in multicultural issues.	100	0
15. There is clear faculty research productivity in multicultural issues. This is evidenced by faculty publications and presentations on multicultural issues.	63	37
16. Students are actively mentored in multicultural research. This is evidenced by student-faculty coauthored work on multicultural issues and completed dissertations on these issues.	75	25
17. Diverse research methodologies are apparent in faculty and student research. Both quantitative and qualitative research methods are utilized.	88	Blank
Student and Faculty Competency Evaluation		
18. One component of students' yearly (and end-of-program) evaluations is sensitivity to and knowledge of multicultural issues. The program has a mechanism for assessing this competency.	50	50
19. One component of faculty teaching evaluations is the ability to integrate multicultural issues into the course. Faculty are also assessed on their ability to make all students, regardless of cultural background, feel equally comfortable in class. The program has a mechanism to assess this competency.	63	37
20. Multicultural issues are reflected in comprehensive examinations completed by all students.	88	12

(Table continues)

Variables	Competency	
	% Met	% Not Met
21. The program incorporates a reliable and valid paper-and-pencil self-report assessment of student multicultural competency at some point in the program.	0	100
22. The program incorporates a content-validated portfolio assessment of student multicultural competency at some point in the program	0	88
Physical Environment		
23. The physical surroundings of the program area reflect an appreciation of cultural diversity (e.g., artwork, posters, paintings, languages heard).	25	63
24. There is a Multicultural Resource Center of some form in the program area (or in the department or academic unit) where students can convene. Cultural diversity is reflected in the décor of the room and in the resources available (e.g., books, journals, films).	12	88

Note. Please note that percentage totals do not necessarily add to 100% due to items left blank.

Table 7

Ranking of the Six Competencies from the Multicultural Competency Program Checklist
(Ponterotto, Grieger, & Alexander, 1995; Ponterotto, 1997)

Variables	Mean percentage
Minority Representation	57
Curriculum Issues	78
Clinical Practice, Supervision, and Immersion	66
Research Considerations	82
Student and Faculty Competency Evaluations	40
Physical Environment	19

Table 8

Multicultural Content in Recruitment Materials

Information mentioned in recruitment materials	Website	Printed materials	Video
Affirmative action statement	No	No	No
Stated commitment to diversity	Yes	Yes	No
Statement welcoming culturally diverse students	Yes	No	No
Evidence of availability of support services for diverse students	Yes	No	No
Evidence of financial aid for diverse students	Yes	No	No
Use of a special admission policy for diverse applicants	No	No	No
Statement about relevant teaching and research interests	Yes	No	No
Availability of multicultural coursework	Yes	Yes	No
Demographic breakdown of graduate students	No	No	No

Table 9

Recommendations for Pepperdine University's Doctoral Program in Clinical Psychology

Competency areas	Recommendations
Minority Representation	<p data-bbox="753 527 1422 699">Constituents from all levels of the University should work together to outline the various sources of financial support that are available to culturally diverse students in all University materials, printed, video, and website.</p> <p data-bbox="753 743 1422 915">Include a specific section on the PsyD web pages that specifically addresses cultural diversity, the support systems that are available to culturally diverse students, and relevant multicultural research activities.</p> <p data-bbox="753 959 1422 1066">Include a demographic breakdown of graduate students on the website, in the video, and in the printed recruitment materials.</p>
Curriculum Issues	<p data-bbox="753 1110 1422 1213">Additional faculty training on integration of cultural issues more generally as well as specific to their area of expertise.</p> <p data-bbox="753 1257 1422 1360">Alter student course evaluations to include a question about the level of multicultural integration in each course.</p> <p data-bbox="753 1404 1422 1543">Faculty members should use the multicultural counseling competencies as a framework to identify which specific activities in their courses are currently being used to enhance student competency.</p> <p data-bbox="753 1587 1422 1724">To further encourage discourse and provide an avenue of accountability, it is recommended that all courses be scheduled for review during faculty meetings.</p>

(Table continues)

Competency areas	Recommendations
Clinical Practice, Supervision, and Immersion	During these meetings, course syllabi could be reviewed by all faculty members and assessment/instructional strategies could be discussed and implemented.
	Consider alternative training models for the required multicultural course. Characteristics such as longer duration and small group format are important to maximize learning.
	Expose students to a broad definition of culture, which includes ethnicity, gender, age, language, disability status, sexual orientation, religion/spirituality, and social class.
	Additional courses could be offered to facilitate increased and specialized diversity-related knowledge and culturally appropriate clinical and research skills.
	Provide on-site clinical supervisors with additional training regarding cultural issues in supervision.
	Include a question assessing the quality of integration of multicultural issues in student evaluations of off-site supervisors and training sites.
	When choosing practicum placement sites, it is recommended that training faculty specifically inquire about multicultural training, supervision, and opportunities for clinical work with culturally diverse groups.
Consider adding a cultural immersion component to the program in which students are asked to identify a group that is culturally different from themselves, immerse themselves in the group for an academic semester, and then conduct a final presentation about their experiences to the class.	

(Table continues)

Competency areas	Recommendations
Research Considerations	<p>The Multicultural Research and Training lab should highlight key faculty and student research on the Pepperdine Graduate School of Education and Psychology website and other printed materials.</p>
Student and Faculty Competency Evaluations	<p>It is recommended that the program begin the process of reviewing the relevant literature, evaluating, and selecting one or more multicultural competency scales to administer to students at all levels of training.</p> <p>Other recommended means of assessing student multicultural competence are faculty members' annual review of students, student multicultural portfolios, and supervisor evaluations of practicum students and interns.</p> <p>To ensure accountability, faculty efforts at integration of multicultural content in their courses, as assessed by student evaluations, should be considered during annual performance reviews and during the tenure process.</p>
Physical Environment	<p>Provide for additional communal spaces on-campus.</p> <p>The PsyD program should work in conjunction with the GSEP and the University to select artwork that positively represents the diverse community in which Pepperdine's Graduate School of Education and Psychology is located.</p> <p>It is recommended that the PsyD program takes steps to create a committee to research culturally relevant events on-campus and in the community and disseminate this information to faculty and students via an electronic mailing list.</p>

Table 10

Recommendations for Training Programs Conducting a Cultural Audit

Recommendations

1. Central to beginning such a process of transformation is a review of the relevant literature in multicultural competence.
 2. Programs need to recognize the broader context in which they are situated and involve constituents at all levels of the system, which may include the graduate school and the university at large, if applicable.
 3. Move beyond quantitative or equity based audits by gathering information from multiple informants (e.g. students, faculty, administration, and support staff) and multiple methods (e.g. surveys, interviews, and source materials).
 4. Ensure that the anonymity and confidentiality of faculty informants is protected by collecting information regarding their perceptions separate from demographic information.
 5. It is recommended that a standardized and validated measure of students' multicultural competence be used in conjunction with information from student interviews.
 6. Ensure that a diversity of opinions is obtained, by identifying and interviewing students from each class that score highest and lowest on self-perceived multicultural competence.
 7. Gather information from source materials including course syllabi, recruitment materials, any available University self-study materials, and University course evaluation forms.
 8. Compare and contrast information gathered from multiple informants and sources to identify themes that emerge consistently and/or discrepancies in the data.
 9. Develop recommendations based on findings of the cultural audit and relevant multicultural training literature.
 10. Programs should develop and regularly evaluate outcomes, making interventions when necessary.
 11. Programs should design systems of accountability to ensure that faculty and students are held accountable for the development of diversity competence.
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APPENDIX A

Literature Review

Introduction

In the last 20 years multicultural competence has become increasingly important in the field of psychology. Part of this increased interest is due to the diversification of the demographics and sociopolitical reality of the United States (Daniel, Roysircar, Ables, & Boyd, 2004; Sue & Sue, 2003). In the year 2000, 69% of the population identified themselves as non-Hispanic Whites, 12.5% identified themselves as Hispanic, 12.3% were African-American, and 0.9% were American Indian (U.S. Census Bureau, 2001). Projections indicate that by 2025, the population will be comprised of 62% non-Hispanic Whites, 18.2% Hispanics, 13.9% African-Americans, 6.5% Asian-Americans, and 1.0% American Indians and that persons of color will represent a numerical majority sometime between 2030 and 2050 (National Populations Projections, 2002; Sue & Sue, 2003). These changing demographics are particularly prevalent in states bordering Mexico such as California, Texas, Arizona, and New Mexico, where 60-77% of ethnically and racially diverse individuals reside (Brewer & Suchan, 2001).

In spite of the developments in the field of multicultural competence, there continues to be confusion and ambiguity regarding the definitions of terms such as culture, race and ethnicity (American Psychological Association [APA], 2003). Because clear use of language is central to advancing understanding and promoting communication, a brief discussion of terms is warranted. Triandis (1996) states that culture consists of “shared elements that provide the standards for perceiving, believing, evaluating, communicating, and acting among those who share a language, a historic

period, and a geographic location. The shared elements are transmitted from generation to generation with modifications” (p. 408). In the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, culture is defined as “belief systems and value orientations that influence customs, norms, practices, and social institutions” (APA, 2003). The *Guidelines* affirm that all individuals have cultural, ethnic, and racial heritage. In his seminal article introducing multiculturalism as the “fourth force” in counseling psychology, Pederson (1991) defines culture broadly, “to include demographic variables (e.g., social, educational, economic), and affiliations (formal and informal), as well as ethnographic variables such as nationality, ethnicity, language, and religion” (p. 7) He argues that a broad definition of culture allows clinicians to match the client’s behavior with his/her culturally learned expectation, become aware of their own culturally learned perspective, become aware of the complexity of cultural identity patterns, and to track the changing primacy of interchangeable cultural identities in the process of counseling (Pederson, 1991). In its inception, the multicultural perspective recognized the complexity of a diverse pluralistic society while acknowledging the shared concerns that bind culturally different persons together (Pederson, 1991). However, current conceptions of cultural competence have been criticized for equating culture to racial or ethnic minority groups and focusing on group-specific differences (Lakes, Lopez, & Garro, 2006).

According to Cokley (2007) race and ethnicity are “both socially constructed concepts whose definitions and meanings have changed over time” (p. 224). Race is a category to which individuals are assigned based on biophysical traits such as skin color, facial features, and hair texture. Smedley (1999) traces the etymology of the term race to

the fifteenth and sixteenth centuries when it began to be used to differentiate non-European groups from the subjective, European, norm. There has been no consensual definition of race and recent scientific advances have found that phenotypic characteristics exhibit more within-group variation than between group variation (Helms and Cook, 1999; Smedley, 1999). The history of psychological research in the United States is replete with studies aimed at demonstrating the inferiority of non-Western European races. In the early 20th century, a number of psychologists began utilizing mental testing to support the Eugenics movement, attempting to demonstrate the superiority of Americans of Western-European descent. More recently race has been used to explain differences between racial groups on psychological variables without examining cultural and social variables that likely contribute to observed differences (Betancourt and Lopez, 1993).

Race and ethnicity have been used interchangeably by researchers and clinicians. Ethnicity refers to a group of people who see themselves as sharing a common ancestry, history, traditions, and cultural traits such as language, customs, music, dress, and food (Cokley, 2007). Definitions of ethnicity range from broad definitions which include biophysical characteristics, much like the concept of race to narrow definitions, which restrict group membership to individuals who share cultural characteristics (Cokley, 2007). Intermediate definitions include both national origin and cultural practices (Cokley, 2007). Due to the heterogeneity of ethnic groups and the multiple groups to which individuals may belong, it is essential that clinicians and researchers seek specific information about self-identification (Alvidrez, Miranda, & Azocar 1996; Stuart, 2004).

Confusion about the use of the terms culture, race, and ethnicity continue to permeate the field of psychological research and practice. The *Guidelines* assert that multiculturalism recognizes the multiple dimensions of race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious/spiritual, and other cultural dimensions (APA, 2003). However, the *Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* narrows the definition of multicultural to interactions between racial/ethnic groups in the United States.

Besides the changing demographics and sociopolitical structure of the U.S., the development of multicultural competence has become increasingly important because psychology has been largely based in Western European value systems to the exclusion of alternative value systems. Historically, the field of psychology has been typified by treatment and research practices that are rooted in Eurocentric assumptions (Daniel et al., 2004). Traditional psychological theories and monocultural treatment models have operated under a culture-bound value system that may not be consistent with the value systems of culturally diverse clients (Hill, 2003; Sue, Bingham, Porche-Burke, & Vasquez, 1999). According to Pederson (2004) traditional definitions of “normal” suffer from cultural encapsulation, that is, the tendency for humans to build a “capsule” around themselves and attend to what’s inside the capsule to the exclusion of what is outside. From this perspective there is a preference for individuality and independence while devaluing dependence, narrowly defined professional boundaries, disregard for an individual’s context and history, ignorance of indigenous support systems, and conformity to the status-quo (Pederson, 2004). Data is emerging that suggests individuals that have historically been marginalized within psychology based on their ethnic/racial

heritage or social group membership have diverse clinical needs (APA, 2003). Some have argued that traditional psychotherapy models have done harm to culturally diverse groups by invalidating their experiences, pathologizing their values, denying them culturally appropriate care, and imposing majority group values upon them (Sue & Sue, 2003). There is a growing body of research exploring the problems that culturally diverse groups and individuals confront in the U.S. mental health system.

Racism, discrimination, and unequal access to mental health care are realities that many culturally diverse individuals face (Daniel et al., 2004). According to the Surgeon General's Report on Mental Health (1999), racially and ethnically diverse individuals are underrepresented in outpatient treatment facilities while they are overrepresented in inpatient psychiatric hospitals. Research indicates that racially and ethnically diverse individuals are less likely to present for treatment and are more likely to terminate precipitously (Kearney, Draper, & Baron, 2005). Culturally diverse individuals may be hesitant to seek mental health care on an outpatient basis because of prior experiences of segregation, racism, and discrimination (USDHHS, 1999). Clinician bias may also contribute to the observed disparity in access to outpatient mental health care. This bias is reflected in the overdiagnosis of schizophrenia and underdiagnosis of depression in African-American clients (USDHHS, 1999). Conversely, Asian-Americans have historically been underdiagnosed with mental illnesses (USDHHS, 1999). According to the Report, the current mental health delivery system is not designed to respond to the cultural and linguistic needs of diverse ethnic and cultural groups.

So notable were the disparities in mental health care that the U.S. Department of Health and Human Services published a supplemental report entitled *Mental Health:*

Culture, Race, and Ethnicity (USDHHS, 2001). They found that the prevalence rates for mental illness are similar in Whites and ethnically diverse groups, but that ethnically diverse individuals have less access to mental health services, are less likely to receive needed services, and often receive substandard care. Because culturally diverse individuals often do not receive effective treatments, they experience increased levels of disability as evidenced by more lost work days and greater limitations in daily functioning. In addition, culturally diverse groups are exposed to racism, discrimination, violence and poverty which further contribute to mental health difficulties (USDHHS, 2001).

The Supplement to the Surgeon General's report notes that culturally diverse groups are underrepresented in mental health research (USDHHS, 2001). Psychological research has been largely focused on the dominant group culture and may not apply to non-majority groups. Because research has typically focused on internal validity, or the ability to draw conclusions about causation, much emphasis is placed on controlling for extraneous variables. As a consequence, there has been a tendency to homogenize samples and exclude ethnic minority participants (Sue, 1999). Therefore, much of the research literature may not be applicable to ethnic minority groups. In addition, historically, cross-cultural research has asserted that social deviance, social disorganization, cultural and genetic deficits are at the root of problems that ethnic minorities face (Casas, 2005). These assumptions contribute to the limited applicability of traditional psychological theories for culturally diverse groups. It is necessary to explore the philosophical underpinnings and assumptions of traditional psychological theories and their applicability to culturally diverse groups.

In the field of psychology there has been a debate between universalism and relativism. A color-blind, universalist approach minimizes the role of differences in people from diverse ethnic/cultural backgrounds and instead focuses on the universal “human” aspects of behavior (American Psychological Association, 2003). The universalist or “etic” approach conceptualizes therapeutic goals from the majority group perspective and maintains that Western concepts of normality and abnormality can be applied universally across cultures (Johannes & Erwin, 2004; Sue & Sue, 2003). This approach has been criticized for ignoring the sociopolitical realities of inequality existent in U.S. society and assumes that all ethnic groups have equal access to opportunities and share the same perspective as majority group members (American Psychological Association, 2003)

In contrast, the relativist or “emic” perspective holds that all human behavior is imbedded within an individual’s cultural context and the cultural values, worldviews, and sociopolitical context impact the expression of behaviors (Johannes & Erwin, 2004; Sue & Sue, 2003; Pederson, 1991). Psychosocial variables such as class, socioeconomic status, acculturation, and immigration history along with race, ethnicity, and culture are likely to play a significant role in the development of an individual’s worldview (Alvidrez, Miranda, & Alzocar, 1996; Betancourt & Lopez, 1993).

The APA’s (2003) *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* acknowledges the multiple contexts in which all individuals exist and the need to understand the influence of these contexts on individuals’ behavior. *The Multicultural Guidelines* reflect the need for the field of psychology to respond to the sociopolitical changes occurring in the U.S. and

address the different needs of groups and individuals that have historically been disenfranchised by the field of psychology based on their ethnic/racial heritage (American Psychological Association [APA], 2003). They encourage psychologists to practice in a culture-centered manner, to use a cultural lens as a central focus of professional behavior, with the understanding that all individuals are situated within multiple contexts. A body of literature has emerged that explores the characteristics of culturally competent clinicians.

Multicultural Counseling Competencies

Sue, Arredondo, and McDavis' (1992) multicultural counseling competencies have been widely accepted as guidelines for ethical education and practice from a multicultural perspective (Arredondo, 1999; Fraga, Atkinson, & Wampold, 2004). The cultural competence matrix is organized along three characteristics and three dimensions for a total of nine competency areas. The three characteristics are: (a) beliefs and attitudes, (b) knowledge, and (c) skills. The three dimensions are: (a) counselor awareness of his/her own cultural values and biases, (b) counselor awareness of client's worldview, and (c) culturally appropriate intervention strategies.

In the model, therapists move from being culturally unaware to becoming aware of their own attitudes, values, biases, and worldviews (Sue et al., 1992). They understand the limits of their expertise and competencies and are comfortable with differences between themselves and clients. They are knowledgeable about their own cultural background and its impact on their definitions of normal and abnormal, they possess knowledge about racism and oppression and how these affect their work, and finally, they

are knowledgeable and aware about communication style differences and how this might impact the counseling process with culturally diverse clients (Sue et al., 1992).

Culturally competent providers are aware of their negative reactions toward culturally different groups and are willing to contrast their own beliefs with those of their culturally different clients in a nonjudgmental manner (Sue et al., 1992). They cultivate knowledge about the particular groups with which they work and are aware of the cultural heritage, historical background, and sociopolitical influences that may impact their clients. Culturally competent counselors seek out research and training opportunities that foster the development of cross-cultural skills. In addition, they become actively involved with diverse individuals outside the confines of their professional life in order to widen their perspective of culturally diverse groups.

Culturally competent clinicians seek culturally appropriate intervention strategies through cultivating a respect for the religious and/or spiritual beliefs of their clients. They obtain appropriate consultation with traditional healers and leaders in the treatment of culturally different individuals (Sue et al., 1992). In addition, they understand the importance of assessing the client's language or origin, value bilingualism, and do not view another language as a barrier to counseling. They have knowledge of the generic characteristics of therapy and how these may clash with the values of various cultural groups (Sue et al., 1992). They understand institutional barriers that may prevent diverse cultural groups from utilizing mental health services. They are aware of the impact that discriminatory practices at the societal and community level have on the mental health of culturally diverse individuals and are able to intervene on the institutional level for their clients. Culturally competent counselors develop a wide range of verbal and nonverbal

interventions that are accurate and appropriate to the clients they serve. Finally, they educate clients about the process of psychological interventions (Sue et al., 1992).

Because cultural group identity may include variables that are not visible such as religion and sexual orientation, Arredondo et al. (1996) expanded the Multicultural Counseling Competencies to include the Personal Dimensions of Identity (PDI) Model to include individuals who are not considered visible ethnic, racial group members (VERGS; Arredondo, 1999). Other aspects of diversity include age, gender, sexual orientation, religion, and disability status. The model is based on the following premises: (a) that all individuals are multicultural; (b) that everyone possesses personal, historical, and political cultures; (c) that all individuals are affected by sociocultural, political, environmental, and historical events; and (d) multiple individual diversity factors intersect with multiculturalism (Arredondo, 1999).

The authors break dimensions of personal identity into three levels. The A Dimension is a listing of characteristics, the majority of which we are born into, that serve as a profile of all people. These characteristics include age, culture, ethnicity, gender, language, physical and mental well-being, race, sexual orientation, and social class. They readily engender stereotypes and assumptions and often contribute to individuals' self-concept and self esteem (Arredondo et al., 1996). Dimension B characteristics can be viewed largely as the consequences of the A and C dimensions and include such things as educational background, geographic location, hobbies/recreational interests, military experience, relationship status, religion/spirituality, work experience, health care practices/beliefs. One's race and gender largely determines what educational and recreational opportunities are available to them. The C dimension refers to the impact

historical, political, sociocultural, and economic contexts have on one's culture and life experience. Global, sociopolitical, and environmental events influence the development of one's culture and life experiences.

Definitions of multicultural competence have emerged in the literature that range from broad definitions to group-specific definitions. Sue, Arredondo, and McDavis's (1992) multicultural counseling competencies have been widely accepted as guidelines for ethical education and practice from a multicultural perspective (Arredondo, 1999; Fraga, Atkinson, & Wampold, 2004). Building on these theoretical foundations, definitions and guidelines for culturally competent mental health care with diverse groups have emerged in the literature. Rather than continuing to be defined by the deficit-deficiency models, culturally diverse groups began the process of defining themselves (Parham, White & Ajamu, 2000). A brief review of some of the work that has emerged from this research and scholarship will highlight the complexities inherent in attempting to define multicultural competence and culture.

There has been an evolution of culture-specific models of psychology that began, in large part, with the Black psychology movement (Parham et al., 2000). White (1972) asserted that Black psychology should be rooted in the experiences of Blacks in America, while Nobles (1972) argued that an African-American psychology should emerge from the traditional African experience. Boykin (1994) argues that African-Americans must navigate three, interconnected realms of experience: (a) the mainstream, European-American cultural experience; (b) the minority experience of oppression and discrimination; and (c) the Afrocultural experience that is typified by African philosophy. Therefore, it is critical that culturally competent therapists understand the context of the

African-American experience. Brooks, Haskins, & Kehe (2004) provide some guidelines for culturally responsive treatment which include: (a) acknowledging oppression and discrimination, (b) recognizing external coping resources such as religious and spiritual resources, (c) understanding differences in worldview, (d) developing an awareness of one's own racial identity development as well as that of the client, and (e) an understanding of contextual issues such as family dynamics, gender issues, spirituality, and religion.

Taylor, Gambourg, Rivera, & Laureano (2006) contributed to the discussion of culturally competent care with Latino families by conducting in-depth interviews of therapists working with Latino families. They found that speaking Spanish that is matched to the educational and social-class level of the Latino clients was central and that culturally competent care was related to negotiating and co-constructing meaning with clients. Issues of social class are more predominant in Latin American born Latinos than American born Latino clients. Thus, being aware of geographic variables among Latinos is imperative. They recommend constant self-monitoring and self-awareness for the potential for culture clash when discussing themes of gender and power. Addressing acculturation and the impact that immigration has on family homeostasis is central to culturally competent practice. They conclude that cultural competence relies upon the therapist being aware of his/her own assumptions about the clients' cultural narratives and that meanings must be informed by an understanding of the cultural significance of nationality, socioeconomic status, immigration, and acculturation. Having an open cultural posture and an ability to work within a conceptual framework that centralizes

culturally-based experiences is essential to culturally responsive treatment of Latino families.

Falicov (1995, 2003b) presented the Multidimensional Ecosystemic Comparative Approach (MECA) for working with immigrant families. The model presents four generic comparative clusters to summarize issues of cultural similarities and differences as well as sociopolitical inclusion and exclusion. The four clusters are: migration/acculturation, ecological context, family life cycle, and family organization (Falicov, 2007). This model goes beyond the unidimensional “culture as ethnicity” framework to a more refined and contextual definition of culture (Falicov, 1998).

Zane, Morton, Chu, & Lin (2004) offer guidelines for cultural competent care with Asian-American clients. They emphasize providing care that acknowledges the value systems of Asian-American families. They recommend that initial formality and demonstrating one’s credibility as a professional is important. Furthermore, Asian-American clients may prefer indirect contextual communication and low emotional expressiveness (Hsu, 1983; Takeuchi, Imahori, & Matsumoto, 2001; Zane et al., 2004). Clinicians should assess important factors such as acculturation and ethnic identity while recognizing the complexities inherent in bicultural identity (Sodowsky, Lai, & Plake, 1991). Positive reframing, normalizing, dignifying, emphasizing strengths, and skill building are recommended to respect that Asian-American clients may be hesitant to lose face. Directive, structured, goal-directed, and problem solving based strategies tend to be more effective, as well as framing interventions in a formal medical model (Zane et al., 2004). It is also important emphasize family context and communicate respect for older members of the family, recognizing that Asian-American clients may hold a collectivist

worldview (Hines, Garcia-Preto, McGoldrick, Almeida, & Weltman, 1992; Lin, Miller, Poland, Nuccio, & Yamaguchi, 1991; Sadowsky, 1991). Utilizing spiritual resources, indigenous helpers, or spiritual ways of understanding problems of life are also important to culturally responsive treatment (Tan & Dong, 2000; Zane et al., 2004).

Jackson and Turner (2004) have provided some recommendations for culturally competent care with American Indian clients. Central to culturally competent care is an understanding of the cycle of poverty in these communities brought about by a history of dispossession of heritage, resources, and culture (Choney, Berryhill-Paapke, & Robbins, 1995; Trujillo, 2000). A corollary of this disenfranchisement is mistrust of non-Indian authority figures (Manson & Trimble, 1982; Trimble, Fleming, Beauvais, & Jumper-Thurman, 1996). The American Indian worldview emphasizes communalism (Choney et al., 1995; Garrett & Garrett, 1994; LaFromboise, 1998; Trimble et al., 1996). Spirituality focuses on the balance and harmony of all things, Shamans are central figures in the tribe, and personal worship creates the bond between tribal members (Trujillo, 2000). Jackson and Turner (2004) recommend that clinicians conduct a thorough assessment of the context of tribe and extended family support. They recommend utilizing the input of family members and traditional healers in therapy, being willing to intervene in social systems to combat oppression, addressing issues of cultural dissimilarity, being flexible about time, and allowing for casual conversation at the outset of therapy. They also recommend that clinicians be careful with eye contact by following the client's lead, respect silence in therapy, and use symbolism and creative arts to promote processing of therapeutic material (Jackson & Turner, 2004; Turner, 2001). Finally, it is recommended

that therapists use descriptive statements and summaries rather than direct and probing questions when working with American Indians (Jackson & Turner, 2004).

The field of psychology has moved from defining homosexuality as a mental illness to affirming that homosexuality is not reflective of psychopathology (American Psychological Association, 2000). The *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients* (APA, 2000) were developed, in part, as a response to the physiological and psychological harms that have been noted by some who have undergone conversion therapies (Haldeman, 1999, 2004; Shidlo & Schroeder, 2001). LGB-affirmative counseling is defined as “therapy that celebrates and advocates the authenticity and integrity of lesbian, gay, and bisexual persons and their relationships” (Tozer & McClanahan, 1999, p. 734). It is essential that clinicians recognize homophobic and heterosexism in themselves and strive to develop an affirmative therapeutic environment to counterbalance the marginalization that clients often face in broader society (Anderson, 1996; Tozer & McClanahan, 1999). Developing an awareness of the impact of internalized homophobia, or the incorporation of hostile societal messages about homosexuality, is important if the a clinician is going to help clients celebrate and validate their gay, lesbian, or bisexual identities (Shidlo, 1994; Tozer & McClanahan, 1999). Because most training programs do not offer sufficient current information regarding GLBT issues, it is essential that clinicians seek out training opportunities and develop an awareness of resources in the GLBT community (Tozer & McClanahan, 1999; Pilkinton & Cantor, 1996). Clinicians should strive to understand the multiple losses that many GLBT clients fear – including family, friends, and religion (Haldeman, 2004). Family support has been frequently identified as one of the most important factors

of self-acceptance in GLBT youth (Hershberger & D'Augelli, 1995; Savin-Williams, 1996). The impact of the multiple losses often associated with the coming out process has been linked with higher rates of suicide and substance abuse in gay and lesbian youth (Hershberger & D'Augelli, 2000; Safren & Heimberg, 1999). Finally, GLBT affirmative clinicians should not focus on client's sexual orientation if that is not the client's desired focus (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000).

There has been more limited exploration of culturally responsive mental health care for individuals with disabilities and most graduate programs do not adequately address this diversity issue (Bluestone, Stokes, & Kuba, 1996; Olkin & Pledger, 2003). Graduate students are likely to have been exposed to negative images and messages about people with disabilities and, therefore, may hold negative stereotypes that contribute to the marginalization of disabled individuals. There are three main models of disability: the moral, medical, and social models (Olkin, 2002). The medical and moral models conceptualize disability as residing within the individual and carry a degree of stigma and marginalization (Olkin, 2002). The social model posits that the disablement resides within society, which does not adequately accommodate people with disabilities (Olkin, 2002). On an individual basis the social model fosters the development of a positive self-identity which results in greater openness to relationships with able-bodied and disabled people, alike (Olkin, 2002). Though the premise of disability-affirmative therapy is that therapists ascribe to the social model of disability, therapists should not attempt to convert their clients to this model (Olkin, 2001, 2002). People with disabilities may have beliefs consistent with mostly one model or may hold views across the models of disability (Olkin, 2002). Therapists should help clients resolve the dissonance that they

may experience from the beliefs they have acquired from each of these models and help guide an exploration of the origins of client's beliefs about their disability. The social model includes the idea that individuals with disabilities are a minority group (Olkin, 2002). As a minority group, they are compared against a majority group culture that is seen as normative. People with disabilities have a prescription of acceptable affects which include cheerfulness and gratefulness, as well as unacceptable affects like anger and resentment (Olkin, 2002). However, unlike other minority groups, people with disabilities are excluded by having separate drinking fountains, entrances, bathrooms, and classrooms (Olkin, 2002). People with disabilities, like gays and lesbians, are often the only one in their family and/or neighborhood with a disability, and thus may lack the family support they need to guide them through the minority experience. In addition, people with disabilities must manage pain, fatigue, and muscle weakness on a daily basis (Olkin, 2002). Olkin (2002) emphasizes that reconceptualizing disability as a social construct is necessary step toward including disability in diversity. Edey and Robey (2005) suggest that cultural competence with individuals with disabilities include: (a) avoiding infantilizing speech when communicating with patients who have deficits in verbal communication, (b) developing and understanding the values and needs of persons with disabilities, (c) encouraging self-advocacy skills with patients and families, (d) acknowledging the core values of disability culture including the emphasis on interdependence rather than independence, and (e) developing comfort when working with patients with complex disabilities.

There has been very limited scholarship on the mental health experiences of Arab-Americans and they are currently one of the most stereotyped cultural groups in the

United States (Erickson & Al-Timimi, 2004). The term Arab refers to an ethnically mixed group of people that share a common culture and speak Arabic as a common language (Diller, 1991). Arab Americans represent a heterogeneous group, with wide variation in language, politics, religion, political beliefs, family structures, and acculturation to Western society (Erickson & Al-Timimi, 2004; Jackson, 1997). Arabs and Arab Americans are often portrayed negatively in the media in order to bolster public support for U.S. foreign policies in the Middle East and most average Americans are not even aware that they are prejudiced against this group (Said, 1997; Suleiman, 1988). Up until 1994, when the term “Arab American” was added to the U.S. official racial/ethnic categories, Arab Americans suffered from ethnic invisibility because they were classified as White. When working with Arab Americans, it is important to develop an awareness of the negative biases and stereotypes that one holds, as well as the impact that prejudice and anti-Arab foreign policy has on Arab Americans (Erickson & Al-Timimi, 2004). The family structure plays a central role in Arab culture and the development of an individual identity separate from the family is not valued or supported (Abudabbeh, 1996; Abudabbeh & Nydell, 1993). The influence of the family extends throughout the lifespan and family ties are seen to take precedence over work or career goals (Abudabbeh & Nydell, 1993). Arab parents tend toward authoritarian childrearing practices and expect their children to practice the cultural customs of the family, which may result in a cultural gap (Abudabbeh, 1996). Arab Americans may be hesitant to seek counseling for emotional concerns because of negative attitudes about mental illness and discrepancies between value systems (Abudabbeh, 1996). Arab Americans may see the counselor the counselor or therapist as an expert and may present as passive during sessions due to a

cultural practice of showing respect for authority (Abudabbeh, 1996). Therefore, a careful orientation to counseling and the development of rapport is essential to effective treatment (Jackson, 1997). Culturally responsive therapists should seek to understand culturalisms and manners in order to not offend clients (Dwairy & Van Sickle, 1996). Trust may develop slowly with Arab American clients and, when these clients share their personal feelings, it is important to honor this (Dwairy & Van Sickle, 1996). It is important that clinicians acknowledge the value of indigenous helpers and traditional approaches, which may include relying on God, seeking support from older community members, or consulting with religious leaders (Abudabbeh, 1996; Jackson, 1997). Attending to the sociopolitical realities that exist for Arab Americans, exploring and modifying one's own stereotypic beliefs, and gathering knowledge and information about Arab American culture and values are essential steps to developing as a culturally responsive clinician.

As can be seen with the above discussion, it is difficult to determine the most salient aspects of culture and each group has different conceptions of multicultural competence. The development of group-specific definitions and guidelines represents a significant advancement in the field of multicultural psychology, but as a field, we still remain limited in our capacity to properly treat diverse individuals and communities. However, for the purposes of the current project, the general definition of multicultural competence, as described by Arredondo and colleagues (1996) will be used, with the recognition that choosing one general definition has its theoretical limitations. It is evident, given the diverse definitions of culture, that training programs must take a proactive role to ensure that they are provided training that prepares clinicians to practice

in a culturally responsive manner. The process of multicultural transformation begins with a critical look at current training practices and philosophies that exist within the educational structures seeking to undergo this transformation. Several models of multicultural program development have emerged in the past few years that may serve as guideposts for training programs (Berg-Cross & Chinen, 1995; Cross, Bazron, Dennis, and Issacs, 1989; D'Andrea, Daniels, & Heck, 1991; Leach & Carlton, 1997; Parham, 2004; Ridley, Mendoza, & Kanitz; 1994; Sue, 1995).

Multicultural Training Philosophies

As programs begin to incorporate cultural diversity into graduate training and education, there needs to be an exploration of current training philosophies (Leach & Carlton, 1997). Ridley and colleagues (1994) state that a multicultural training philosophy can be achieved through exploration of what constitutes a training philosophy, definition of the values of existing training models, determination of the cultural appropriateness of existing training models, and discussion of how to implement philosophical and programmatic changes. Faculty members are encouraged to discuss, in a respectful, honest and open manner, the following points: (a) motivation for multicultural training, (b) theoretical frameworks from which to conceptualize cultural variables in clinical work and training, (c) definitions of multiculturalism, and (d) the scope and targets of multicultural training interventions (Leach & Carlton, 1997). Through an open discussion of the applicability of current training approaches for diverse cultural groups, faculty and administration can examine the need and direction for changes (Leach & Carlton, 1997). Mission statements should be developed that reflect this explorative process, are proactive, and outline the direction the program needs to go

rather than endorsing the status quo. They reflect both formal and implied training goals and objectives.

The philosophical assumptions guiding multicultural training approaches can be grouped into five distinct categories (Carter & Qureshi, 1995). The Universal or Etic approach, from which many psychological theories are derived, holds that all people are basically the same as human beings and that within group differences are greater than between group differences (Sue & Sue, 2003). As previously mentioned, the universalist approach applies Western concepts of normality across cultures (Johannes & Erwin, 2004). The goal of counseling is to focus on similarities and the uniqueness of individuals while multicultural training teaches about “special populations” from a unifying perspective, in order to bring people together in a melting pot model. The disadvantage of this model is that it minimizes the relevance of sociopolitical realities and the role of race, culture, and ethnicity in psychosocial development (Carter & Qureshi, 1995).

The Ubiquitous approach views people as belonging to multiple cultures including sexual orientation, income level, race, and geography, among others (Carter & Qureshi, 1995). The individual is seen to choose which aspects of their cultural and ethnic heritage determine their self-identity. Training focuses on helping the counselor to become comfortable with cultural, socioeconomic, and other differences between themselves and their clients. This approach reduces the pathologizing of social group differences, but may lead to denial of the sociopolitical histories of diverse groups (Carter & Qureshi, 1995).

The Traditional approach defines culture narrowly as country, or a common language, kinship, values, beliefs, and customs. One’s cultural membership is

determined by birth, upbringing, and environment (Carter & Qureshi, 1995). Culture is seen to determine how one interprets and responds to the world. This approach draws heavily from the field of cultural anthropology and training is focused on utilization of cultural informants and exposure to different cultures. Because culture is defined by country, experiences of racism and the role of intercultural dynamics is minimized (Carter & Qureshi, 1995).

In the Race-Based model, race is the locus of culture with an emphasis on experiences of racism, discrimination, and oppression. Because of the history of racial discrimination and segregation in the United States, race continues to be the most salient measure of inclusion and exclusion (Carter & Qureshi, 1995). Training focuses on learning about social, cultural, and institutionalized racism and the impact this has on the delivery of mental health services. The trainee learns about racial identity development and is encouraged to undergo a deeply personal exploration of his/her own racial socialization. The disadvantage of this approach is its tendency to minimize other dimensions of diversity such as sexual orientation, religion, disability status, age, gender, and socioeconomic status.

Finally, in the Pan-National approach, culture is viewed globally and there is a focus on the history of racial-cultural groups. Emphasis is placed on the imposition of European social theory on non-European peoples. The focus of training is to enable trainees to understand and emancipate themselves from Eurocentric psychological theories. The advantage of the Pan-National approach is that it promotes a global view of racism and its impact on groups throughout the world. The disadvantage of the Pan-National view is its focus on racial oppression as the primary cultural difference. Like

the Race-Based model this approach may lead to the omission of other important dimensions of diversity. Further, this approach's global view makes it more abstract and idealistic, with less emphasis on local contextual variables of diversity.

By examining the philosophical approach of current multicultural training, educational programs can begin to explore the underlying assumptions of their current training philosophy. This self-assessment allows training programs to make educated choices when choosing future training philosophies that are designed to meet the needs of the larger communities in which they are situated.

Multicultural Program Development

Movement from more traditional training models to training philosophies that value multiculturalism and diversity can be viewed as occurring in stages (Leach & Carlton, 1997). D'Andrea and Daniels (1991) conducted an organizational analysis of counselor education programs and proposed a model that highlights the stages that programs may go through and actions that might be helpful in moving toward multiculturalism. Similarly, Sue (1995) introduced the Multicultural Organizational Development model which outlines the characteristics of organizations as they move toward diversity implementation.

In the D'Andrea and Daniels model, Stage 1 is *cultural entrenchment*, characterized by universalist, monocultural training philosophies. This stage is similar to Sue's (1995) description of *Monocultural Organizations*, which are primarily Eurocentric, ignore the role of culture, and endorse the melting pot concept. Contrasting worldviews are not discussed and there is the sense that empathy and genuineness will transcend cultural barriers. Usually monocultural training environments begin the

attending to diversity issues in response to external motivators (D'Andrea & Daniels, 1991). Initial discussions on differing worldviews and philosophies such as collectivism versus individualism may be productive at this stage. Some constituents may respond negatively if multiculturalism is introduced as a specifically racioethnic issue.

In Stage 2, the *cross-cultural awakening stage*, programs still retain many traditional philosophies but individuals are beginning to realize that traditional approaches are not always applicable to diverse cultural groups. This is similar to what Sue (1995) describes as *Nondiscriminatory Organizations*, which are more culturally aware but may have inconsistent policies and practices. Some faculty may be sensitive to cultural issues but the organization doesn't make it a priority. Leadership may recognize the need for action, but there is not a systematic change effort. D'Andrea & Daniels (1991) recommend a bottom-up approach, in which students begin to ask professors culturally relevant questions with the hope that faculty will seek out multicultural information and incorporate it into the courses. At this stage faculty can begin to redesign their mission statements in response to the increasing demand from students. In Stage 3, the *cultural integrity stage*, more attention is given to cultural diversity issues (D'Andrea & Daniels, 1991). Paradigm shifts are likely to occur with a commitment from top management and the introduction of more advanced levels of multicultural training. The fourth and final stage is the *infusion stage* in which programs place a significant emphasis on multiculturalism. Interdisciplinary coursework is offered and multicultural training becomes the central training philosophy. The *infusion stage* is what Sue (1995) would define as a *Multicultural Organization*, one that values diversity and has a vision that reflects multiculturalism.

The organizational development models outlined by D'Andrea and colleagues (1991) and Sue (1995) operate under the assumption that organizations are beginning from a neutral, non-harmful position. Cross, Bazron, Dennis, and Issacs (1989) outline a model of developmental stages of cultural competence in organizations that acknowledges the potential harm that organizations may inflict on culturally diverse groups. The first level of the model is *cultural destructiveness*, characterized by policies and attitudes that deny the sociopolitical realities of culturally diverse groups and values one race or group over others. At the second stage, *cultural incapacity*, organizations are not actively destructive, but continue to believe in the superiority of the dominant culture and lack the capacity to adequately serve ethnically and racially diverse communities.

Cultural blindness, the third stage, is characterized by a Universalist worldview, viewing everyone as the same and traditional treatment approaches as applicable across groups. This is similar to *cultural entrenchment* (D'Andrea et al., 1991) and *monocultural organizations* (Sue, 1995). Institutional racism is likely to be latent and individuals within the system are likely to view themselves as culturally liberal (Cross et al., 1989).

In the fourth stage, *cultural pre-competence*, organizations have begun to recognize weaknesses and have taken initial steps towards becoming more culturally responsive. At this stage systems run the risk of discontinuing change efforts after achieving one goal or give up if initial attempts are unsuccessful (Cross et al., 1989). At the *cultural competence* stage, systems continue to assess themselves and develop cultural resources, they respect and embrace diversity, they have diverse staff at all levels of the hierarchy, and view cultural programs as integral. The fifth and final stage, is

cultural proficiency, characterized by a clearly articulated social justice agenda, culturally proficient systems provide leadership in the development of culturally responsive services and make multiculturalism integral to the organization's culture.

Parham (2004) asserts that the development of cultural competence in the areas of Awareness, Knowledge, and Skills should move across a continuum of *Pre-Competence*, *Competence*, to *Proficiency*. Exposure to the dimensions of competence and the development of awareness of one's strengths and weakness is achievable in one or two courses, but true competency and proficiency requires more specialized study (Parham, 2004). Clinicians need to develop awareness of their own biases and assumptions as well as a strong theoretical knowledge base in order to understand the intervention strategies and skills that one employs therapeutically with culturally diverse clients (Parham, 2004). Cultural competence must go beyond diversifying staff to requiring that they demonstrate awareness, knowledge, and skills with the clients that they treat (Parham, 2004). Parham (2004) points out that cultural competence operates on an individual, organizational, institutional, and societal level. Thus, systems of accountability must be created and enforced at all levels in order to facilitate cultural competency and proficiency (Parham, 2004). For graduate psychology programs to develop into culturally competent training programs, a thorough assessment of current training practices must be conducted to address their own systems of accountability. By using information from model multicultural training programs as well as best practices that have been identified by experts in the multicultural field, programs can begin to illuminate a target for culturally infused training.

Sue (1995) outlined some guidelines for achieving multicultural organization change. First, a realistic assessment of multicultural development is needed to determine the readiness and commitment of the organization before introducing change. Next, the interrelationships of subsystems must be understood and interventions must be designed to effect change throughout each of the systems. Sue (1995) noted that change must come from the top with administrators taking concrete steps to support diversity. Without laying the necessary groundwork, premature introduction of change may support mistaken and biased beliefs of those opposing multicultural change. He further notes that change agents must be aware that majority group members are also victims of prejudice and discrimination in that they are socialized into oppressor roles and often are under institutional pressure to conform to the status quo.

Six program designs have been identified in mental health training. These programs range from those that fail to recognize the role of culture in the therapeutic process to those in which culture is central to all aspects of treatment (Berg-Cross & Chinen, 1995). The traditional program design views existing psychological models as universal and appropriate for individuals from all cultural backgrounds (Berg-Cross et al., 1995). In the workshop design, the traditional curriculum is not altered, but a multicultural training module is incorporated into the program of study. The third program option is the separate course design, which covers clinical approaches for a variety of subgroups in the community (Berg-Cross et al., 1995). The interdisciplinary cognate approach is a more intensive multicultural approach that uses diverse disciplines to understand the impact of culture on human behavior. This may be incorporated as a separate course or workshop format. The subspecialty model places a greater emphasis

on multicultural knowledge by requiring a number of different courses and experiences designed to promote cultural competence. Finally, the integrated program design incorporates multicultural theory into every aspect of the training program. Assessment, diagnosis, and treatment are viewed within the context of culture and faculty are encouraged to include diversity in all courses (Berg-Cross et al., 1995). While there has been an increased effort to incorporate diversity issues into graduate education in psychology, little is known regarding the effectiveness of these efforts in terms of increasing cultural competence in aspiring clinicians (Ponterotto, 1997).

There has been a lack of empirical research demonstrating that training programs are effective in producing culturally competent clinicians (Manese, Wu, & Nepomuceno, 2001). The Multicultural Competency Checklist (Ponterotto, 1997; Poneterotto, Alexander, & Grieger, 1995) is a 24-item checklist which identifies six criteria that are characteristic of integrated multicultural training programs. These include representation of culturally diverse faculty and staff, curriculum issues, counseling practice and supervision, research considerations, student and faculty competency evaluation, and the physical environment. The use of an assessment such as the Multicultural Competency Checklist (Ponterotto et al., 1995) is helpful as training programs move toward developing multicultural curriculum.

Multicultural Curriculum Development

Vasquez (1997) elucidates the multicultural journey as it applies to curriculum development, which first includes the development of aspirations or goals. The targets of the goals include both the faculty and the classroom. The culture of the classroom is directly impacted by the attitudes and behaviors modeled by the faculty. A classroom

culture that promotes mutual respect, a trusting learning environment, and the acceptance of differing worldviews is critical to ensure that multiculturalism does not just become a requirement with little substance. The faculty, in turn, may have many different reactions to the process of becoming multiculturally aware, ranging from that of the adventurer who is excited about the process of self-exploration; the passenger who is physically present but not psychologically present; the tourist who enjoys new cultures, but has little interest in change; the antagonist who is very outspoken and has a commitment to maintaining the status quo; and the wanderer who lacks commitment and attends events for secondary gain.

In addition to considering faculty reactions, the development of multicultural courses requires the consideration of students' interests and pre-existing attitudes. Student interest may include how diversity issues relate to their own practice, the development of self-awareness, and how to fulfill program requirements. Instructors must explore and acknowledge their own beliefs about diversity and develop a list of general themes that they would like to address in each class. In addition, instructors are faced with the complicated task of targeting instruction at a level that is most appropriate for students. It is critical to explore students' openness to diversity.

Multicultural courses can be organized from either a chronologically/developmental perspective, with the instructor teaching the course in a progressive manner, or from a topical approach in which there is a specific focus on course content such as personality assessment that is then considered through the lens of diversity. The syllabus should outline the course goals with a clear focus on diversity, thereby communicating the primacy of multiculturalism in students' development as

clinicians. A significant body of research has been published outlining training methods designed to facilitate the development of multicultural competencies in trainees.

Multicultural Training Methods

While there has been increased attention to multicultural training in psychology graduate programs, many programs have added on a single multicultural course (Arredondo & Arciniega, 2001; Hill, 2003; Ponterotto, 1997). This may lead to superficial coverage of multicultural material, the development of stereotypes and counterproductive attitudes in trainees (Ridley, Espelage, & Rubenstein, 1997). Infusion and integration of multicultural issues across all courses is needed to effectively train culturally competent practitioners (Hill, 2003; Ponterotto, 1997). In addition, many models seem to work under the assumption that counselor trainees are from the dominant cultural group and place an emphasis on the exploration the role of White Racial Identity Development without examining the process from the point of view of diverse cultural and ethnic groups.

Many researchers have outlined recommendations and suggested learning activities to support the development of multicultural counseling competencies in psychology trainees (Abreu, 2001; Arredondo & Arciniega, 2001; Casas, 2005; Daniel et al., 2004; Hill, 2003; Johannes & Erwin, 2004; Pettigrew, 1998; Ponterotto, 1997; Roysircar, 2004; Stuart, 2004; Tori & Ducker, 2004). Trainees should engage in self-reflective exercises such as the completion of a cultural genogram and autobiography to increase self-awareness (Hill, 2003). In addition, self-report measures, journaling, and process notes should be used to explore one's own values and to cultivate a collectivist

orientation that respects the interpersonal and external attributions of culturally different individuals (Daniel et al., 2004).

Consistent with Arredondo's (1996) Dimensions of Personal Identity Model, Stuart (2004) incorporates the complexities inherent in culture in his recommendations for achieving cultural competence. He warns against inferring a person's cultural orientation based on stereotypic knowledge and suggests that clinicians develop skill in discerning each individual's cultural outlook, determine which ethnic identities are salient for the client, and which cultural themes are relevant. Careful consideration of the client's worldview is essential when selecting therapies, interventions, goals, and methods.

Roysircar (2004) introduced the Cultural Self Assessment Curriculum (C-SAA), which is designed to increase students' awareness of their own assumptions, others' cultural worldviews, and relationship differences cross-culturally. This course is designed to occur in the second semester of a year long course on multicultural and diversity issues. In addition to the academic work, there is also a peer-based diversity program. The course encourages trainees to examine their own defensiveness and countertransference related to working with culturally different clients. Caucasian, as well as therapists from diverse ethnic groups, must work through the various levels of racial development to more mature stages. Trainees are directed to strive for a non-racist identity. More formalized assessment is done through the use of self-report measures of multicultural counseling competencies such as the Multicultural Awareness/Knowledge/Skills Scale (MAKSS) (D'Andrea, 1991), Multicultural Counseling Inventory (MCI) (Sodowsky, 1994), or Multicultural Counseling Knowledge

and Awareness Scale (MCKAS) (Ponterotto, 2002). While this model integrates critical self-exploration for Caucasian therapist trainees, the authors do not outline the process that trainees belonging to diverse ethnic and cultural groups must work through in order to achieve multicultural competence.

The Racial Cultural Lab at Teachers College, Columbia University employs a multiplicity of instructional techniques aimed at raising students' self-awareness of the influences on their worldview (Carter, 2003). The course is divided into two sections, one which is didactic in nature and another which involves intense experiential process in a small group format. Students are required to write autobiographies and respond to a challenging series of questions designed to explore different factors that influence their cultural identities. Students are required to keep detailed journals about their reactions to the process. During the second half of the semester, students participate in dyadic role-plays that are designed to replicate multicultural counseling experiences.

Another program that integrates cognitive and affective learning is the Multicultural Immersion Experience Course (Pope-Davis, Breaux, & Liu, 1997). Students are asked to identify a cultural group that is different from their own and immerse themselves in that group over the course of the semester through participation in the group's social gatherings and organizational events. In the second phase, students are asked to keep a journal describing their immersion experiences. In the third phase the students and members of the immersed group lead a class discussion about their experiences.

The doctoral Counseling Program at the State University of New York at Albany (SUNY Albany) and the social work program at the University of Georgia established

international exchange programs with Spain and Mexico (Friedlander, Carranza, & Guzman, 2002; Ponterotto & Austin, 2005). By being both a cultural and linguistic minorities, students are forced to examine their own worldviews and develop bicultural skills.

Arredondo and Arciniega (2001) outline a training curriculum based on the multicultural training competencies (Sue et al., 1992). Of primary importance is the commitment of the learning organization to devote deliberate attention to multicultural competencies in training programs. The authors identify increasing counselor awareness of their own cultural values as the first part of the process. Knowledge about trainees' own impact on others through their communication styles and modes of emotional expression can be facilitated through role-play activities. The second domain is counselor awareness of client's worldviews. Attitudes and beliefs about culturally different individuals and groups are explored through role-play activities. Knowledge of historical and political contexts that impact the lives of many cultural groups in the U.S. is achieved through guided imagery exercises. The third domain identified is the development of culturally appropriate intervention strategies. Knowledge in this area is engendered as students are required to discuss the historical, cultural, and racial context of three counseling theories. Skills are developed as students review literature on institutional racism and White identity development. While the curriculum incorporates the multicultural counseling competencies effectively, its focus on White identity development operates under the assumption that counseling trainees are largely White.

Abreu (2001) outlines a model of a multicultural counseling training course that focuses on awareness/beliefs component and emphasizes the impact of cognitive

automaticity on stereotyping. He notes that because acknowledging bias and prejudice in oneself is difficult, courses emphasizing an experiential approach that capitalizes on affect may prove to activate defenses. He posits that a didactic component that precedes experiential activities reduces preliminary anxiety and facilitates readiness for affective and other multicultural teaching. The didactic component of his course focuses on establishing, scientifically, the unconscious nature of biases involving racial or ethnic categories. The review of the didactic section helps the trainee to understand that bias is automatic and resistant to change, but that change is possible. This prepares students for the experiential component which includes such exercises as the labeling exercise and the implicit association test.

Model Multicultural Training Programs

In 1995, APA updated its accreditation guidelines to include Domain D: Cultural and Individual Differences and Diversity (Bluestone, Stokes, and Kuba, 1996). Domain D has contains two levels of diversity, cultural and individual diversity of students and faculty members and the provision of relevant knowledge and experiences about the role of cultural and individual diversity as it pertains to the science and practice of psychology. While these guidelines offer a substantive ideological framework to guide program development, it is essential to concretize outcome evaluation methods. Fouad (2006) outlines seven areas of best practices that are critical to evaluating culture-centered psychological education and training. These include: (a) an explicitly stated commitment to diversity in programs' philosophy; (b) active efforts to recruit culturally diverse graduate students; (c) active efforts to recruit and retain diverse faculty; (d) efforts to make the admissions process fair and equitable; (e) ensuring that students gain

the awareness, knowledge, and skills to work with diverse populations; (f) evaluation of courses throughout the curriculum for infusion of culture-centered material; and (g) evaluation of students' cultural competence annually.

In a similar study, Ponterotto et al. (1995) offer the Multicultural Competency Checklist, a multicultural evaluation tool for training institutions based on six criteria: (a) minority representation, (b) curriculum issues, (c) counseling practice and supervision, (d) research considerations, (e) student and faculty competency evaluation, and (f) physical environment. The Multicultural Competency Checklist was given to 63 APA accredited and 27 non-APA accredited programs in counseling psychology. The results indicate that counseling programs are doing an adequate job of promoting multicultural research and infusing cultural issues throughout the curriculum. However, fewer schools have organized committees to oversee multicultural program development or integrate multicultural counseling competency into student and faculty evaluations. The University of California, Santa Barbara's Combined Program in Counseling/Clinical/School Psychology was identified as a model program and met 17 of the 22 competencies. Essential to their success is the commitment to ethnic parity in the program and a programmatic commitment to ethnic diversity.

While most of the research on multicultural counseling competencies has been conducted in the field of counseling, one clinical psychology training program that has been at the forefront of multicultural training is Alliant University (formerly California School of Professional Psychology). In their 2004 article, Tori and Ducker outline the process of multicultural transformation at the California School of Professional Psychology, San Francisco, and report outcome data from a longitudinal study of the

multicultural change achieved in 3 years. Multicultural transformation was first initiated at the institutional level. In 1995 the California School of Professional Psychology adopted a school-wide mission statement to institute multiculturalism through increasing minority representation among students, staff, and faculty; and by requiring faculty to participate in formal multicultural training over a 3-year period. Also, during that period of time the faculty devoted half of each faculty meeting to multicultural discussions and presentations, attended six full day-long retreats that focused on multicultural topics, and were given time for study groups and money for continuing education.

Committees were created to address multicultural issues such as integrating multiculturalism throughout first year courses, developing multicultural guidelines for reviewing dissertation topics, and assessing multicultural sensitivity in student applications. Faculty were required to integrate multicultural issues in all courses and specify the details of this integration on course information forms. In addition, course evaluation forms were altered to allow students to assess the level of integration of diversity issues in the courses.

Students were required to take one course on diversity as well as an experiential intercultural awareness class. Students' multicultural competence was evaluated formally at their practicum sites and on the advanced examination of clinical skills. In addition, with the support of the administration and faculty, student groups designed to provide support for multicultural endeavors were created.

The success of CSPP-San Francisco's efforts to achieve multicultural transformation was evaluated longitudinally over 3 years. The students were asked to complete The Diversity Mission Evaluation Questionnaire (DMEQ) as well as rate the

extent to which they experienced, observed, or heard about prejudicial behaviors at the institution. While results indicate that DMEQ ratings improved over the three years, it is useful to examine ratings of different student groups. Findings indicate that minority students were more likely to freely undertake multicultural tasks than their Caucasian counterparts. In addition, students of color rated the environment as less open and positive than did Caucasian students. Finally, it is worth noting that scores of prejudicial behaviors did not change over the three year period. Men and gay, lesbian, and bisexual students experienced, observed, and heard about more prejudicial behaviors than did Caucasian students, students of color, or women.

The authors identify some of the difficulties the institution faced in their efforts to integrate multiculturalism throughout the program. As the number of minority students increased, culturally based groups were formed creating an in-group/out-group dynamic. They noted differences in students' attitudes toward and readiness to invest in multicultural transformation, with students of color expressing skepticism about how substantive changes would be and Caucasian students initially seeing the changes as less important.

In an assessment of diversity training at the California School of Professional Psychology, Fresno, Bluestone et al. (1996) collected demographic information from faculty and students and developed a measure to determine the degree to which particular diversity dimensions were included within course lectures and required reading materials. The items on the measure addressed the following areas: (a) ethnicity and culture; (b) gender differences; (c) aging and maturing adults; (d) class, SES, or poverty; (e) sexual orientation; (f) religiosity or spirituality; and (g) physical disability status. The measure

demonstrated good internal consistency of .95. The authors found that the material covered in readings and course lectures were significantly correlated. Multicultural and gender content was covered more extensively than the remaining diversity categories. The least diversity training occurred in research-oriented courses, followed by therapy courses, while theoretical courses included a wider range of diversity topics. Women and faculty of color addressed diversity content significantly more than men and European-American instructors. This finding suggests that women and ethnic minority candidates, in addition to enhancing the ethnic parity of an institution, contribute to diverse knowledge and skills (Bluestone et al., 1996). Another important finding of the study was that integration of content regarding sexual orientation and physical disability was much less common, suggesting the need for training programs to operationalize and prioritize these diversity topics.

Pennsylvania State University's clinical psychology training program emphasizes multicultural training as generic training (Leach & Carlton, 1997). This is reflected by the inclusion of cultural diversity issues across the curricula. Course syllabi clearly state that cultural diversity issues are included and comprehensive examinations include questions on diversity. Programmatic decisions highlight the integration of multicultural training. These include allowing students to take culturally related courses outside of their program, efforts to provide clinical training experiences working with diverse populations, aggressive recruiting of students and faculty members from diverse groups, and faculty/student partnerships to further develop multicultural interests. The university provides financial backing for faculty development and program administration. Faculty and administration demonstrate their support by questioning traditional programs and

offering students experiences that may be perceived as personally and professionally risky.

The Ethnography as Pedagogy for Psychotherapy Model (EPPM), developed at John F. Kennedy (JFK) University's PsyD program in psychology, utilizes ethnography in order to train culturally competent clinicians (Hocoy, 2005). Throughout all three years of the program students are enrolled in the Integrated Professional Seminar, which addresses multicultural awareness/skills, legal and ethical issues, and group process. The students' first-year practicum is a non-clinical ethnographic field placement in which students are encouraged to suspend their worldviews and learn the worldview of another culture (Ponterotto & Austin, 2005). The Multicultural Counseling Awareness Scale (MCAS; Ponterotto et al., 1996) is used to assess multicultural competency as students progress through the program.

Rogers (2006) studied the characteristics of 17 school psychology programs that were noted for their multicultural training. Semi-structured interviews were conducted with two faculty members and two students from each program and prospective student application materials were examined for multicultural content. Findings suggest that 94% of the programs utilized an integrative multicultural curriculum model and that many incorporated the separate course and interdisciplinary model as well. Students noted variation in the degree to which multicultural issues were infused into core courses. In some courses multiculturalism was a central topic, while in other courses multicultural issues were covered sporadically or during a single class session (Rogers, 2006).

In all of the programs, students were exposed to a diverse clientele during training and 59% of the programs provided specialized training for work with specific cultural

groups. Students' multicultural competencies were assessed through a variety of methods, including relevant course assignments, clinical effectiveness with diverse clients, and by asking multicultural topic questions on comprehensive examinations (Rogers, 2006). All of the programs had at least one faculty member with an active research program in diversity issues and 53% had two or more faculty involved in diversity issues research. Students and faculty perceived their university climate to be supportive of multicultural issues as evidenced by departmental colloquia about multicultural research, funding of multicultural research projects, recruitment of diverse faculty members, and support groups for culturally diverse students (Rogers, 2006).

Exemplary programs averaged 25% representation of diverse faculty and 31% representation of culturally diverse students. They utilized active recruitment and retention strategies to attract diverse students. These included financial aid packages and making personal contact with prospective ethnically diverse students.

A study of an integrative multicultural pre-doctoral internship training program examined the impact of this type of training on the multicultural competency of trainees (Manese et al., 2001). The internship program's core philosophy is that multiculturalism is central to mental health practice. Over the ten-year period during which time data was collected, at least 50% of the professional staff were ethnically diverse, 30% were bilingual, and 10-20% identified as gay, lesbian, or bisexual. Over that same period 20-50% of the students were ethnically diverse. The training curriculum consists of 11 training seminars designed to promote multicultural competence. Examples include Racial Identity models and Assessing Acculturation.

Interns worked clinically with a caseload of 40-50% ethnically diverse individuals and conducted outreach programs targeted toward ethnically or culturally diverse and underrepresented populations. Interns also participated in multicultural research with program staff.

Supervision was structured to be both cross-cultural and diverse in terms of supervisor assignment. Multicultural competence was assessed quarterly in their supervision evaluations, annual client feedback surveys, through written and oral presentations, and through formal and informal self-assessments. Interns were given the Multicultural Counseling Awareness Scale (MCAS:B; Ponterotto et al., 1996) at the beginning of the training year and again at the end. Results indicate that the Knowledge/Skill factor increased significantly (Manese et al., 2001). This suggests that integrative multicultural training can increase multicultural competency in trainees significantly over the course of the training year.

The field of psychology has made significant progress in incorporating cultural competence in training programs (Fouad, 2006). The next step is to utilize concrete and specific evaluation tools to assess current training methods and discover areas that may need improvement. The data gathered from such systematic evaluations are invaluable to examining program objectives and multicultural curriculum development.

Barriers to Multicultural Program Development

Given that successful multicultural training models and methods have been identified in the literature, it is important to examine what factors serve as barriers to multicultural curriculum development in training institutions. Recognizing and anticipating potential obstacles that may be encountered as clinical training programs

begin to incorporate multicultural training philosophies is critical to success. The field of multiculturalism faces many challenges. To begin with, psychodynamic theory, behavioral theory, and humanistic theory do not seem to evoke the strong emotional reactions from faculty and students that multiculturalism does (Leach & Carlton, 1997). Multiculturalism requires faculty and students to confront and explore their own prejudices, values, beliefs, and worldviews. Additionally, the newness of the field of multiculturalism taps into the fear of the unknown (Leach & Carlton, 1997). Multiculturalism is often perceived as more vague than other disciplines and most faculty members were not trained in multicultural issues. Further, in order for departments to accept multiculturalism, there must be recognition by majority group members that they too have culture. This presents a barrier as Caucasian Americans often find it difficult to differentiate between “American” culture and “White American” culture (Leach & Carlton, 1997). Discussions around “White” culture will facilitate awareness of the differences between the concepts of culture, race, and ethnicity. Definitions of these terms have been varied and faculty have used culture, race, and ethnicity interchangeably, leading to continued confusion in students. Discussion of multiculturalism should center on alternative paradigms such as worldviews and collectivism.

Sue’s (1995) Multicultural Organizational Development (MOD) model outlines some important barriers to achieving multicultural organizational change. Differences in communication styles and characteristics of diverse groups often lead to misunderstandings. Another serious impediment is interpersonal discrimination and prejudice. Discriminatory practices can be seen through hiring practices, hostile work or school environments, and at the level of promotion. Systemic barriers to organizational

change may mirror the larger sociopolitical context of the United States. The assumption that everyone is “equal” ignores the sociopolitical realities that culturally diverse individuals face in the United States and make barriers to organizational change particularly difficult to discover. Organizations generally have a difficult time recognizing that “equal” treatment is often discriminatory. In order to move toward multiculturalism, it is imperative that an honest analysis of the barriers be conducted. Interventions and discussions should be conducted in a respectful and safe forum so that faculty, administration, and students can be honest and open about their reactions to the process.

Despite the presence of many systematic barriers, the field of psychology has made significant progress toward integrating multiculturalism in graduate training programs. By utilizing the concrete and specific assessment tools offered by Ponterotto (1995, 1997) and Fouad (2006) graduate programs have the opportunity to systematically evaluate current training methods and determine areas that need continued development.

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APPENDIX B

Faculty Email

Dear Pepperdine PsyD Faculty Member,

My name is Angela F. Williams and I am Clinical Psychology Doctoral Candidate at Pepperdine University Graduate School of Education and Psychology. I am recruiting faculty participants for my dissertation and would like to gather information about the multicultural training and education in the PsyD program at Pepperdine and faculty members' perceptions regarding their comfort in addressing multicultural content in the classroom. The Institutional Review Board at Pepperdine Graduate School of Education and Psychology has approved this project on January 18, 2008. Participation is completely voluntary and participants may withdraw at any point.

Participation includes the completion of a survey which is estimated to take approximately 15-20 minutes to complete. You may participate online by clicking on the link to the survey website listed below. Paper-and-pencil versions of the study materials will also be made available. For full-time faculty, hardcopy materials will be distributed during a faculty meeting. Adjunct and visiting faculty members will find the materials in their on-campus faculty mailboxes.

Please visit the survey website to participate:
www.surveymonkey.com

If you need further information, please contact me at angie@netcaffeine.com or (310) 923-1518 or Miguel Gallardo, Psy.D., (949) 223-2524 or Miguel.Gallardo@pepperdine.edu.

Thank you in advance for your time and efforts.

Sincerely,

Angela F. Williams, M.A.
Doctoral Candidate, Pepperdine University

APPENDIX C

Student Email

Dear Pepperdine PsyD Student,

My name is Angela F. Williams and I am Clinical Psychology Doctoral Candidate at Pepperdine University Graduate School of Education and Psychology. I am recruiting student participants for my dissertation and would like to gather information about the multicultural training and education in the PsyD program at Pepperdine and students' self-perceived multicultural competence. The Institutional Review Board at Pepperdine Graduate School of Education and Psychology has approved this project on January 18, 2008. Participation is completely voluntary and participants may withdraw at any point.

Participation includes the completion of a survey which is estimated to take approximately 15-20 minutes to complete. In addition to the survey, students will also have the opportunity to consent to being contacted for a follow-up interview. You may participate online by clicking on the link to the survey website listed below. Paper-and-pencil versions of the study materials will also be made available. Students will find the materials in their on-campus faculty mailboxes.

Please visit the survey website to participate:
www.surveymonkey.com

If you need further information, please contact me at angie@netcaffeine.com or (310) 923-1518 or Miguel Gallardo, Psy.D., (949) 223-2524 or Miguel.Gallardo@pepperdine.edu.

Thank you in advance for your time and efforts.

Sincerely,

Angela F. Williams, M.A.
Doctoral Candidate, Pepperdine University

APPENDIX D

Student Email Interview

Dear Pepperdine PsyD Student,

My name is Angela F. Williams and I am Clinical Psychology Doctoral Candidate at Pepperdine University Graduate School of Education and Psychology. You completed a survey regarding the multicultural training offered in the PsyD program at Pepperdine and agreed to be contacted for an individual, follow-up interview. The interview is semi-structured and will take approximately one hour to complete. In the interview I hope to learn more about the personal experiences students have while receiving multicultural training in the clinical doctoral program at Pepperdine.

Interviews will be held at the Pepperdine campus in Room 206. The following dates and times are available:

Monday: 1-5pm

Wednesday: 6-9 pm

Friday: 6-9 pm

Saturday: 10-4 pm

Please let me know what time works best for you. You can reach me at angie@netcaffeine.com or (310) 923-1518 or Miguel Gallardo, Psy.D., (949) 223-2524 or Miguel.Gallardo@pepperdine.edu.

Thank you so much for your participation. Without the participation of students such as yourself, I would not be able to present a thorough assessment of the multicultural training at Pepperdine.

Sincerely,

Angela F. Williams, M.A.
Doctoral Candidate, Pepperdine University

APPENDIX E

Faculty Consent-Web Based Version

Informed Consent for Participation in Research Activities

Multicultural Training in a Clinical Psychology Doctoral Program: A Template for Conducting a Cultural Audit

I agree to participate in a research project being conducted by Angela Williams, M.A., as part of her dissertation requirements for the doctoral degree in clinical psychology at Pepperdine University Graduate School of Education and Psychology. I understand that this project is being conducted under the supervision of Miguel E. Gallardo, Psy.D., Assistant Professor of Psychology at Pepperdine University Graduate School of Education and Psychology.

I am being asked to participate in this study because I am faculty member at Pepperdine's doctoral program in clinical psychology. The principle investigator is interested in gathering information from faculty regarding multicultural training and education in the PsyD program at Pepperdine University and faculty members' perceptions regarding their comfort with multicultural content in the classroom.

I understand that I will be asked to fill out an online survey, which is estimated to take a total of 15-20 minutes to complete. First, I will be asked for some information that describes who I am and my professional background. I will be asked to provide information regarding my gender, race/ethnicity, length of time working as a psychologist, and multicultural training experiences. I will also be asked questions regarding the multicultural training practices in the doctoral program at Pepperdine University, Graduate School of Education and Psychology.

I understand that my involvement in the study and the completion of the survey is strictly voluntary and will in no way influence my current or future standing as a faculty member in the doctoral program at Pepperdine University. I also understand that I may refuse to participate or withdraw from the study at any time with no adverse consequences. I also have the right to refuse to answer any question I choose not to answer.

I understand that there are some possible risks for participation in this survey such as boredom and fatigue. Some individuals may feel uncomfortable answering questions about multicultural training practices and discomfort may arise when reflecting on one's own level of multicultural competence and being asked potentially sensitive questions in the demographic survey. I understand that I have the right to not answer any question that makes me uncomfortable.

The website hosting the survey (www.surveymonkey.com) has a privacy policy that complies with the United States/European Union Data Protection Safe Harbor

Arrangement regarding data protection and confidentiality. The survey website does not collect personally identifiable information about me except when I specifically provide this information. The survey website records my computer's IP address, in order to analyze data in aggregate. No connection is made between me and my computer's IP address. The survey website uses cookies, or small text files, to recognize repeat visitors and to help Survey Monkey measure how their website is being used. After completing the survey I can remove the cookies from my computer through Internet Explorer. From the *Tools* menu dropdown, select *Internet Options*. On the General Tab, press the *Delete Cookies* button. If I have any questions or need assistance, I can contact the information technology support personnel in my area and tell them I'd like help deleting cookies.

I understand that there are no direct advantages to doing this survey. However, the findings of this study will be used to help people in the field of psychological education and training better understand effective methods for developing multicultural competencies in psychology trainees.

I understand that the researcher, Angela Williams, M.A., will take all reasonable measures to protect the confidentiality of my answers and my identity will not be revealed in any publication or presentation that may result from this research. Only the researcher and her supervisor, Miguel E. Gallardo, Psy.D., will have access to the answers to the surveys. The information that is collected will be kept in a secure manner for five years and destroyed once it is no longer required for research purposes. I understand that, while the information I provide will be kept confidential, there are certain limitations to confidentiality according to state and federal law. These exceptions are the suspected abuse of a child, abuse of an elder or dependent adult, or if a person wished to seriously harm to him/herself, someone self, or someone's property. In these instances, the researcher is required to report the situation to the proper authorities.

I understand that Angela Williams, M.A. is willing any questions I may have regarding the research study and I can contact her directly at (310) 923-1518 or angie@netcaffeine.com. I understand that I may also contact Miguel E. Gallardo, Psy.D., (949) 223-2524 or Miguel.Gallardo@pepperdine.edu, if I have other questions or concerns about this research. If you have any questions about your rights as a participant in this study, please contact Stephanie Woo, Ph.D., Chairperson of the Graduate School of Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045; (310) 568-2845.

I have read and understand, to my satisfaction, the information in the consent form regarding my participation in the research project. All of my questions have been answered to my satisfaction. I hereby consent to participate in the research described above.

By clicking on the **I ACCEPT** button below and completing the survey I am indicating that I have read this form and agree to the terms of study participation. If I do not wish to participate, I can click the **NO THANKS** button to exit.

If I wish to receive formal documentation of my participation in this research project, I can contact Ms. Williams.

APPENDIX F

Faculty Consent - Paper and Pencil Version

Informed Consent for Participation in Research Activities

Multicultural Training in a Clinical Psychology Doctoral Program: A Template for Conducting a Cultural Audit

I agree to participate in a research project being conducted by Angela Williams, M.A., as part of her dissertation requirements for the doctoral degree in clinical psychology at Pepperdine University Graduate School of Education and Psychology. I understand that this project is being conducted under the supervision of Miguel E. Gallardo, Psy.D., Assistant Professor of Psychology at Pepperdine University Graduate School of Education and Psychology.

I am being asked to participate in this study because I am a faculty member at Pepperdine's doctoral program in clinical psychology. The principle investigator is interested in gathering information from faculty regarding multicultural training and education in the PsyD program at Pepperdine University and faculty members' perceptions regarding their comfort with multicultural content in the classroom.

I understand that I will be asked to fill out two paper and pencil surveys, which are estimated to take a total of 15-20 minutes to complete. First, I will be asked for some information that describes who I am and my professional background. I will be asked to provide information regarding my gender, race/ethnicity, length of time working as a psychologist, and multicultural training experiences. The second survey will ask me questions regarding the multicultural training practices in the doctoral program at Pepperdine University, Graduate School of Education and Psychology.

I understand that my involvement in the study and the completion of the surveys is strictly voluntary and will in no way influence my current or future standing as a faculty member in the doctoral program at Pepperdine University. I also understand that I may refuse to participate or withdraw from the study at any time with no adverse consequences. I also have the right to refuse to answer any question I choose not to answer.

I understand that there are some possible risks for participation in this survey such as boredom and fatigue. Some individuals may feel uncomfortable answering questions about multicultural training practices and discomfort may arise when reflecting on one's own level of multicultural competence and being asked potentially sensitive questions in the demographic survey. I understand that I have the right to not answer any question that makes me uncomfortable. I understand that I have the right to not answer any question that makes me uncomfortable.

I understand that there are no direct advantages to doing these surveys. However, the findings of this study will be used to help people in the field of psychological education and training better understand effective methods for developing multicultural competencies in psychology trainees.

I understand that the researcher, Angela Williams, M.A., will take all reasonable measures to protect the confidentiality of my answers and my identity will not be revealed in any publication or presentation that may result from this research. Only the researcher and her supervisor, Miguel E. Gallardo, Psy.D., will have access to the answers to the surveys. The information that is collected will be kept in a secure manner for five years and destroyed once it is no longer required for research purposes. I understand that, while the information I provide will be kept confidential, there are certain limitations to confidentiality according to state and federal law. These exceptions are the suspected abuse of a child, abuse of an elder or dependent adult, or if a person wished to seriously harm to him/herself, someone self, or someone's property. In these instances, the researcher is required to report the situation to the proper authorities.

I understand that Angela Williams, M.A. is willing any questions I may have regarding the research study and I can contact her directly at (310) 923-1518 or angie@netcaffeine.com. I understand that I may also contact Miguel E. Gallardo, Psy.D., (949) 223-2524 or Miguel.Gallardo@pepperdine.edu, if I have other questions or concerns about this research. If you have any questions about your rights as a participant in this study, please contact Stephanie Woo, Ph.D., Chairperson of the Graduate School of Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045; (310) 568-2845.

By completing this survey I am indicating that I have read and understood this form and agree to the terms of study participation.

If I wish to receive formal documentation of my participation in this research project, I can contact Ms. Williams.

APPENDIX G

Student Consent – Web Based Version

Informed Consent for Participation in Research Activities

Multicultural Training in a Clinical Psychology Doctoral Program: A Template for Conducting a Cultural Audit

I agree to participate in a research project being conducted by Angela Williams, M.A., as part of her dissertation requirements for the doctoral degree in clinical psychology at Pepperdine University Graduate School of Education and Psychology. I understand that this project is being conducted under the supervision of Miguel E. Gallardo, Psy.D., Assistant Professor of Psychology at Pepperdine University Graduate School of Education and Psychology.

I am being asked to participate in this study because I have taken the introductory multicultural class and am representative of a particular year level of in the clinical psychology PsyD program at Pepperdine University. The principle investigator is interested in gathering information from students regarding their experiences working with culturally diverse clients in a clinical setting and their self-perceived multicultural competence.

I understand that I will be asked to fill out an online survey, which is estimated to take a total of 15-20 minutes to complete. First, I will be asked for some information that describes who I am and my training experiences. I will be asked to provide information regarding I am gender, race/ethnicity, year in the PsyD program, and multicultural training experiences. I will also be asked questions about my clinical work with diverse clients.

I understand that my involvement in the study and completion of the survey is strictly voluntary and will in no way influence my current or future standing as a student or affiliation with Pepperdine University. I also understand that I may refuse to participate or withdraw from the study at any time with no adverse consequences. I also have the right to refuse to answer any question I choose not to answer.

I understand that there are some possible risks for participation in this survey such as boredom and fatigue. Some individuals may feel uncomfortable answering questions about their work with culturally diverse groups and discomfort may arise when reflecting on one's own level of multicultural competence and being asked potentially sensitive questions in the demographic survey. I understand that I have the right to refuse to answer any question that makes me uncomfortable.

The website hosting the survey (www.surveymonkey.com) has a privacy policy that complies with the United States/European Union Data Protection Safe Harbor Arrangement regarding data protection and confidentiality. The survey website does not

collect personally identifiable information about me except when I specifically provide this information. The survey website records my computer's IP address, in order to analyze data in aggregate. No connection is made between me and my computer's IP address. The survey website uses cookies, or small text files, to recognize repeat visitors and to help Survey Monkey measure how their website is being used. After completing the survey I can remove the cookies from my computer through Internet Explorer. From the *Tools* menu dropdown, select *Internet Options*. On the General Tab, press the *Delete Cookies* button. If I have any questions or need assistance, I can contact the information technology support personnel in my area and tell them I'd like help deleting cookies.

I understand that there are no direct advantages to doing this survey. However, the findings of this study will be used to help people in the field of psychological education and training better understand effective methods for developing multicultural competencies in psychology trainees.

I understand that the researcher, Angela Williams, M.A., will take all reasonable measures to protect the confidentiality of my answers and my identity will not be revealed in any publication or presentation that may result from this research. Only the researcher and her supervisor, Miguel E. Gallardo, Psy.D., will have access to the answers to the surveys. The information that is collected will be kept in a secure manner for five years and destroyed once it is no longer required for research purposes. I understand that, while the information I provide will be kept confidential, there are certain limitations to confidentiality according to state and federal law. These exceptions are the suspected abuse of a child, abuse of an elder or dependent adult, or if a person wished to seriously harm to him/herself, someone self, or someone's property. In these instances, the researcher is required to report the situation to the proper authorities.

I understand that Angela Williams, M.A. is willing any questions I may have regarding the research study and I can contact her directly at (310) 923-1518 or angie@netcaffeine.com. I understand that I may also contact Miguel E. Gallardo, Psy.D., (949) 223-2524 or Miguel.Gallardo@pepperdine.edu, if I have other questions or concerns about this research. If you have any questions about your rights as a participant in this study, please contact Stephanie Woo, Ph.D., Chairperson of the Graduate School of Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045; (310) 568-2845.

I have read and understand, to my satisfaction, the information in the consent form regarding my participation in the research project. All of my questions have been answered to my satisfaction. I hereby consent to participate in the research described above.

By clicking on the **I ACCEPT** button below and completing the survey I am indicating that I have read this form and agree to the terms of study participation. If I do not wish to participate, I can click the **NO THANKS** button to exit.

If I wish to receive formal documentation of my participation in this research project, I can contact Ms. Williams.

APPENDIX H

Student Consent - Paper and Pencil Version

Informed Consent for Participation in Research Activities

Multicultural Training in a Clinical Psychology Doctoral Program: A Template for Conducting a Cultural Audit

I agree to participate in a research project being conducted by Angela Williams, M.A., as part of her dissertation requirements for the doctoral degree in clinical psychology at Pepperdine University Graduate School of Education and Psychology. I understand that this project is being conducted under the supervision of Miguel E. Gallardo, Psy.D., Assistant Professor of Psychology at Pepperdine University Graduate School of Education and Psychology.

I am being asked to participate in this study because I have taken the introductory multicultural class and am representative of a particular year level of in the clinical psychology PsyD program at Pepperdine University. The principle investigator is interested in gathering information from students regarding their experiences working with culturally diverse clients in a clinical setting and their self-perceived multicultural competence.

By signing this form, I understand that I will be asked to fill out two paper and pencil surveys, which are estimated to take a total of 15-20 minutes to complete. First, I will be asked for some information that describes who I am and my training experiences. I will be asked to provide information regarding my gender, race/ethnicity, year in the PsyD program, and multicultural training experiences. The second survey will ask me questions about my clinical work with diverse clients.

I understand that my involvement in the study and completion of the survey is strictly voluntary and will in no way influence my current or future standing as a student or affiliation with Pepperdine University. I also understand that I may refuse to participate or withdraw from the study at any time with no adverse consequences. I also have the right to refuse to answer any question I choose not to answer.

I understand that there are some possible risks for participation in this survey such as boredom and fatigue. Some individuals may feel uncomfortable answering questions about their work with culturally diverse groups and discomfort may arise when reflecting on one's own level of multicultural competence and being asked potentially sensitive questions in the demographic survey. I understand that I have the right to refuse to answer any question that makes me uncomfortable.

I understand that there are no direct advantages to doing this survey. However, the findings of this study will be used to help people in the field of psychological education

and training better understand effective methods for developing multicultural competencies in psychology trainees.

I understand that the researcher, Angela Williams, M.A., will take all reasonable measures to protect the confidentiality of my answers and my identity will not be revealed in any publication or presentation that may result from this research. Only the researcher and her supervisor, Miguel E. Gallardo, Psy.D., will have access to the answers to the surveys. The information that is collected will be kept in a secure manner for five years and destroyed once it is no longer required for research purposes. I understand that, while the information I provide will be kept confidential, there are certain limitations to confidentiality according to state and federal law. These exceptions are the suspected abuse of a child, abuse of an elder or dependent adult, or if a person wished to seriously harm to him/herself, someone self, or someone's property. In these instances, the researcher is required to report the situation to the proper authorities.

I understand that Angela Williams, M.A. is willing any questions I may have regarding the research study and I can contact her directly at (310) 923-1518 or angie@netcaffeine.com. I understand that I may also contact Miguel E. Gallardo, Psy.D., (949) 223-2524 or Miguel.Gallardo@pepperdine.edu, if I have other questions or concerns about this research. If you have any questions about your rights as a participant in this study, please contact Stephanie Woo, Ph.D., Chairperson of the Graduate School of Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045; (310) 568-2845.

By completing this survey I am indicating that I have read and understood this form and agree to the terms of study participation.

If I wish to receive formal documentation of my participation in this research project, I can contact Ms. Williams.

APPENDIX I

Student Consent to Be Contacted for Interview – Web Based Version

Informed Consent for Participation in Research Activities

Multicultural Training in a Clinical Psychology Doctoral Program: A Template for Conducting a Cultural Audit

CONSENT TO BE CONTACTED FOR FOLLOW-UP INTERVIEW

In order to gain more detailed information regarding students’ experiences of multicultural training and education in the doctoral program at Pepperdine University, several students from each class will be randomly selected, based on their survey responses, to participate in a one-hour follow-up, individual interview with the principal investigator. Students will be notified by email if they have been selected for an interview.

I understand that by consenting to be contacted for a follow-up interview, I am granting permission for the principal investigator to link my responses on the surveys with personally identifying information. I understand that the researcher, Angela Williams, M.A., will take all reasonable measures to protect the confidentiality of my answers and my identity will not be revealed in any publication or presentation that may result from this research. Only the researcher and her supervisor, Miguel E. Gallardo, Psy.D., will have access to the answers to the surveys. The information that is collected will be kept in a secure manner for five years and destroyed once it is no longer required for research purposes. I understand that, while the information I provide will be kept confidential, there are certain limitations to confidentiality according to state and federal law. These exceptions are the suspected abuse of a child, abuse of an elder or dependent adult, or if a person wished to seriously harm to him/herself, someone self, or someone’s property. In these instances, the researcher is required to report the situation to the proper authorities.

I understand that I may refuse to participate in the follow-up interview at any time. I understand that my involvement in the study and participation in the follow-up interview is strictly voluntary and will in no way influence my current or future standing in the doctoral program at Pepperdine University.

By clicking on the **CONTACT ME** button I am consenting to be contacted for a follow-up, individual interview. If I do not wish to be contacted for a follow-up interview, I can click the **NO THANKS** button to continue with the online survey portion of the study.

Name:	_____
Phone Number:	_____
Email Address:	_____

APPENDIX J

Student Consent to Be Contacted for Interview - Paper and Pencil Version

Informed Consent for Participation in Research Activities

Multicultural Training in a Clinical Psychology Doctoral Program: A Template for Conducting a Cultural Audit

CONSENT TO BE CONTACTED FOR FOLLOW-UP INTERVIEW

In order to gain more detailed information regarding students' experiences of multicultural training and education in the doctoral program at Pepperdine University, several students from each class will be randomly selected, based on their survey responses, to participate in a one-hour follow-up, individual interview with the principal investigator. Students will be notified by email if they have been selected for an interview.

I understand that by consenting to be contacted for a follow-up interview, I am granting permission for the principal investigator to link my responses on the surveys with personally identifying information. I understand that the researcher, Angela Williams, M.A., will take all reasonable measures to protect the confidentiality of my answers and my identity will not be revealed in any publication or presentation that may result from this research. Only the researcher and her supervisor, Miguel E. Gallardo, Psy.D., will have access to the answers to the surveys. The information that is collected will be kept in a secure manner for five years and destroyed once it is no longer required for research purposes. I understand that, while the information I provide will be kept confidential, there are certain limitations to confidentiality according to state and federal law. These exceptions are the suspected abuse of a child, abuse of an elder or dependent adult, or if a person wished to seriously harm to him/herself, someone self, or someone's property. In these instances, the researcher is required to report the situation to the proper authorities.

I understand that I may refuse to participate in the follow-up interview at any time. I understand that my involvement in the study and participation in the follow-up interview is strictly voluntary and will in no way influence my current or future standing in the doctoral program at Pepperdine University.

By signing below I am consenting to be contacted for a follow-up, individual interview.

Participant's Signature

Date

Participant Contact Information

Name:	_____
Phone Number:	_____
Email Address:	_____

APPENDIX K

Student Consent for Interview

Informed Consent for Participation in Research Activities

Multicultural Training in a Clinical Psychology Doctoral Program: A Template for Conducting a Cultural Audit

I agree to participate in a research project being conducted by Angela Williams, M.A., as part of her dissertation requirements for the doctoral degree in clinical psychology at Pepperdine University Graduate School of Education and Psychology. I understand that this project is being conducted under the supervision of Miguel E. Gallardo, Psy.D., Assistant Professor of Psychology at Pepperdine University Graduate School of Education and Psychology.

I am being asked to participate in this study because I am a student in Pepperdine's doctoral program in clinical psychology. The principle investigator is interested in gathering information from students about their experiences and perceptions regarding the multicultural education and training they have received in Pepperdine's PsyD program.

By signing this form, I understand that I will be participating in a semi-structured interview assessing multicultural education and training in the clinical psychology doctoral program at Pepperdine University, Graduate School of Education and Psychology. The individual interview, conducted by the principal investigator, is estimated to take between 1-2 hours to complete. I will be asked questions about my general experiences at Pepperdine as well as my perceptions regarding my preparation to work clinically with diverse groups and individuals.

I understand that the completion of the interview is strictly voluntary and will in no way influence my current or future standing as a student or affiliation with the doctoral program at Pepperdine University. I also understand that I may refuse to participate or withdraw from the study at any time with no adverse consequences. I also have the right to refuse to answer any question I choose not to answer.

I understand that there are some possible risks for participation in this survey such as boredom and fatigue. Some individuals may feel uncomfortable answering questions about their ability to work with culturally diverse groups and their experiences with multicultural training at Pepperdine University.

I understand that there are no direct advantages to completing this interview. However, the findings of this study will be used to help people in the field of psychological education and training better understand effective methods for developing multicultural competencies in psychology trainees.

I understand that the interview will be tape recorded and transcribed by the researcher, Angela Williams, M.A. I understand that the researcher will take all reasonable measures to protect the confidentiality of my answers and my identity will not be revealed in any publication or presentation that may result from this research. Only the researcher and her supervisor, Miguel E. Gallardo, Psy.D., will have access to the tapes and transcripts from the interviews. The information that is collected will be kept in a secure manner for five years and destroyed once it is no longer required for research purposes. I understand that, while the information I provide will be kept confidential, there are certain limitations to confidentiality according to state and federal law. These exceptions are the suspected abuse of a child, abuse of an elder or dependent adult, or if a person wished to seriously harm to him/herself, someone self, or someone's property. In these instances, the researcher is required to report the situation to the proper authorities.

I understand that Angela Williams, M.A. is willing any questions I may have regarding the research study and I can contact her directly at (310) 923-1518 or angie@netcaffeine.com. I understand that I may also contact Miguel E. Gallardo, Psy.D., (949) 223-2524 or Miguel.Gallardo@pepperdine.edu, if I have other questions or concerns about this research. If you have any questions about your rights as a participant in this study, please contact Stephanie Woo, Ph.D., Chairperson of the Graduate School of Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045; (310) 568-2845.

I have read and understand, to my satisfaction, the information in the consent form regarding my participation in the research project. All of my questions have been answered to my satisfaction. I hereby consent to participate in the research described above.

Participant's Signature

Date

I have explained and defined in detail the research procedure in which the participant has consented to participate.

Principal Investigator

Date

APPENDIX L

Faculty Demographic Questionnaire

The following questionnaire asks for some demographic information and information about your multicultural education and training. Please remember that this is a voluntary survey and you may skip any questions that you do not feel comfortable answering.

1. What is your gender?
 1. Female
 2. Male

2. How old are you?
 1. 21-25
 2. 26-30
 3. 31-35
 4. 36-40
 5. 41-45
 6. 46-50
 7. 51-55
 8. 55-60
 9. 61 and older

3. What is your ethnicity? _____

4. Do you speak a language other than English? Please list all.

5. What is your socioeconomic status? _____

6. Are you disabled?
 1. Yes
 2. No

7. Are you a licensed psychologist? _____ If yes, how many years have you been licensed as a psychologist? _____

8. What year did you receive your doctoral degree?
 1. Prior to 1960
 2. 1961-1970
 3. 1971-1980
 4. 1981-1990
 5. 1991-2000
 6. 2001-2007

9. How many years have you been a professor at Pepperdine University's Graduate School of Education and Psychology?
 1. 1-5 years
 2. 6-10 years
 3. 11-15 years
 4. 16-20 years
 5. 21-25 years

10. Are you full-time faculty or adjunct faculty?
 1. Full-time faculty
 2. Adjunct faculty

11. Did you complete course work on multicultural issues as an undergraduate?
 1. Yes
 2. No

12. Did you complete course work on multicultural issues while in graduate school?
 1. Yes
 2. No

13. Have you completed continuing education on multicultural issues?
 1. Yes
 2. No

14. What multicultural training experiences did you participate in as a student? Please list all. _____

15. What multicultural training experiences, if any, do you participate in as a faculty member or working professional? Please list all. _____

16. Do you belong to any professional organizations or participate in any professional committees which are concerned with multicultural issues?
 1. Yes
 2. No

17. What courses do you teach? Please check all that apply.
 1. Assessment
 2. Clinical Skills/Group Supervision
 3. Ethics
 4. Intake and General Interventions
 5. Multicultural
 6. Psychopathology
 7. Research Design/Statistics

- 8. Specialty Track Courses
- 9. Elective (s)

18. How prepared do you feel to address multicultural topics in the classes you teach?

1	2	3	4	5
Not at all prepared		Somewhat prepared		Very well prepared

19. How well does the administration financially support continuing multicultural education for faculty?

1	2	3	4	5
Not at all		Somewhat supportive		Very supportive

20. How comfortable do you feel discussing multicultural issues in faculty meetings?

1	2	3	4	5
Not at all comfortable		Somewhat comfortable		Very comfortable

APPENDIX M

Student Demographic Questionnaire

The following questionnaire asks for some demographic information and information about your multicultural education and training. Please remember that this is a voluntary survey and you may skip any questions that you do not feel comfortable answering.

21. What is your gender?

- 1. Female
- 2. Male

22. How old are you?

- 1. 21-25
- 2. 26-30
- 3. 31-35
- 4. 36-40
- 5. 41-45
- 6. 46-50
- 7. 51-55
- 8. 55-60
- 9. 61 and older

23. What is your ethnicity? _____

24. Do you speak a language other than English? Please list all.

25. What is your socioeconomic status? _____

26. Are you disabled?

- 1. Yes
- 2. No

27. What year are you in the program? _____

28. Did you find the multicultural course required in the PsyD program at Pepperdine relevant to your clinical and professional development?

1	2	3	4	5
Not at all relevant		Somewhat relevant		Very relevant

29. Not including the required course at Pepperdine what multicultural training experiences have you had? Please list all. _____

30. Do you belong to any professional organizations or participate in any professional committees which are concerned with multicultural issues?

1. Yes
2. No

31. Have you been involved in extracurricular activities that contribute to your multicultural development? Please list. _____

APPENDIX N

Semi-Structured Interview Script

Opening Remarks and Description of the Interview: (5 minutes)

Hello, my name is Angela Williams, M.A. and I am a doctoral student here at Pepperdine. I am doing research for my doctoral dissertation under the supervision of Miguel E. Gallardo, Psy.D., Assistant Professor of Psychology at Pepperdine University Graduate School of Education and Psychology.

Building on prior research in the area of multicultural education, the current study will explore the current multicultural training practices here at Pepperdine University's PsyD program by gathering information from students that represent all years in the program as well as from faculty members.

You filled out an online survey that provided me some information regarding your clinical work with diverse populations. In addition, I would like to learn about your personal experience of the multicultural training offered in the clinical doctoral program at Pepperdine. This interview is estimated to take between 1-2 hours to complete.

Please note that if my questions become too uncomfortable, you may choose not to answer by saying, "No comment." If you'd like to discontinue the interview at any time, you are free to do so. In addition, please note that I am recording your responses and will transcribe them later. Only my faculty advisor and I will know your responses and no identifying information will be published. Before we begin I'd like to express my appreciation for participating in the interview. Do you have any questions before we get started?

General Experiences:

1. Please tell me about your experiences thus far as a student in Pepperdine's PsyD program?
2. What experiences have been most helpful and most challenging?

Curriculum Issues:

3. Please tell me about your experiences in the multicultural course offered at Pepperdine?
 - a) Benefits
 - b) Challenges
4. Please tell me about your experiences in other courses you've taken?
 - a) How has multicultural content been addressed?

Clinical Practice and Supervision:

5. Please discuss your practicum experiences so far.
6. Tell me some of your experiences working with culturally diverse clients.
7. Tell me a bit about your experiences with diversity in supervision.

Miscellaneous:

8. Please share your impressions of the physical environment and overall atmosphere at Pepperdine?
9. Please share anything that we did not cover that you think would be helpful in evaluating the multicultural training here in Pepperdine's PsyD program?
10. Do you have any other questions for me?

Thank you so much for your participation. Without the participation of students such as yourself, I would not be able to present a thorough assessment of the multicultural training at Pepperdine. Should you have any further questions, please do not hesitate to contact me at (310) 923-1518 or angie@netcaffeine.com or my faculty advisor, Miguel Gallardo, Psy.D., at (949) 223-2524 or Miguel.Gallardo@pepperdine.edu

APPENDIX O

Multicultural Competency Checklist (MCC)
(Ponterotto, Grieger, & Alexander, 1995; Ponterotto, 1997)

	Competency	
	Met	Not Met
<i>Minority Representation</i>		
1. 30%+ faculty represent racial/ethnic minority populations.	_____	_____
2. 30%+ faculty are bilingual.	_____	_____
3. 30%+ students represent racial/ethnic minority populations.	_____	_____
4. 30%+ support staff (secretaries, graduate assistants) represent minority populations.	_____	_____
<i>Curriculum Issues</i>		
5. Program has a required multicultural course.	_____	_____
6. Program has one or more additional multicultural courses that are required or recommended.	_____	_____
7. Multicultural issues are integrated into all course work. Faculty can specify how this is done and syllabi clearly reflect this inclusion.	_____	_____
8. Diversity of teaching strategies and procedures employed in class (e.g., individual achievement and cooperative learning models are utilized).	_____	_____
9. Varied assessment methods used to evaluate student performance and learning (e.g., written and oral assignments).	_____	_____
<i>Clinical Practice, Supervision, and Immersion</i>		
10. Students are exposed to 30%+ multicultural clientele.	_____	_____
11. Multicultural issues are integral to on-site and on-campus clinical supervision.	_____	_____
12. Students have supervised access to a cultural immersion experience such as study abroad for at least one semester, or an ethnographic immersion in a community culturally different from that of the campus or the student's own upbringing.	_____	_____
13. Program has an active Multicultural Affairs Committee composed of faculty and students. Committee provides leadership and support with regard to multicultural initiatives.	_____	_____

	Competency	
	Met	Not Met

Research Considerations

- | | | |
|---|-------|-------|
| 14. The program has a faculty member whose primary research interest is in multicultural issues. | _____ | _____ |
| 15. There is clear faculty research productivity in multicultural issues. This is evidenced by faculty publications and presentations on multicultural issues. | _____ | _____ |
| 16. Students are actively mentored in multicultural research. This is evidenced by student-faculty coauthored work on multicultural issues and completed dissertations on these issues. | _____ | _____ |
| 17. Diverse research methodologies are apparent in faculty and student research. Both quantitative and qualitative research methods are utilized. | _____ | _____ |

Student and Faculty Competency Evaluation

- | | | |
|---|-------|-------|
| 18. One component of students' yearly (and end-of-program) evaluations is sensitivity to and knowledge of multicultural issues. The program has a mechanism for assessing this competency. | _____ | _____ |
| 19. One component of faculty teaching evaluations is the ability to integrate multicultural issues into the course. Faculty are also assessed on their ability to make all students, regardless of cultural background, feel equally comfortable in class. The program has a mechanism to assess this competency. | _____ | _____ |
| 20. Multicultural issues are reflected in comprehensive examinations completed by all students. | _____ | _____ |
| 21. The program incorporates a reliable and valid paper-and-pencil self-report assessment of student multicultural competency at some point in the program. | _____ | _____ |
| 22. The program incorporates a content-validated portfolio assessment of student multicultural competency at some point in the program | _____ | _____ |

	Competency	
	Met	Not Met

Physical Environment

- 23. The physical surroundings of the program area reflect an appreciation of cultural diversity (e.g., artwork, posters, paintings, languages heard).
- 24. There is a Multicultural Resource Center of some form in the program area (or in the department or academic unit) where students can convene. Cultural diversity is reflected in the décor of the room and in the resources available (e.g., books, journals, films).

APPENDIX P

Date completed: _____

California Brief Multicultural Competence Scale
(CBMCS)

Below is a list of statements dealing with issues within a mental health context. Please indicate the degree to which you agree with each statement by circling the appropriate number.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.	1	2	3	4
2. I am aware of how my own values might affect my client.	1	2	3	4
3. I have an excellent ability to assess, accurately, the mental health needs of persons with disabilities.	1	2	3	4
4. I am aware of institutional barriers that affect the client	1	2	3	4
5. I have an excellent ability to assess, accurately, the mental health needs of lesbians.	1	2	3	4
6. I have an excellent ability to assess, accurately, the mental health needs of older adults.	1	2	3	4
7. I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial, and/or ethnic backgrounds.	1	2	3	4
8. I am aware that counselors frequently impose their own cultural values upon minority clients.	1	2	3	4
9. My communication skills are appropriate for my clients.	1	2	3	4
10. I am aware that being born a White person in this society carries with it certain advantages.	1	2	3	4
11. I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	1	2	3	4
12. I have an excellent ability to critique multicultural research.	1	2	3	4
13. I have an excellent ability to assess, accurately, the mental health needs of men.	1	2	3	4
14. I am aware of the institutional barriers that may inhibit minorities from using mental health services.	1	2	3	4
15. I can discuss, within a group, the differences among ethnic groups (e.g. low socioeconomic status (SES), Puerto Rican client vs. high SES Puerto Rican client).	1	2	3	4
16. I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.	1	2	3	4
17. I can discuss research regarding mental health issues and culturally different populations.	1	2	3	4
18. I have an excellent ability to assess, accurately, the mental health needs of gay men.	1	2	3	4
19. I am knowledgeable of acculturation models for various ethnic minority groups.	1	2	3	4
20. I have an excellent ability to assess, accurately, the	1	2	3	4

- mental health needs of women.
21. I have an excellent ability to assess, accurately, the mental health needs of persons who come from very poor socioeconomic backgrounds. 1 2 3 4

Gamst, G., Dana, R. H., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G., & Martenson, L. (2004). Cultural competency revised: The California Brief Multicultural Scale. *Measurement and Evaluation in Counseling and Development, 37*(3), 163-187.

APPENDIX Q

Permission to Use the Multicultural Competency Checklist (MCC)

From: JPonterott@aol.com
Sent: Friday, November 10, 2006 11:23 AM
To: angie@netcaffeine.com
Subject: Re: Multicultural Dissertation

Attachments: MCKAS 3-5-02.doc

Hi Angela,

Nice to meet you.

My last comments on the checklist are in the Ponterotto and Austin chapter in Robert Carter's 2005 Handbook of Racial-Cultural Psychology and Counseling: Volume 2 (Wiley).

Feel free to adapt it, though send me a copy of the adaptation.

Have you thought of also using a more validated scale such as our MCKAS. see attached.

please stay in touch.

joe ponterotto

APPENDIX R

Permission to Use the California Brief Multicultural Competence Scale (CBMCS)

Angie:

Feel free to use the CBMCS. At the end of summer the scale will be published and available through Sage Publications. But go ahead and use it now for your work.

Glenn
Glenn Gamst, Ph.D.
Professor of Psychology
Chair, Psychology Department
University of La Verne
1950 3rd St.
La Verne, CA 91750
(909) 593-3511,4176
(909)392-2745

---- Original message ----

>Date: Wed, 28 Mar 2007 00:20:17 -0700 (PDT)
>From: "Angela Hunt-Williams" <angie@netcaffeine.com>
>Subject: CBMCS
>To: gamstg@ulv.edu
>
>
>Dear Dr. Gamst,
>
>I am a doctoral student at Pepperdine University and am conducting my
>dissertation research on multicultural training in our PsyD program. I
>am gathering information about our multicultural training through
>faculty surveys, reviews of course syllabi and recruitment materials,
>as well as through interviews with students. I also wanted to assess students'
>cultural competency using the California Brief Multicultural Competence
>Scale (CBMCS) and was wondering if you'd give me permission to use it.
>I was hoping to utilize Survey Monkey to facilitate data collection
>from students in all four years of the program. My hope is that,
>through this research, I can make recommendations for the further
>development of multicultural training at Pepperdine.
>
>Thank you,
>
>Angela Hunt-Williams
>

APPENDIX S

Prospective Student Recruitment Materials*
Review of Multicultural Content

1. Affirmative action statement?	Yes	No
2. Stated commitment to diversity?	Yes	No
3. A statement welcoming culturally diverse student?	Yes	No
4. Use of a special admission policy for culturally diverse students?	Yes	No
5. Financial aid for culturally diverse students?	Yes	No
6. Evidence of support systems culturally diverse students?	Yes	No
7. Information regarding multicultural coursework?	Yes	No
8. A statement about relevant faculty teaching and research?	Yes	No
9. Demographic breakdown of current graduate students?	Yes	No

*Rogers, M. R. (2006). Exemplary multicultural training in school psychology programs. *Cultural Diversity and Ethnic Minority Psychology, 12(1)*, 115-133.

APPENDIX T

Course Syllabi Multicultural Content Review

1. Course Title: _____
2. Type of Course: _____
3. Year Offered: _____
4. Number of course lectures addressing multicultural/diversity content? _____
5. Number of assigned readings addressing multicultural/diversity content? _____
6. Number of class experiences addressing multicultural/diversity content? _____