

Marriage and family therapy students' perceived preparedness
to work with clients from different ethnic groups

by

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CHAPTER 1. INTRODUCTION

As the cultural and ethnic make-up of the United States changes, so does the need for mental health professionals to change the way they serve their clients. Some (Hardy, 1991; Leslie, 1995; Leslie & Morton, 2001) suggest that marriage and family therapy has been slow to address this need. The first step in changing professionals is to change the way that they are trained. This has been addressed by the accreditation body of the American Association of Marriage and Family Therapy (COAMFTE) in their standards which require accredited marriage and family therapy (MFT) programs to attend to diversity in their curriculum. However, fifteen years after the COAMFTE required MFT training programs to include curriculum on cultural, ethnic, and gender diversity (Preli & Bernard, 1993), many in the field believe that marriage and family therapists (MFTs) are no more prepared to work with clients from different ethnic groups than before these standards were implemented. Current accreditation standards for MFT training programs read, “the Commission believes that a great area of concern for our profession and accredited programs is the inclusion of racial diversity in our training contexts and in the student body of our programs,” and section 300.01 regarding Standard Curriculum Didactic Area Requirements states that, “programs are expected to infuse their curriculum with content that addresses issues related to diversity and power and privilege as they relate to age, culture, environment, ethnicity, gender, health/ability, nationality, race, religion, sexual orientation, spirituality, and socioeconomic status” (COAMFTE, 2002).

From this recommendation, many theories and suggestions on how to best incorporate diversity to ensure students are prepared have developed. Given that the members of the accreditation body have stipulated that training programs incorporate diversity into their

curricula, it seems necessary to investigate how successful training programs have been in addressing these issues while preparing students to do clinical work. However, no studies have addressed these recommendations with regard to how they are being implemented and the effects on future professionals. The recommendation to address diversity begs the question how to do it best. Once programs have implemented diversity recommendations the questions remain: Has it been effective? What are the effects on students? The questions addressed by this study are: Do students feel prepared to work with clients from different ethnic groups and what aspects of training are most important in feeling prepared?

Until this point there have been no studies to address these questions. A handful of studies (Constantine, Juby, & Liang, 2001; D'Andrea, Daniels, & Heck, 1991; McDowell et al., 2003; Wilson & Stith, 1993) have explored related questions about preparedness but were limited by small samples and measures not intended for MFTs. No study has asked a varied sample of students the question "Do you feel prepared?", nor has any study considered the relationship between the theoretically based recommendations that have been made in the field and outcomes for students.

The current study is not based on any one theory; rather it is based on the theories and suggestions of many experts in the field of marriage and family therapy and counseling psychology. A number of suggestions have been put forth as to how to best prepare therapists to work with clients from different ethnic groups and much has been written in this area. However, very little research has been done to support or disprove the theories. Some of these ideas, such as an integrated curriculum, have been widely embraced in training programs. Yet an important aspect of these theories and suggestions has been overlooked. No one has asked the students "Do you think you're prepared and what helped you to feel that

way?” It is a compelling question that deserves consideration, as the ultimate goal of training, especially from a student perspective, is to feel prepared to become a therapist. It is also important because in our current society feeling prepared to work with clients from different ethnic groups is part of being a competent professional.

Findings from this study have potential implications for future theory about training MFTs. Perhaps what is being taught and how it is being taught is effective in making students feel prepared to work with clients from different ethnic groups but there is no way to know this without research. Maybe theorists and researchers need to delve further into training with regard to how it is preparing students to work with clients from different ethnic groups. How much do we know about what is being done and the most effective way of doing it?

Therapists have long been interested in how clients feel changed and what aspects of therapy led to the changes. It is time to turn this lens to training programs and ask students “How are you changed after training and what aspects of training led to this change?” The field of marriage and family therapy, with its systems approach, is in an ideal position to expand the dialogue regarding the relationship between training and therapists’ feelings of being prepared to work with clients from different ethnic groups. In order to best serve clients it is necessary to consider the entire system of which therapists are a part, and training is one area of this system that has been overlooked in terms of research. Theory is an excellent starting point but cannot tell us all that we want to know. Researchers have charged that if marriage and family therapy is to be taken seriously as a field, it needs to back up its practices with efficacy studies (Sprenkle, 2003). The same can be said for the training of therapists and counselors in all fields. This is an opportunity for marriage and family therapy

to take the lead in addressing training practices as they relate to developing therapists who feel prepared to work with a diverse body of clients.

CHAPTER 2. LITERATURE REVIEW

Definition of Terms

The terms race, ethnicity or ethnic group, and culture are often used interchangeably although there are a number of definitions for these terms throughout the literature. Hardy and Laszloffy (1994) point out that often our current language and the many definitions we have for words about culture make it difficult to discuss these issues effectively. People are confused by terminology to describe racial and ethnic groups such as “Black,” “White,” and “Hispanic.” Inconsistency in terminology can lead to difficulty in discussing treatment of families from different ethnic groups (Leslie, 1995).

Ethnicity is the most commonly used term and is often used interchangeably with culture (Leslie, 1995). However, there are differences in the terms and culture is acknowledged as being a broader term than ethnicity (Preli & Bernard, 1993). Falikov (1988) defines culture as,

Those sets of shared world views and adaptive behaviors derived from simultaneous membership in a variety of contexts, such as ecological setting (rural, urban, suburban), religious background, nationality and ethnicity, social, class, gender-related experiences, minority status, occupation, political leanings, migratory patterns and stage of acculturation, or values derived from belonging to the same generation, partaking of single historical moment, or particular ideologies. (p. 336)

Christenson (1989) defines culture as “commonalities around which people have developed values, norms, family life-styles, social roles, and behaviors in response to historical, political, economic and social realities” (p. 275). Culture has also been defined as representing “the encompassing expression of a person’s life” (Dilworth-Anderson, Burton,

& Johnson, 1993, p. 628). While these definitions are all broad in scope and encompass many of the same ideas, it is clear that many different definitions of culture have been developed and utilized in its study. The term culture encompasses a large body of ideas and people often have personal definitions of culture which also make the term difficult to use.

Race is a more specific term but also has a number of definitions. The term race is often considered to be a component of ethnicity and not used as commonly as ethnicity when discussing clients of color in MFT (Leslie, 1995). Christenson (1989) defines race as “an arbitrary classification of populations conceived in Europe, using actual or assumed genetic traits to classify populations of the world into a hierarchal order, with Europeans superior to all others” (p. 275). Alternately, race is defined as “a cultural construction of identity based on a set of descriptors used by society” (Dilworth-Anderson et al., 1993, p. 628). Hardy and Laszloffy (1994) attribute confusion about definitions of race to its biological and socio-political dimensions, both of which are referred to in Christenson’s definition. According to Hardy and Laszloffy (1994) the biological dimension of race, “is based upon an analysis of the range of genotypic and phenotypic traits that exist within the human species” (p. 5). Based upon this biological perspective, three distinctive racial groups have been identified: Negroid, Mongoloid, and Caucasoid. As biological descriptors these terms have been useful, however varying meanings have been attributed to these classifications, specifically in terms of social status, privilege, and power (Hardy & Laszloffy, 1994). The different dimensions of race and how it is defined in terms of these dimensions can lead to confusion about the term in the literature and in training. It is because of the potential for confusion about the different dimensions of race as well as its nature as a socially constructed term that I have chosen not to use it as the preferred term in this study.

For the purpose of this study I will use Christenson's (1989) definition of an ethnic group. An ethnic group is one in which "members consider themselves to be alike because of common ancestry or history and interact voluntarily to develop social organizations and maintain a common culture" (p. 275). I am choosing to use the term "ethnic group" rather than "race" or "culture" because this definition seems to comprise aspects of both terms while still providing a fairly specific definition. The term culture also addresses people's shared perspectives and backgrounds but is very broad in defining what makes people part of the same culture, which as previously mentioned, makes it a difficult term to use for research. The definition of ethnic group similarly considers shared background and worldview, but it is specific to people with a common ancestry or history rather than being expanded to other types of more broadly defined cultural groups. "Race" is generally used as a way to classify people based on biological features, which is too narrow a definition for this study. An ethnic group would likely have racial characteristics in common; however the term ethnic group incorporates more than biological characteristics. Interestingly, fewer definitions of ethnic group or ethnicity are offered in the literature than for race and culture although it is said to be more commonly used (Leslie, 1995).

In this discussion I will also use the phrase clients from "different ethnic groups." This is intended to mean that the therapist and the client are not from the same ethnic group. Based on the reality of the ethnic composition of MFT training programs, this often means that the student therapist is White and the client is non-White.

Counseling and Marriage and Family Therapy

In the 1980s, before the field of marriage and family therapy began to address issues related to therapy with clients from different ethnic groups, work in this area in the field of

counseling psychology was already well underway. In the counseling field “multicultural counseling” is the term most often used when discussing therapy with clients from different ethnic groups. The American Psychological Association’s Division of Counseling Psychology developed a list of competencies for culturally skilled therapists as early as 1980 (Paradis, 1981). One possible reason for this difference between the two fields is that the psychology field is older than the MFT field and so arrived at this point in development at an earlier time. The feminist critique of systems theory and family therapy was just beginning in the 1980s, thus change and discussion of these issues did not happen until later (Osmond & Thorne, 1993). Therefore, the literature used for this review comes from both the field of counseling and the field of marriage and family therapy. A distinction between the two fields will be made only when it is considered to be important for the discussion.

Preparedness

In many ways MFTs are prepared to work with clients from different ethnic groups, as the basic clinical skills that are useful for any client are useful for clients from different ethnic groups. According to Odell, Shelling, Young, Hewitt, and L’Abate (1994), in order to be a culturally skilled therapist it is necessary to have basic skills such as warmth or empathy, but they caution that therapists must be aware of their own “ethnocentric lenses.” Lloyd (1987) questions whether multicultural training is even necessary for therapists if it focuses more on how other groups are different rather than the things that all people have in common. He proposes that being taught about differences may lead therapists to stereotype clients and not appreciate their individuality and common human qualities, and goes on to suggest that training that presents too simplistic of a perspective on cultural traits should not be part of counselor education.

It seems apparent however, that basic counseling skills cannot be enough for therapists to be able to work skillfully with clients from different ethnic groups. Although many therapists' basic skills may transfer across ethnic groups, an awareness of cultural and group differences should be a starting point for therapists, before considering the individual aspects of the client (Ivey, 1987). Others (Hood & Arceneaux, 1987; McGoldrick, Giordano, & Pierce, 1996) agree that cultural knowledge, even if it does sometimes seem to offer stereotypes, gives counselors necessary information which can serve as a "framework" to be adapted for working with each client. Zimmerman and Haddock (2001) further stress the importance of therapists' preparedness to work with families from different ethnic groups. They write,

it is incumbent upon training programs to ensure that future generations of family therapists are proficient in addressing gender, culture, and social justice...Failing to do so will result in therapists providing less effective treatment, and most likely, even unwittingly causing harm to clients (p. 2).

Lack of preparation can have serious clinical consequences for therapists, including a negative impact on the therapeutic relationship, difficulty engaging and treating clients, lack of client trust, high attrition rates, unintended acts of racism, getting "stuck," and misinterpretation of the presenting problem (Hardy, 1991; Hardy & Laszloffy, 1992, 1994). In addition, Pederson (1987) identifies 10 common assumptions of cultural bias in counseling divided into the following categories: assumptions about normal behavior, emphasis on individualism, fragmentation by academic disciplines, overemphasis on independence, neglect of client's support systems, dependence on linear thinking, focus on changing individual rather than the system, neglect of history, and cultural encapsulation. If these

assumptions remain unchallenged in training therapists may unwittingly fall prey to them which can lead to “institutionalized racism...and other forms of cultural bias” (Pederson, 1987, p.16).

While there is much speculation about whether or not therapists are prepared to work with clients from different ethnic groups, there is little empirical data evaluating the level of therapists’ preparedness or even whether or not they believe they are being well prepared. Four studies have addressed questions related to preparedness. Wilson and Stith (1993), in a study exploring improving recruitment and retention of African-American MFT students, asked a question about perceived preparedness although this was not the focus of their study. This study was conducted with data from surveys of 25 MFT program directors and phone interviews with 15 African-American MFT master’s and doctoral students. The phone interview data from the students was transcribed and coded into categories and themes. For the question related to preparedness, the African-American students and the program directors were asked to rate students in their program on a scale ranging from “not prepared” to “extremely prepared” to work with African-American clients. Wilson and Stith (1993) found that students and program directors alike were concerned that both African-American and European-American students were not well-prepared to work with African-American clients. In addition, they found that 35.7% of the African-American students in their sample were concerned that their European-American peers were not prepared to work with African-American clients. Interestingly, African-American students in the same study also rated themselves as not prepared to work with African-American clients, despite the fact that they are part of the same ethnic group. This seems to suggest that training programs are not addressing ethnic issues in a way that provides students with the skills they believe they

need. It also seems that while faculty members are concerned, there may be a mismatch between how they are teaching ethnicity and the best ways for students to learn about it. While this study did address preparedness, the main purpose of the study was to examine the overall experiences of African-American students in MFT programs, not to examine preparedness. The researchers did not consider any predictors of perceived preparedness. This study also only considered preparation to work with African-American clients, not all clients from different ethnic groups. In addition, African-American students were asked to rate their peers, so not all students were directly asked about preparedness. African-American students' perceptions of their peers' preparedness to work with African-American clients does not necessarily accurately reflect their peers' feelings of preparedness. This study is limited by the small, all African-American sample and so cannot be generalized to a larger population of MFT students.

In another study, Constantine et al. (2001) explored the relationship between racism attitudes, White racial identity attitudes, previous multicultural counseling courses, and therapists' perceived levels of multicultural competence in 117 practicing MFTs who had already completed their training program. The MFTs in this sample were quite experienced, averaging 18.2 years of experience. In this study the researchers used the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), the New Racism Scale (NRS), the White Racial Identity Attitudes Scale (WRIAS), and the Marlowe-Crowne Social Desirability Scale (SDS). The MCKAS was a self-report measure of therapists' competency in this study; therefore participants were not directly asked if they felt prepared to work with clients from different ethnic groups. The SDS was used to control for social desirability attitudes. The researchers were concerned that in a study about this often sensitive topic,

therapists might base their answers on what they thought was socially acceptable rather than giving honest answers. The NRS and the WRAIS were hypothesized to be predictors of scores on the MCKAS. The researchers found that racism and White racial identity contributed to variance in therapists' perceived competence, and that while therapists who had taken more multicultural counseling courses perceived themselves as being more knowledgeable, the number of courses taken was not significantly predictive of self-reported competence. This research was important as it was the first study to examine self-perceived multicultural counseling competencies with White racial identity and social desirability attitudes. One of the weaknesses of this study, however, was the use of the MCKAS as the measure of self-reported competence with a sample of marriage and family therapists. The MCKAS was developed in the counseling psychology field and so its validity when used with MFTs is unknown. While there are many aspects of counseling and marriage and family therapy that are similar, the professions' theoretical orientations differ, which may lead to different interpretations of the questions and therefore different answers. There are also references to theories on the MCKAS that might not be familiar to professionals trained as MFTs. Constantine et al. call for more research into self-reported multicultural competence of MFTs because there has been little research done on this topic in the field.

In a third study, McDowell et al. (2003) explored how student therapists participating in a dialogue group about race and ethnicity experienced "the relevance and meaning of race in their personal and professional development" (p. 180). This dialogue group met for 1.5 hours a week for six months and consisted of students in their second semester at the time of group formation, as well as two faculty members and an outside consultant. The total number of group members was six (four students and two faculty members). The researchers found

that competence in racial awareness, knowledge of the social impact of race, and ability to intervene were enhanced through participation in the group. This study used a qualitative method; detailed information about methodology was not included in the article. The researchers gathered data through participant journals, videotapes of group meetings and therapy sessions, case reports, and group member self-reports. While this study is related to the subject of preparing students to work with clients from different ethnic groups, the researchers did not ask students directly about how the group influenced their level of perceived preparedness, nor did they examine any predictors of increased competence or awareness. This study was limited by an extremely small sample of all females and by the fact that the participants were self-selected.

In the field of counseling psychology D'Andrea et al. (1991) explored the impact of taking a multicultural counseling class on 90 graduate students in two different counselor education programs by administering the Multicultural Awareness-Knowledge-and Skills Survey (MAKSS), developed by the authors, before and after the course. At the time of this study the MAKSS was a new research instrument. Students at one program were predominantly Asian, and students at the other were predominantly White. This study was intended to be exploratory to investigate how training would influence scores on the MAKSS. The researchers' null hypothesis was that there would be no change in students' level of multicultural awareness, knowledge, or counseling skills as a result of the course. They rejected the null hypothesis, as they found that participants in the course significantly improved their level of multicultural awareness, knowledge, and counseling skills based on their self-report scores on the MAKSS. This study addressed the impact of training on students' MAKSS scores; however, the study only addressed the influence of taking one

course on the score and did not consider the effects of other aspects of training. It is not known if scores on the MAKSS are related to students' own feelings of preparedness. The MAKSS does ask students to rate their ability to work with various populations, however scores on the MAKSS, not perceived preparedness, were the criterion variable. Improved knowledge about ethnic groups cannot be assumed to be the same thing as feeling prepared to work with clients from different ethnic groups. The study also only considered programs which required a course on multicultural counseling and not programs with an integrated curriculum.

What seems to be missing from these studies is an exploration of what aspects of training students find most helpful in developing a sense of preparedness to work with clients from different ethnic groups. As a variety of different aspects of training programs could be associated with perceived preparedness, it seems important to ask students about these issues. Thus far, there has been just one study (Wilson & Stith, 1993) that even begins to address perceived preparedness – that is, students' own feelings of being prepared to work with clients from different ethnic groups or not – and no studies on what aspects of training might be associated with feeling prepared. No measures have been developed to assess students' perceived preparedness. Scales measuring certain skills associated with being prepared to work with clients from different ethnic groups, such as the MCKAS (Ponterotto et al., 1996), do exist, however this measure provides scores for self-perceived knowledge and awareness of multicultural counseling issues. The MCKAS does not ask the question “Do you feel prepared to work with clients from different ethnic groups?” Although this may seem a subtle difference it is an important distinction in this study. In the past, researchers have used measures from which one might be able to extrapolate a therapist's level of preparedness to

work with clients from different ethnic groups (such as the MCKAS) rather than asking the therapists' perceptions of whether or not they are prepared.

Skills Indicative of Preparedness

Many of the general skills that therapists have are useful in working with clients from different ethnic groups. Warmth, empathy, open-mindedness, flexibility, and openness to change have been identified as skills that are useful when working with all ethnic groups (Odell et al., 1994). Parker (1987) also recommends that therapists be open and flexible, and willing to change their approach to meet the needs of the client. These are considerations that are applicable to all clients. In addition, considering individual differences is valid and important across ethnic groups as well (Ivey, 1987). Lloyd (1987) suggests that these general counseling skills are the most important skills for a counselor to have when working with clients from different ethnic groups. While general counseling skills are a useful competency for therapists when working with clients from different ethnic groups, many would suggest that they are not enough. Preli and Bernard (1993) write that "it would be a mistake to assume that students of marriage and family therapy have a greater awareness of the impact of ethnicity and culture on their lives than other members of the majority culture" (p. 14). Therefore, it is necessary to provide therapists with information in addition to basic counseling skills, and there are a number of other factors and skills that have been identified as helpful.

Lists of therapist competencies have been developed in the counseling psychology field to more specifically address the issue of therapist competence relevant to working with clients from different ethnic groups. An early list was developed by the Education and Training Committee of the American Psychological Association's (APA) Division 17 of

Counseling Psychology in 1980 (as cited in Paradis, 1981). According to this list, which included nine competencies, the culturally skilled counselor: has developed cultural awareness and a sensitivity to his/her own culture; is aware of his/her own biases and values and how they may effect minority clients; has a good understanding of the sociopolitical climate in the U.S. with respect to treatment of minorities; is comfortable with differences between the client and therapist of race and beliefs; is aware of when referral of the minority client to a member of his/her own race/culture might be recommended; possesses information and knowledge about the ethnic group of the client; has clear knowledge and understanding of general counseling competencies; is able to communicate using a wide variety of verbal and nonverbal responses; and can “send and receive both verbal and non-verbal messages accurately and ‘appropriately’” (p. 138). This list considers previously mentioned aspects of general counseling skills, cultural knowledge, and self-awareness while adding skills in interpreting and sending both verbal and nonverbal messages. This addition is an important consideration as there may be significant differences in ideas about verbal and nonverbal communication across ethnic groups. With this list the APA provides a number of useful concepts that can be expanded upon to evaluate competency.

Many efforts have been made to identify what makes a therapist competent in his/her work with clients from different ethnic groups. It seems clear that competence is not created by any one factor, but rather that therapists who can be described as “culturally competent” possess a varied set of skills that includes basic counseling skills and an awareness of cultural issues.

Criticisms of Marriage and Family Therapy Training Programs

There are a number of criticisms about how MFT training programs are designed to address diversity and how this may impair therapist preparedness to work with clients from different ethnic groups. The criticisms all seem to share a common theme; mainly, how the programs contribute to the continued marginalization of racial, cultural, and ethnic issues. It seems that there are a number of ways in which well-intentioned programs are thwarting their efforts to make cultural issues relevant and important to their students. Every training program has its own culture that needs to be acknowledged and examined in terms of how it may contribute to the marginalization of these issues (Hardy & Laszloffy, 1992). Critics call for a major overhaul of training programs to include gender and culture as “central organizing principles of the entire program” (Zimmerman & Haddock, 2001, p. 4).

Another concern for training programs is the composition of the students and faculty. It is widely acknowledged (Green, 1998; Hardy, 1991; Preli & Bernard, 1993) that MFT training programs are often comprised mostly of a homogenous group of (White) students. According to Johnson and Benningfield (2003), MFT graduate students were approximately 75% White in the period from 2001-2003. In order to improve mental health services to families and clients of color it is necessary to train graduate students who are people of color (Green, 1998). In addition, it is important that faculty members of color be present and active in all areas of the department rather than being relegated to teaching only the multicultural courses (Green, 1998; Hardy, 1991). Assuming that faculty members of color are “experts” in areas of race and ethnicity contributes to the idea that these issues are isolated or somehow different from the rest of the program. Green (1998) also suggests that the proportion of

people of color in the program should be similar to the proportion in the general population. He believes that training programs should consist of at least 20% people of color.

Related to the criticism of faculty and student composition is the history of family therapy, its literature, and its theories. Many of the major early figures of family therapy, who developed its theories, were White males (Hardy & Laszloffy, 1994). This has had an influence on the development of the field because, “despite claims of universality, all theories, regardless of the measures employed to ensure their ‘objectivity’ and ‘generalizability’ reflect the ideological biases of their creators” (Hardy & Laszloffy, 1994, p. 10). In addition, historically, little of the literature in family therapy has been devoted to issues of culture (Hardy & Laszloffy, 1994). However, Leslie and Morton (2001) point out that since the 1980s there has been an increase in the number of chapters and books, as well as journal articles related to gender, race, and ethnicity. Their analysis found that in the 30 year period between 1970 and 2000, 11.2 % of the articles published in the *Journal of Marital and Family Therapy* and *Family Process* addressed these issues and that there has been a steady increase each year. A majority of these articles focused on how to conduct therapy with specific ethnic groups. There were also articles offering guidelines and techniques for working in a culturally sensitive way. In addition, Bailey, Pryce, and Walsh (2002) found an increase in the percentage of articles about ethnic/racial minority issues published in the *Journal of Marital and Family Therapy* in the period from 1990 to 2000. It seems likely that the trend of increased attention to culturally sensitive therapy in the literature will continue, which should be to the benefit of training programs. However, until theoretical models can be developed that address the relationship between ethnicity and

family processes, it is not likely that these ideas will be reflected in training and supervision (Anderson, Rigazio-DiGilio, & Kunkler, 1995).

Suggestions for Improving Training Programs

In order for changes to occur in how therapists interact with clients from different ethnic groups, there needs to be a change in how therapists are trained in ethnic issues. In the introduction to Part II of *Re-Visioning Family Therapy* McGoldrick writes,

Unwittingly our training programs have been part of the problem, reproducing the racist, sexist, classist, and heterosexist structures of the wider society...we cannot make revisions just by modifying our reading lists. We must radically change our programs so that our trainees can break thorough the dominant culture's blinders (McGoldrick, 1998, p. 91).

In this section I will review various suggestions for how to best create this type of training experience. All of these suggestions have been made in the field of marriage and family therapy, although some of the ideas may have first appeared in the counseling psychology literature.

Integrated Curriculum

How ethnicity is introduced and included in the curriculum has been identified as an important aspect of training. Most believe that it is crucial to integrate issues of culture and ethnicity throughout the training program, in all students' classes, rather than just having a single class isolated from the rest of the curriculum. Including just a single course on ethnicity in the curriculum has been criticized as continuing to marginalize cultural issues by keeping them isolated from other areas of the curriculum that may still reflect bias (Leslie, 1995, Nelson et al., 2001). It may also send the message that racial issues are not to be

examined in all areas of students' life, but instead should be limited to discussion in the "appropriate time and place" (Hardy & Laszloffy, 1992). A curriculum that integrates racial dimensions throughout the curriculum sends the message to students that these issues are central inside and out of the therapy room (Hardy and Laszloffy, 1994).

This idea is consistent with the suggested ways of teaching gender issues in programs (Leslie & Clossick, 1992; Zimmerman & Haddock, 2001). Both pros and cons of integration and separate courses have been identified relative to the study of gender. Integration may be difficult to monitor, difficult for some faculty members to teach, and may lead to a diluted presentation of the important concepts, while separate courses might marginalize the topic and, if not required, allow students to graduate without exposure to these ideas (Leslie & Clossick, 1992). Research has found that students in programs that integrate gender rate their peers as incorporating ideas about gender into therapy more frequently than those in other programs but that overall both groups of students (integrated curriculum and single course on gender) were learning about gender and integrating this knowledge into their work (Filkowski, Storm, York, & Brandon, 2001). This study only compared two training programs, both with a Christian affiliation, so it is unknown if these results are generalizable to all programs. Although no research has been done in the area of ethnicity, it is possible that similar results would be found.

Adding to the difficulty of integration is that while it is widely advocated (Falicov, 1988; Green, 1998; Hardy & Laszloffy, 1994; Nelson et al., 2001), there are not many models available to guide program directors in how to integrate culture throughout the training program (Anderson et al., 1995). Recently, Zimmerman and Haddock (2001) have described how gender, culture and social justice have been integrated into the training

program at Colorado State University in hope of providing specific strategies for implementation for other programs. Their curriculum model is based on four basic assumptions for integrating training. The first assumption is the consistency of process and content, which addresses the need for students to have experiences with these concepts throughout the program. The second assumption is an atmosphere of humility which encourages students to acknowledge that we all need to continually challenge ourselves in terms of these ideas. Third, is attention to theory and application – the authors advocate both extensive study in the areas of gender, culture, and social justice as well as practical application of these concepts. The final assumption is attention to the interlocking nature of gender and culture rather than addressing them as separate issues. Others (Leslie & Clossick, 1992; Walker, 1993) also offer specific suggestions for teaching from a feminist perspective, which is sometimes associated with addressing diversity issues and with an integrated curriculum.

Knowledge of Ethnic Groups

Another aspect of competence for therapists working with clients from different ethnic groups which should be incorporated into training is knowledge of different ethnic groups. McGill (1992) writes that “the therapist cannot know everything about a particular culture, but must accept responsibility for knowing something about the culture” (p. 343). This has been a controversial topic due to concerns that learning which focuses on describing specific ethnic groups leads to further stereotyping and may lead therapists to consider all people of one ethnic group to be the same (Hardy, 1991; Lloyd, 1987). Despite this, many believe that enhancing students’ knowledge about different ethnic groups is a crucial part of training. While courses that focus on teaching students about various ethnic groups have been

criticized, some scholars point out that many students come to training programs with false stereotypes and beliefs about ethnic groups. The purpose of courses in which students learn about different ethnic groups is to dispel and replace the stereotypes with accurate information. In addition McGoldrick et al. (1996), in the preface to their book *Ethnicity in Family Therapy*, acknowledge that discussing ethnic groups in terms of generalizations has reinforced prejudices but that it is difficult to discuss ethnic groups without doing so. They write that the cultural generalizations in the book are intended to “sensitize clinicians to the range of values within our multicultural society” (p. x) and that “the only alternative is to ignore this level of analysis of group patterns, which, in our view, only mystifies and disqualifies our experience, thus perpetuating covert negative stereotyping” (p. ix). However, Hardy and Laszloffy (1994) argue that while it is useful for students to be exposed to information about specific ethnic groups this type of knowledge does not usually lead to sensitivity. They distinguish between awareness and sensitivity, where awareness is a cognitive function and intellectual process and sensitivity is an affective process in which “an individual responds emotionally to stimuli with delicacy and respectfulness” (p. 227). They propose that the cultural genogram as a way to integrate awareness and sensitivity. While acknowledging the value of education about ethnic groups, it is important to be cognizant of the danger that this information may contribute to stereotyping and to address this in training (Hardy, 1991; Ivey, 1987; Lloyd, 1987).

The Theoretical Myth of Sameness

Closely related to therapists’ knowledge of ethnic groups is the concept of the theoretical myth of sameness. Hardy (1991) contends that the “theoretical myth of sameness” (TMOS) is one of the main factors in training programs that leads to therapists being

unprepared to work with different ethnic groups, and that faculty in training programs are negligent in training students to work effectively with clients from different ethnic groups. The TMOS is the idea that all families are essentially the same. In describing the TMOS Hardy writes, “once one has a firm grasp of family therapy theory and techniques, one is imminently prepared to treat ‘families’ ... since all families are virtually the same” (p. 18). He identifies a conventional and contemporary version of the TMOS. The conventional version is illustrated by the above quotation – families are complex but nonetheless essentially the same and cultural differences are not important – is the one that is most common in graduate programs. The contemporary version of the TMOS “asserts that all families are not the same” (Hardy, 1991, p. 20). From this perspective therapists are encouraged to explore differences between families. However, Hardy calls this a first-order change because while calling attention to differences between groups, it neglects to address important differences within groups and is therefore perpetuating the idea that everyone is the same. He writes, “rarely does this view attempt to examine the differences *within* minority groups that are attributable to geography and socio-economics” (p. 21). To improve, training programs must become aware of and try to eliminate the TMOS.

Self-Awareness

Training often focuses on increasing majority culture students’ knowledge of different ethnic groups without acknowledging the importance of ethnic and cultural awareness for Caucasian students (Preli & Bernard, 1993). Preli and Bernard (1993) contend that MFT trainees are lacking in their ability to work with clients from different ethnic groups in part because trainees have not become sensitive to their own racial and ethnic

backgrounds. They believe such a sensitization process is critically important for students to view multiculturalism as relevant to their lives.

Therapists need to recognize their own biases and develop an awareness of their own ethnicity. It has been suggested that this should be a main component of training programs (Corvin & Wiggins, 1989; Hardy & Laszloffy, 1994; Paradis, 1981). For majority culture graduate students, self-awareness means considering that they are part of an ethnic group, which is something many White, middle-class students may have not been previously encouraged to do. Walker (1993) identifies increased students' awareness of their own cultural background as essential, although it is likely to take effort as students may have very little acquaintance with their ethnic heritage. McIntosh (1998) writes about the many aspects of "White privilege" that Whites often take for granted and are even taught not to recognize, such as being able to go shopping and not be harassed, being fairly certain that if stopped by the police it is not because of race, and being able to buy books and dolls that feature one's own race. McDowell et al. (2003) found that student therapists who increased their self-awareness by participating in a dialogue group reported integrating this knowledge into their work with clients and feeling better able to manage issues related to ethnicity in the therapy room. Encouraging trainees to develop an awareness of their own ethnic background may have benefits for both therapist and client.

Corvin and Wiggins (1989) identify the following characteristics that most cross-cultural training models in the field of counseling psychology share: the assumption that a person's ethnic/cultural background influences his/her worldview; an emphasis on learning about various cultural groups; and a focus on teaching culturally appropriate interventions and counseling skills. However, they believe what is missing from these models is self-

exploration with regard to the therapist's own race and own racism. They go on to write that, "efforts to teach White trainees to be effective cross-cultural counselors without first addressing their own White racism are doomed to failure of at best only a modicum of pseudosuccess" (p. 106). Clearly, therapist self-awareness is an important aspect of training programs.

Counseling psychology has provided a number of ideas about how to increase therapist self-awareness of ethnicity. Models of self-awareness include the Cross-Cultural Awareness Development Model (Christenson, 1989) and an antiracism training model for White professionals (Corvin & Wiggins, 1989). In the Cross Cultural Awareness Development Model, Christenson (1989) proposes that both majority and minority culture graduate students go through a process of developing cultural awareness, although they do it somewhat differently. The five stages of this model are unawareness, beginning awareness, conscious awareness, consolidated awareness, and transcendent awareness. When passing through these stages students move from not having given any thought to their ethnic background to "being at peace with oneself and others in one's world" (Christenson, 1989, p. 283) and being able to transcend differences.

The Antiracism Training Model (Corvin & Wiggins, 1989) is intended for White graduate students to help them become aware of their biases. Corvin and Wiggins (1989) believe that it is important for students to explore their White identity as well as how they demonstrate racism personally and professionally. The model is based on ideas about the development of White identity from Hardiman (as cited in Corvin & Wiggins, 1989). They identify training goals at each of the four stages of development, which are acceptance, resistance, redefinition, and internalization.

These two models are similar in that they view the development of cultural awareness as a process. This is useful information for training programs to consider for two reasons. First, it is important to realize that the development of cultural awareness is indeed a process and for faculty in MFT programs not to expect that students' ideas will change overnight, or as a result of a single class. Second, it is important to evaluate students' developmental levels in terms of cultural awareness as it is likely that a program will have students at different levels. This might be useful information to assess during the admissions process.

The cultural genogram, from the MFT field, is also often considered a useful tool for increasing therapist self-awareness (Hardy & Laszloffy, 1994; Lappin, 1983; Preli & Bernard, 1993). When preparing a cultural genogram, students identify cultural influences in their own families and examine how these have impacted them as individuals. Other group and experiential activities are also recommended such as having students interview members of distinct ethnic or socioeconomic groups and considering their reactions (Falicov, 1988), group discussion (McDowell et al., 2003; Walker, 1993), journaling (Walker, 1993), presentation of a home video, and a holiday critique (Preli & Bernard, 1993).

It is the duty of graduate programs to make their students aware that they are in fact part of an ethnic group and to consider the effect that this may have on themselves and their clients. In order for students to begin to question and challenge their currently held beliefs about various ethnic groups, they must first complete the developmental task of recognizing their own ethnicity and how it influences them (Preli & Bernard, 1993). Relative to developing therapist self-awareness is Parker's (1987) caution that therapists should avoid viewing "likeness" and "difference" as dichotomous choices rather than seeing that in relationships with clients there will be aspects of both. Enhancing a therapist's awareness of

his/her own ethnic group should not be done in a way that increases the rigid boundaries between ethnic groups, but rather as a way of considering the influence of ethnicity on his/her life. Addressing and challenging cultural beliefs and assumptions is important because if left unaddressed therapists may assume that they are aware of their biases or believe that they do not have any when they likely do (Pedersen, 1987).

Program Evaluation

Deacon and Piercy (2000) suggest that an important part of a quality training program involves ongoing student evaluation of the program. This idea is also supported by Green (1998) who suggests that upon conclusion of each course students should evaluate how well the instructor addressed multicultural content and that these evaluations should be used in decisions about raises, promotions, and retention of faculty. The idea of student involvement in exploring and evaluating preparedness also seems consistent with a feminist perspective for training. A feminist teaching perspective acknowledges and addresses the role of power in student-faculty relationships, and most importantly recognizes the contributions that all have to offer (Leslie & Clossick, 1992). It seems that an important step for training programs in developing a program that prepares students to work with clients from different ethnic groups is to routinely evaluate the program and seek input from students about their experiences. In addition to student evaluation, Green (1998) suggests using outside consultants for program evaluation and having faculty members do self-evaluations. Ongoing program self-evaluation has also been recommended to improve training (Nelson et al., 2001). In addition, programs should define clear multicultural competencies and students should be carefully evaluated in these competencies (Green, 1998).

A variety of suggestions have been made for improving training programs that may be related to perceived preparedness of students to work with clients from different ethnic groups. It is not currently known if any of these factors are more strongly related to perceived preparedness than others or if there is a relationship between factors. What is problematic about the current recommendations for training programs is that they are not research-based and therefore the effectiveness of these recommendations is not known. Related to this issue, Nelson et al. (2001) comment that “the knowledge base has been developed more on theory and experience than on research” (p. 363). With this in mind, the importance of research in this area is evident.

CHAPTER 3. PURPOSE

The purpose of this study is to examine whether the various training suggestions made in the literature influence perceived preparedness of MFT master's degree students to work with clients from different ethnic groups. This research is intended to explore questions not asked previously – whether or not students believe they are prepared (perceived preparedness) and what aspects of training influence perceived preparedness. This is different from other aspects of preparedness which might be measured by a scale such as the MCKAS. While there has been much research and speculation about the level of preparedness and the effectiveness of training programs, to this point no one has explored student perceptions of their training in terms of whether or not they believe they are being well-prepared in this area and whether current recommendations in the area of training contribute to perceived preparedness. Any steps undertaken by training programs to improve training in the area of cultural awareness are undermined if students – the ones who will be taking this training and putting it into practice – do not believe they are prepared.

Perceived level of preparedness has important implications for clients and for the field of MFT. Services to clients of different ethnic groups will suffer if clinicians do not feel they can effectively meet their needs because of a lack of preparation in their training program. In addition, these students will become clinicians who will enter into the mental health field as representatives of the MFT field. Their beliefs about their training experiences will be demonstrated and communicated to other professionals. These students may also become supervisors who will continue to train others who are not prepared to work with clients from different ethnic groups. It is also important to explore whether current practices and recommendations with regard to training are contributing to preparedness or not.

Perceived student preparedness is likely related to many aspects of a training program and its culture. In this study I examine the factors in training which are related to perceived preparedness through a survey administered to marriage and family therapy master's students. I expect that there will be certain aspects of training programs that will predict perceived preparedness. As there is little previous research in this area this study is intended to be exploratory. It is therefore difficult to determine which aspects of training will be most predictive of perceived preparedness. However, based on the literature, there are a number of factors which might be expected to be related to perceived preparedness. These factors are suggestions that have been made by educators and others in the field as to how a training program should be structured and what should be offered to students in order to best prepare them to work with families from different ethnic groups. As suggestions for training programs have been discussed in depth previously, I will only briefly list them in this section.

Relative to the academic aspects of training, the following have been identified as important and therefore may be related to perceived preparedness: an integrated curriculum (Falicov, 1988; Green, 1998; Hardy, 1991; Hardy & Laszloffy, 1992, 1994; Zimmerman & Haddock, 2001) which includes focus on both theory and application of multicultural principles (Zimmerman & Haddock, 2001); knowledge of various ethnic groups (Corvin & Wiggins, 1989; McGill, 1992; McGoldrick et al., 1996; Preli & Bernard, 1993); awareness of differences within ethnic groups as well as the similarities within an ethnic group (TMOS) (Hardy, 1991); and inclusion of a discussion of culture in relation to the presenting problem and treatment regardless of the client's ethnicity in all supervision sessions (Green, 1998).

It is also possible that features of the environment in the training program influence perceived preparedness. Some recommendations that have been made in this area are that

students should regularly evaluate the program in terms of ethnicity issues (Deacon & Piercy 2000; Green 1998); training programs should challenge the way students think about ethnicity (Corvin & Wiggins, 1989); and that the program should foster an atmosphere of humility in which students are comfortable to challenge their thinking (Zimmerman & Haddock, 2001). It has also been recommended that therapist self- awareness be increased in a variety of ways (Corvin & Wiggins, 1989; Hardy & Laszloffy, 1992, 1994; Lappin, 1983; McDowell et al., 2003; Preli & Bernard, 1993; Walker, 1993).

Hypotheses

Each of the following hypotheses is based on a suggestion in the literature, about which a survey question was asked (see Appendix).

H₁: An integrated curriculum will predict stronger agreement with feeling prepared for MFT master's students.

H₂: The opportunity to evaluate the training program with regard to ethnicity issues will predict stronger agreement with feeling prepared for MFT master's students.

H₃: Learning about ethnic groups will predict stronger agreement with feeling prepared for MFT master's students.

H₄: Learning about the differences between members of the same ethnic group will predict stronger agreement with feeling prepared for MFT master's students.

H₅: Considering challenges that may arise during therapy when working with clients from different ethnic groups as part of training will predict stronger agreement with feeling prepared for MFT master's students.

H₆: Talking about ethnicity in relation to clients with faculty or supervisor during training will predict stronger agreement with feeling prepared for MFT master's students.

H₇: Increasing therapist self-awareness through training will predict greater feelings of preparedness in MFT master's students.

CHAPTER 4. METHOD

Sample

Participants were master's degree students in accredited marriage and family therapy training programs. Master's level students were chosen because the master's degree is recognized by many as being the terminal degree for practice in the field (Storm, 1991). Only accredited programs were used in this study because of the accreditation requirement to include diversity issues in the curriculum. A total of 146 surveys were returned, resulting in a sample of 142. Participants were eliminated for reasons such as not being part of an accredited program and for only completing a few questions on the survey. The sample consisted of 22 males and 119 females (one participant did not answer this question). A majority (76%) of the sample identified themselves as Caucasian, 6% as Black, 6% as other (e.g., Lebanese, Middle Eastern, Jewish), 6% as multi-racial, 5% as Asian/Pacific Islander, and .7% as Hispanic. This is consistent with the findings of Johnson and Benningfield (2003) with regard to diversity in the field of marriage and family therapy. The sample for this study contained a slightly higher percentage of Caucasian students and fewer Hispanic students than Johnson and Benningfield (2003) found.

Ninety-one and a half percent of the respondents were working toward earning master's degrees in marriage and family therapy or a specialization in marriage and family therapy, with degrees in social work and education accounting for the remainder. The mean number of months of experience seeing clients for this sample was 10.15; however, the mode was zero months, with 36.6% of the sample reporting that they did not currently have any client contact at this time. A majority of the students were in their second semester of training. The range of experience was from zero to 72 months. A majority of the sample

reported gaining all of their experience during the training program. Most reported having had the opportunity to work with clients from a different ethnic group, with percentages of clients from a different ethnic group ranging from one to 99% with the average being 10%.

The responding programs were from all regions of the country. Out of the 56 COAMFTE accredited master's programs, 23 different programs responded (41%). A large majority of the programs (73%) required a course on ethnicity. Most students begin seeing clients during their second (36.6%) or third (40.8%) semesters.

Procedure

A list of COAMFTE accredited master's programs and program directors was taken from the AAMFT Web site (http://www.aamft.org/resources/Online_Directories/coamfte.htm). There were 56 accredited programs in 33 states. An e-mail was sent to each program director asking them if they would be willing to forward a recruitment message to their students and, if they agreed to do this, to also reply to me with the number of master's students currently enrolled in their program. A second message was sent to non-responding programs several weeks later. Twenty-three programs (41%) responded with a possible sample of 604 students. The program directors forwarded a recruitment message to their students, which directed the students to a Web site from which to complete the survey. A second message was also sent to participating programs asking them to send a second recruitment message to their students in order to increase the response. Based on the population of students from the responding programs the final response rate was 24%.

The Web site used for the survey and data collection was PsychData (<http://www.psychdata.com>), an online data collection service for the social sciences. An informed consent statement was provided at the beginning of the survey. Subjects gave their

consent by clicking the “continue” button. Subjects completed the survey confidentially online through the PsychData Web site which utilizes encrypted data transfer. Subjects were assigned a number, and IP addresses were collected with the data to help ensure subjects only complete the survey once. IP addresses were discarded upon completion of the data collection. The file was sorted by IP address and there was no indication that any participants completed the survey more than once.

As an incentive, participants were offered a chance to be entered into a random drawing for a chance to win one of three \$50.00 gift certificates to Amazon.com. Upon completion of the survey, participants were offered the opportunity to provide their e-mail address in order to be entered into the drawing. When the data collection was complete, this information was removed from the original data set and put into a new Excel spreadsheet. Three numbers were selected from a random number table and the corresponding participant numbers were selected as the winners of the drawing. Electronic gift certificates from Amazon.com were sent to the winners’ e-mail addresses. The file containing the e-mail addresses was then discarded.

Subjects who did not meet the criteria for participation in the survey were discarded resulting in a final sample of 142. Once these cases were removed the data related to the screening questions (accredited program, master’s degree) was removed as it was not relevant to the analysis since all remaining subjects met the participation criteria. The race variable was recoded into six categories to represent each racial group. Missing data was replaced with the mean of the variable for 13 variables. The maximum number of cases replaced for a variable used in the final analysis was six, which is well within the guideline of replacing up to 15% of missing data for a variable (George & Mallery, 2003).

Data was initially stored on the PsychData Web site in a secured area requiring a user name and password for access. The data was then downloaded and analyzed using Microsoft Excel and SPSS. The SPSS files and all other files associated with the data were stored on a personal computer as well as at the Iowa State University College of Family and Consumer Sciences server and backed up periodically.

Measure

Participants were asked to complete an on-line questionnaire consisting of demographic questions, questions about their program, and questions based on the recommendations for training programs that have been suggested in the marriage and family therapy literature (see Appendix). Although some of these suggestions have also been made in the counseling psychology literature, none of the training suggestions explored in this study were made exclusively in the counseling psychology field. Most of the items were Likert-type questions using a four-point rating scale ranging from strongly agree to strongly disagree. The remaining questions were demographic questions and questions intended to eliminate unqualified participants. The survey instrument consisted of 31 questions and took approximately 10 to 15 minutes to complete. The survey questions were developed by examining the main themes and recommendations in the literature. Each of the questions asked in the survey was directly related to one of these suggestions in the literature (see Appendix).

Statistical Analyses

There were 13 original predictor variables based on suggestions for improving training made in the literature. Seven independent variables were chosen for the final analysis (see Table 1). The two predictor variables represented by question 13 (my knowledge about

ethnic groups was gained mostly in my training) and question 23 (My current supervisor encourages me to think about ethnicity issues) were excluded from the analysis. The variable for question 13 was excluded because I decided to limit the analysis to factors which could be controlled or influenced by the training program, and whether a person's knowledge about ethnic groups was gained mostly in their training is generally not something training programs can control. The variable for question 23 was excluded because there was a large amount of missing data for this question. After examining the question and the missing data pattern, I determined that this question was problematic because it asks about the student's current supervisor. As many members of the sample are not yet seeing clients they do not have a supervisor and were therefore unable to answer this question. The criterion variables chosen for analysis were represented by questions 26 (I currently feel prepared to work with clients from different ethnic groups) and 27 (I anticipate that I will feel prepared to work with clients from different ethnic groups when I complete my program). Question 28 (I felt prepared to work with clients from different ethnic groups when I started my program) was excluded as both an independent and dependent variable because as previously mentioned, previous experience or feelings of preparedness is not something that can be controlled by training programs.

A correlation matrix was created for the remaining 11 predictor variables (see Table 2). Variables correlated at a level of .6 or higher were combined to form new variables (see Table 3). The new variables were created by taking the mean of the two variables to be combined using the compute function in SPSS. When combining variables, the conceptual fit of the variables was considered in addition to the correlation. Variables were combined to ensure an adequate sample size for the analyses. According to the formula proposed by

Green (1991) for a medium effect size ($p < .05$) the minimum sample needed for this analysis is 103, and the sample that was used consisted of 142 subjects. Six pairs of variables were found to be correlated at the .6 or higher level and several of these were combined to create new variables. The first pair of variables to be combined was question 16 (During my training I have learned about various ethnic groups [i.e. American Indian, Haitian, Mexican, Japanese]) and question 17 (I have learned about the similarities between people in an ethnic group). The combined variable was named “learning about ethnic groups.” Conceptually, it seemed that if one was learning about ethnic groups in general, one would also be learning about the characteristics shared by members of this group. Therefore it seemed appropriate to combine these variables.

The variable represented by question 19 (In my training we have discussed possible challenges that may arise when working with clients from different ethnic groups) was found to be correlated at the $\geq .6$ level with three other variables: question 14 (My training program integrates ethnicity issues throughout the curriculum); question 18 (I have learned that there may be differences between people in the same ethnic group); and question 20 (As part of my training program I have considered the implications of certain therapy models and ethnicity). As the integrated curriculum variable (question 14) is a strong and frequently made recommendation for improving training programs I felt it was necessary to keep this variable separate and not to combine it with another variable. Of the remaining two variables with which the variable represented by question 19 was correlated at the $\geq .6$ level, the strongest correlation was with the variable represented by question 20 and so these two variables were combined to create the new variable “considering challenges.” This was the second pair of combined variables. As implications of certain therapy models may be one challenge to

consider when working with clients from different ethnic groups, question 20 seemed to be a more specific application of the more general statement in question 19. Since these concepts are closely related it seemed conceptually appropriate to combine these variables.

The third set of combined variables was question 21 (As part of my training I have discussed with MFT faculty or my supervisor how to talk about ethnicity in relation to the client's presenting problem) and question 22 (My training program has prepared me to talk to clients about ethnicity). This variable was named "talking about ethnicity." These two questions addressed basically the same concept: talking to clients about their ethnicity and how it is relevant to therapy. Question 21 considers whether or not the program addresses talking to clients about ethnicity and question 22 considers if students feel prepared to perform this task. The relationship between these variables seems to be one of concept and application of this concept in the therapy room. These variables were combined based on this relationship.

The final set of variables combined was question 24 (I have participated in activities in my classes that increased my awareness of my own ethnic background) and question 25 (My training has challenged the way I think about different ethnic groups). The new variable was named "self-awareness." Participating in activities that increase a student's awareness of his/her own ethnic background is one way in which a program might challenge the way students think about ethnic groups, therefore it seemed conceptually appropriate to combine these variables.

After calculating the new variables, two linear multiple regression analyses using the enter method were conducted with the seven remaining predictor variables (see Table 1) and the two criterion variables (feeling prepared currently and feeling prepared upon completion

of training). The purpose of these analyses was to determine which aspects of training (and to what extent) predict feeling prepared for MFT master's students.

Table 1

Hypotheses, Variable Names and Corresponding Survey Questions

Hypothesis	Variable Name	Survey Question
H ₁	Integrated curriculum	My training program integrates ethnicity issues throughout the curriculum. (Question 14)
H ₂	Program evaluation	In my training program I have been given opportunities by MFT faculty members to evaluate my training with regard to ethnicity issues. (Question 15)
H ₃	*Learning about ethnic groups	During my training I have learned about various ethnic groups (i.e. American Indian, Haitian, Mexican, Japanese). (Question 16) I have learned about the similarities between people in an ethnic group. (Question 17)
H ₄	Within ethnic group differences	I have learned that there may be differences between people in the same ethnic group. (Question 18)
H ₅	*Considering challenges	In my training we have discussed possible challenges that may arise when working with clients from different ethnic groups. (Question 19) As part of my training program I have considered the implications of certain therapy models and ethnicity. (Question 20)
H ₆	*Talking about ethnicity	As part of my training I have discussed with MFT faculty or my supervisor how to talk about ethnicity in relation to the client's presenting problem. (Question 21) My training program has prepared me to talk to clients about ethnicity. (Question 22)
H ₇	*Self-awareness	I have participated in activities in my classes that increased my awareness of my own ethnic background. (Question 24) My training has challenged the way I think about different ethnic groups. (Question 25)

*indicates combined variable

Table 2

Correlations Between Variables Before Combination

Variable (Question number)	1	2	3	4	5	6	7	8	9	10	11
1. Integrated curriculum (14)	--	.424	.399	.465	.485	.680	.515	.396	.545	.453	.517
2. Evaluation (15)	.424	--	.482	.431	.365	.389	.345	.494	.466	.416	.478
3. Ethnic groups (16)	.399	.482	--	.643	.491	.477	.485	.407	.541	.452	.507
4. Similarities between group members (17)	.465	.431	.643	--	.488	.487	.437	.377	.532	.449	.396
5. Within group differences (18)	.485	.365	.491	.488	--	.602	.464	.337	.426	.366	.469
6. Discussing challenges (19)	.680	.389	.477	.487	.602	--	.673	.394	.532	.522	.470
7. Implications of therapy models (20)	.515	.345	.485	.437	.464	.673	--	.466	.547	.389	.454
8. How to talk about ethnicity (21)	.396	.494	.407	.377	.337	.394	.466	--	.698	.453	.385
9. Prepared to talk about ethnicity (22)	.545	.466	.541	.532	.426	.532	.547	.698	--	.547	.483
10. Activities (24)	.453	.416	.452	.449	.366	.522	.389	.453	.547	--	.625
11. Challenges thinking (25)	.517	.478	.507	.396	.469	.470	.454	.385	.483	.625	--

Table 3

Variables Correlated at .6 or Greater

Variable Pairs	Correlation
Questions 14 (My training program integrates ethnicity issues throughout the curriculum) & 19 (In my training we have discussed possible challenges that may arise when working with clients from different ethnic groups)	.680
*Questions 16 (During my training I have learned about various ethnic groups (i.e. American Indian, Haitian, Mexican, Japanese) & 17 (I have learned about the similarities between people in an ethnic groups) New variable name: Learning about ethnic groups	.643
Questions 18 (I have learned that there may be differences between people in the same ethnic group) and 19	.602
*Questions 19 & 20 (As part of my training program I have considered the implications of certain therapy models and ethnicity) New variable name: Considering challenges	.673
*Questions 21 (As part of my training I have discussed with MFT faculty or my supervisor how to talk about ethnicity in relation to the client's presenting problem) & 22 (My training program has prepared me to talk to clients about ethnicity) New variable name: Talking about ethnicity	.698
*Questions 24 (I have participated in activities in my classes that increased my awareness of my own ethnic background) and 25 (My training has challenged the way I think about different ethnic groups) New variable name: Self-awareness	.625

*Indicates variables that were combined to create a new variable

CHAPTER 5. RESULTS

In general, students completing the survey reported high levels of perceived preparedness. In response to the statement “I anticipate that I will feel prepared to work with clients from different ethnic groups when I complete my program,” (Question 27) 92.9% of the students reported agreement or strong agreement. Seventy-seven percent of students indicated they agreed or strongly agreed with the statement “I currently feel prepared to work with clients from different ethnic groups” (Question 26). Interestingly, a majority (54.3%) of the students agreed or strongly agreed with the statement “I felt prepared to work with clients from different ethnic groups when I started my program” (Question 28)

For each of the hypotheses there are two criterion variables: feeling prepared currently and anticipating feeling prepared when finished with training. Therefore, it is possible that an independent variable may be a predictor for one of the criterion variables but not for the other.

There were no predictor variables that predicted a belief of feeling prepared currently for MFT master’s students. The only variable that approached significance in this model was the variable talking about ethnicity (H_6) ($p = .055$). Two variables significantly contributed to predicting feeling prepared upon completion of training for MFT master’s students. These were having learned about the differences between members of the same ethnic group ($\beta = .199, p = .027$) and considering challenges when working with clients from different ethnic groups ($\beta = .217, p = .039$). This overall model accounted for 35.1% (Adjusted $R^2 = .351$) of the variance in the dependent variable of feeling prepared upon completion of the training program. Adjusted R-squared was used because it is a more conservative estimate of the

amount of variance accounted for. As this study consisted of a relatively small sample and is intended to be exploratory I felt a more conservative estimate was needed.

Table 4

Summary of Multiple Regression Analysis for Variables Predicting Feeling Currently Prepared to Work With Clients from Different Ethnic Groups (N = 142)

Variable	B	SE B	β
Integrated curriculum (Question 14)	-.016	.104	-.015
Program evaluation (Question 15)	.096	.081	.106
Learning about ethnic groups (Questions 16, 17 combined variable)	.188	.110	.173
Learning about within ethnic group differences (Question 18)	.006	.105	.005
Considering challenges (Questions 19, 20 combined variable)	.198	.120	.181
Talking about ethnicity (Questions 21, 22 combined variable)	.205	.106	.194
Self-awareness (Questions 24, 25 combined variable)	.054	.100	.053

Note. Adjusted $R^2 = .278$

* $p < .05$

Table 5

Summary of Multiple Regression Analysis for Variables Predicting Feeling Prepared to Work With Clients from Different Ethnic Group upon Completion of Training Program (N = 142)

Variable	B	SE B	β
Integrated curriculum (Question 14)	.163	.084	.183
Program evaluation (Question 15)	-.009	.066	-.011
Learning about ethnic groups (Questions 16, 17 combined variable)	-.054	.090	-.058
Learning about within ethnic group differences (Question 18)	.190	.085	.199*
Considering challenges (Questions 19, 20 combined variable)	.203	.098	.217*
Talking about ethnicity (Questions 21, 22 combined variable)	.103	.086	.113
Self-awareness (Questions 24, 25 combined variable)	.101	.081	.116

Note. Adjusted $R^2 = .351$

* $p < .05$

Results for Specific Hypotheses

The first hypothesis (H_1 : An integrated curriculum will predict stronger agreement with feeling prepared for MFT master's students.) was not supported for either criterion variable (for feeling prepared now $\beta = -.015, p = .879$; for feeling prepared after training $\beta = .183, p = .056$). This study found no indication that an integrated curriculum predicts perceived preparedness in MFT master's students.

For H_2 (the opportunity to evaluate the training program with regard to ethnicity issues will predict stronger agreement with feeling prepared for MFT master's students) neither the criterion variable feeling prepared now ($\beta = .106, p = .242$) nor feeling prepared after training ($\beta = -.011, p = .895$) were supported. This study found no indication that the opportunity for students to evaluate the training program predicts perceived preparedness in MFT master's students.

The third hypothesis (learning about ethnic groups will predict stronger agreement with feeling prepared for MFT master's students) was not supported for either criterion variable (for feeling prepared now $\beta = .173, p = .090$; for feeling prepared after training $\beta = -.058, p = .548$). This study found no indication that learning about ethnic groups predicts perceived preparedness in MFT master's students.

With regard to H_4 (learning about the differences between members of the same ethnic group will predict greater feelings of preparedness in MFT master's students) this study found that it was not supported for the criterion variable of feeling prepared currently ($\beta = .005, p = .954$). There is no indication that learning about differences between members of the same ethnic group predicts current perceived preparedness in MFT master's students. However, this hypothesis was supported for the criterion variable of believing one will feel

prepared upon completion of the training program ($\beta = .199, p = .027$). This indicates that learning about differences between members of the same ethnic group predicts MFT masters students' belief that they will feel prepared upon completion of the training program.

The fifth hypothesis (considering challenges that may arise during therapy when working with clients from different ethnic groups as part of training will predict greater feelings of preparedness in MFT master's students) was not supported for the dependent variable of feeling prepared currently ($\beta = .181; p = .103$). There is no indication that considering challenges that may arise during therapy as part of training predicts current perceived preparedness in MFT master's students. However, this hypothesis was supported for the criterion variable of believing one will feel prepared upon completion of the training program ($\beta = .217, p = .039$). This indicates that discussing possible challenges that may arise when working with clients from different ethnic groups and considering the implications of certain therapy models and ethnicity as part of training predicts MFT masters students' belief that they will feel prepared upon completion of the training program.

Talking about ethnicity in relation to clients with faculty or supervisor during training (H_6) was not found to be a significant predictor for either criterion variable (for feeling prepared now $\beta = .194, p = .055$; for feeling prepared after training $\beta = .113, p = .237$). This study found that talking about ethnicity in relation to clients with faculty or supervisor during training does not predict perceived preparedness in MFT master's students.

Finally, H_7 (increasing therapist self-awareness through training will predict greater feelings of preparedness in MFT master's students) was not found to be supported for either criterion variable (for feeling prepared now $\beta = .053, p = .593$; for feeling prepared after training $\beta = .116, p = .217$). There is no indication that training that offers the opportunity to

participate in activities that increase students' awareness of their ethnic background and challenges the way that they think about different ethnic groups predicts perceived preparedness in MFT master's students.

CHAPTER 6. DISCUSSION

The independent variables found to predict perceived preparedness upon completion of training for MFT master's students are related to the training issues of integrated curriculum and the TMOS. Although the integrated curriculum variable was not found to be significant, the variable discussing possible challenges that may arise when working with clients from different ethnic groups and considering implications of therapy models and ethnicity was found to be significant. This variable was based upon suggestions made by Zimmerman and Haddock (2001) regarding how to implement an integrated curriculum. It is possible that this finding indicates that students are participating in an integrated curriculum but are not recognizing these traits to be part of an integrated curriculum. It seems likely that students may not know that this is the "name" for the type of instruction they are receiving. Specifically, at least these elements of an integrated curriculum have been found to be predictive of perceived preparedness upon completion of training for MFT master's students.

The second significant variable, learning about the differences between people in the same ethnic group, comes from Hardy's (1991) concept of the TMOS. That this variable was found to be significant suggests that programs may be addressing the TMOS in their curricula. It also suggests that Hardy may be correct in his assertion that teaching students about both the similarities and differences between people in an ethnic group is important for preparing MFTs to work with clients from different ethnic groups. However this study only offers support for teaching about the differences between people in an ethnic group when considering students' belief that they will feel prepared upon completion of training. The variable related to learning about ethnic groups in general was not significant – rather it was learning about the differences among group members that was important in predicting

perceived preparedness. It is interesting to consider the possible reasons for this finding. It is possible that students come to training with preconceived ideas about various ethnic groups and how people in each group are similar to one another. The idea that there can be a great deal of variance of traits among people who are members of the same ethnic groups may be new to many therapists in training, and so this new information may be more important in helping them feel prepared. It may also be that therapists in training (specifically White therapists raised in the United States) are more comfortable with the idea that despite ethnicity we are all individuals, which is consistent with our cultural belief in individualism.

The finding that there were no significant predictors for feeling prepared currently raises questions about the nature of perceived preparedness. A majority of students indicated that they felt currently prepared, but a much larger percentage (92.9%) indicated they believed they would feel prepared to work with clients from different ethnic groups upon completion of their training. Upon first consideration it seems that the most important question is how students anticipate they will feel when they finish their training, but it also seems possible that perceived preparedness is not static. This possibility is heightened by the large number of students who indicated they felt prepared to work with clients from different ethnic groups before they started their training. It is not known if these students still feel prepared currently or how students' perceived preparedness might change over time. Another possibility is that students' definitions of what it means to be prepared may change throughout or as a result of training. More research is needed to determine how perceived preparedness may change during training and what the implications of this might be for training programs. It would also be interesting to conduct a follow-up survey with students who had completed training to determine if they felt prepared at that time.

With regard to the variables that were not found to be predictors of perceived preparedness, one might wonder if this could be because not many programs in this sample were engaged in these practices, however this is not the case. For the integrated curriculum variable 89.5% of the students agreed or strongly agreed that their program was using an integrated curriculum. A majority (68.3%) also indicated that they have had the opportunity to evaluate their program with regards to ethnicity issues, have learned about different ethnic groups (71.8%), have talked about ethnicity (72.5%), and have participated in activities to increase self-awareness (74%). From these results it is clear that programs are engaged in these practices and therefore it can be concluded that these training suggestions were not found to be significant for other reasons than that they are not being implemented.

Implications for Training

Based on the assumption that training programs intend to do things that lead to students feeling prepared to work with clients from different ethnic groups, this study has several implications. One is that discussing and anticipating the possible challenges and of working with clients from different ethnic groups is a useful practice. While this does not directly point to an integrated curriculum, the practice of discussing and anticipating challenges is one aspect of an integrated curriculum as identified by Zimmerman and Haddock (2001). For example, in an integrated curriculum faculty might talk with students about what challenges might arise when working with clients from different ethnic groups relative to the concepts they are learning. If a curriculum is not integrated it is unlikely that this practice would take place. In addition, it is useful for students to learn about the differences between members of the same ethnic group as part of training. This finding

seems to indicate that training programs should be aware of stereotypes and focus more attention on addressing differences between members of the same ethnic group.

As a starting point, it might be useful for training programs to consider the two variables found to be significant predictors of perceived preparedness in this study and how these variables fit into their current curriculum. This study in no way suggests that the other factors that were not found to be significant are not useful in the education of MFT master's students – they were merely not predictive of perceived future preparedness. As this research is exploratory, the suggestions provided here are tentative and in need of further research.

Limitations

Certain aspects of the sample may be limitations of the current study. Many of the students in the sample had not yet started seeing clients, and it is possible that these students responded differently than those with more experience would have. Another possible limitation is that program directors were asked to forward the recruiting message on to students. It is possible that the training programs whose directors encouraged students to participate are different somehow than those who did not respond. Perhaps program directors who are interested in this topic have programs in which students feel more prepared. Also, there could be certain characteristics of students who agree to participate in a study on this topic. Students who are interested in this topic may be motivated to learn more about it and therefore feel more prepared. Students' responses may also be influenced by wanting to present their program as preparing students well, or by being reluctant to admit that their program doesn't address certain issues. While the survey questions did not present any of the training practices as positive or negative, students might make assumptions that training programs should be doing all of the things asked about.

The criterion variable of feeling prepared upon completion of training variable has potential limitations in that it asks students to project future feelings and there is a chance they are overly optimistic about how they will feel upon completion of training. It is also possible that students are optimistic that certain yet-to-be-addressed issues related to working with different ethnic groups will be presented in the future; however, this may or may not be the case. It is still important to know the predictors of this variable however because it is useful for training programs to know what practices contribute to feeling prepared.

Future Research

The current study addressed only training recommendations that have been made in the literature. It is possible there are other aspects of training or individual characteristics that may also influence perceived preparedness. One possible area for future study is how experience both before and during training is related to perceived preparedness. It might also be interesting to consider other personal variables such as age, gender, or race. For instance there might be differences in perceived preparedness based on age, as older students might feel more confident about their abilities overall or might have more experience. There also might be differences between males and females as it is possible that males are socialized to be more confident in their abilities than females. Also, past research has found race or ethnicity to be predictor of self-reported multicultural counseling competence on the MCKAS so it is possible it could be a factor with regard to perceived preparedness as well (Constantine et al., 2001). With relation to training programs other variables to be included could be program size, the ethnic composition of the faculty, and the region of the country in which the program resides. In addition, this study could be improved in the future by

contacting students directly during the recruiting process so as to avoid the initial decision about student participation being made by the program director rather than the students.

This study also only considers master's students. It is possible that different results would be obtained using a sample of doctoral students. It would be expected that the focus of a doctoral program is somewhat different than that of a master's program. Whereas the focus of a master's program is clinical preparedness, doctoral programs expand this focus to becoming prepared to be a faculty member and researcher as well. Doctoral students might have different needs than master's students to feel prepared. Doctoral students might also vary more in their experience than the current sample and this might influence the results.

Conclusion

There is still much to be learned about the factors that predict perceived preparedness in MFT master's students. However, this study has provided a beginning point for research in this area, and for identifying the factors that lead to perceived preparedness. I am hopeful that these results will lead to improved training in the field of marriage and family therapy for future generations of therapists.

APPENDIX: SURVEY AND SURVEY QUESTION JUSTIFICATION

Please complete the following information about you.

1. Is your training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)?
☐ Yes ☐ No

2. Please indicate your level of training:
☐ Master's Student ☐ Ph. D. Student

3. Which semester of your program are you currently completing (first, second, third, etc.)?

<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7 or beyond
<input type="checkbox"/> 2	<input type="checkbox"/> 5	
<input type="checkbox"/> 3	<input type="checkbox"/> 6	

4. My master's degree will be in:
☐ Marriage and family therapy/specialization in MFT
☐ Social work
☐ Counseling
☐ Psychology
☐ Other (indicate)

Questions 1-4 are demographic and screening questions. Subjects should be master's level students in accredited programs.

When completing this survey, please use the following definition of ethnic group to inform your answers: A group "in which members consider themselves to be alike because of common ancestry of history and interact voluntarily to develop social organizations and maintain a common culture" (Christenson, 1989).

Please answer the following questions about the experiences you have had working with clients from different ethnic groups.

5. At the current time, how many years of experience do you have conducting therapy (including experiences before your training program)? If less than one year please indicate as months. If you have no experience at this time please enter "0" in the year category.
 ____ year(s) OR ____ month(s)
6. A majority of this experience was obtained (skip if no experience)
☐ As part of my training program
☐ During prior clinical experience
7. Have you had the opportunity to work with clients from a different ethnic group than your own during your training program?
☐ Yes ☐ No
8. If yes, please estimate the percentage of your all your clients (past and present) that have been from a different ethnic group than you. ____%
9. Does your program require a course on culture/ethnicity?
☐ Yes ☐ No
10. If yes have you completed this course?
☐ Yes ☐ No
11. Please indicate in which semester you completed/plan to complete this course (first, second, third, etc.):
☐ 1 ☐ 4 ☐ 7 or beyond
☐ 2 ☐ 5
☐ 3 ☐ 6
12. Please indicate during which semester you will begin to/begun seeing clients (first, second, third, etc.):
☐ 1 ☐ 4 ☐ 7 or beyond
☐ 2 ☐ 5
☐ 3 ☐ 6

Questions 5-12 are intended to gather additional information about the sample.

Please answer the following questions about your experience and training program. For questions 13-28 please answer using a 4-point scale where:

1=strongly agree

2= agree

3= disagree

4=strongly disagree

13. My knowledge about different ethnic groups was gained mostly from my training.

Having some knowledge about ethnic groups has been suggested to be important (Corvin & Wiggins, 1989; McGill, 1992; McGoldrick, Giordano, & Pearce, 1996; Preli & Bernard, 1993).

14. My training program integrates ethnicity issues throughout the curriculum

Integration of ethnicity issues into all aspects of the training experience has been recommended as a way to avoid marginalization of cultural issues. (Green, 1998; Hardy & Laszloffy, 1994; Falicov, 1988; Leslie, 1995; Preli & Bernard, 1993)

15. In my training program I have been given opportunities by MFT faculty members to evaluate my training with regard to ethnicity issues.

Deacon and Piercy (2000) suggest that an important part of a quality training program involves ongoing student evaluation of the program. This idea is also supported by Green (1998) who suggests that upon conclusion of each course students should evaluate how well the instructor addressed multicultural content and that these evaluations should be used in decisions about raises, promotions, and retention of faculty.

16. During my training I have learned about various ethnic groups (i.e. American Indian, Haitian, Mexican, Japanese).

Some knowledge of various ethnic groups is said to be necessary in order to work effectively with clients from these groups (Corvin & Wiggins, 1989; McGill, 1992; McGoldrick et al., 1996; Preli & Bernard, 1993)

17. I have learned about the similarities between people in an ethnic groups

18. I have learned that there may be differences between people in the same ethnic group.

Questions 17-18 address the theoretical myth of sameness. According to Hardy (1991) it is important to study differences within ethnic groups as well as the similarities within an ethnic group in order to avoid perpetuating the theoretical myth of sameness. Falicov (1988) writes that one of the cultural objectives of training should be to emphasize universal characteristics of a culture "while recognizing that all families have culture-specific and idiosyncratic behaviors" (p. 336).

19. In my training we have discussed possible challenges that may arise when working with clients from different ethnic groups.

20. As part of my training program I have considered the implications of certain therapy models and ethnicity.
21. As part of my training I have discussed with MFT faculty or my supervisor how to talk about ethnicity in relation to the client's presenting problem.
22. My training program has prepared me to talk to clients about ethnicity.

Questions 19-22 address suggestions for implementing an integrated curriculum. Zimmerman and Haddock (2001) propose that training should focus on both theory and application of multicultural principles. They write, "training should address the intricacies and practicalities of specific ways that therapists can attend to gender and culture interactions with clients" (p. 7-8).

23. My current supervisor encourages me to think about ethnicity issues.

Green (1998) proposes that all supervision sessions should include a discussion of culture in relation to the presenting problem and treatment regardless of the client's ethnicity.

24. I have participated in activities in my classes that increased my awareness of my own ethnic background.

It has been suggested that students should participate in various activities such as cultural genograms and other types of presentations in order to increase their awareness of their own culture. (Walker, 1993; Corvin & Wiggins, 1989; Falicov, 1988)

25. My training has challenged the way I think about different ethnic groups.

It is important for therapists to recognize their own potential biases (Corvin & Wiggins, 1989). Zimmerman and Haddock (2001) also suggest that programs should cultivate an atmosphere of humility in which students are comfortable to challenge their thinking.

26. I currently feel prepared to work with clients from different ethnic groups.
27. I anticipate that I will feel prepared to work with clients from different ethnic groups when I complete my program.
28. I felt prepared to work with clients from different ethnic groups when I started my program.

These are the criterion variables.

Please complete the following demographic information:

29. Please indicate your sex:

☐ Male

☐ Female

30. Please indicate which you consider to be your racial/ethnic background. If you are multiracial please indicate the groups you identify most strongly with and then indicate your ethnic background in the next question.

☐ Asian/Pacific Islander

☐ Black

☐ Caucasian

☐ Hispanic

☐ Native American/American Indian

☐ Other (please indicate)

31. Please indicate how you would more specifically identify your ethnic background within these categories (e.g. Japanese, African-American, German-American, Irish, Mexican, Cherokee, etc.)

These questions provide additional demographic information.

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