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COUNSELOR EDUCATION STUDENTS' ETHNIC IDENTITY AND SOCIAL-COGNITIVE
DEVELOPMENT: EFFECTS OF A MULTICULTURAL SELF-AWARENESS GROUP
EXPERIENCE

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Educational and Human Sciences
in the College of Education
at the University of Central Florida
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ABSTRACT

The present study investigated the impact of a multicultural self-awareness personal growth group on counselor education students ($n = 94$) and group leaders ($n = 10$) and their ethnic identity development scores, social-cognitive maturity levels, and presence of group therapeutic factors. Findings from the study identified no statistically significant differences in ethnic identity development and social-cognitive maturity scores between treatment group and comparison group participants, or as a result of multiple measurements throughout the semester. However, a statistically significant effect was identified for time (pre-test, $M = 91.94$, $SD = 5.33$; mid-semester, $M = 90.32$, $SD = 6.43$; post-test, $M = 91.18$, $SD = 6.36$) on social-cognitive maturity TPR scores for treatment group participants, Wilk's Lambda = .90, $F(2, 63) = 3.39$, $p = .04$, $\eta^2 = .10$. In addition, positive correlations were identified between ethnic identity development scores and group therapeutic factors in students participating in the multicultural personal growth groups: (a) Instillation of Hope, $n = 63$, $r = .43$, $p = .00$ (18.5% of the variance explained); (b) Secure Emotional Expression, $n = 63$, $r = .39$, $p = .00$ (15.2% of the variance explained); (c) Awareness of Relational Impact, $n = 63$, $r = .47$, $p = .00$ (22.1% of the variance explained); and (d) Social Learning, $n = 63$, $r = .46$, $p = .00$ (21.2% of the variance explained). Furthermore, a discussion of implications for counselor education and the scholarship of teaching and learning (SoTL) with graduate students are included.

Keywords: counselor education and development, multicultural counseling and development, scholarship for teaching and learning, social-cognitive development, therapeutic group factors

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CHAPTER ONE: INTRODUCTION

Multicultural competence is paramount for counselors-in-training when working with clients in a therapeutic environment (Arredondo et al., 1996; Sue et al., 1982). Therefore, counselors need to be knowledgeable and aware of their cultural background and personal biases, cognizant of their clients' worldview, and able to research and integrate culturally relevant and appropriate interventions in their work with all clients (American Counseling Association [ACA], 2005; Arredondo et al., 1996; Sue et al., 1982). Counselor preparation programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2009) have a responsibility to develop culturally competent counselors, requiring programmatic curricula to address multicultural issues throughout coursework in the various specializations (e.g., mental health counseling).

Multicultural-focused small counseling group experiences may promote cultural competence in counselors-in-training when group members experience therapeutic factors (e.g., catharsis) through poignant moments during the group process (e.g., Rowell & Benschhoff, 2008). The small counseling groups, as a result of group dynamics, exposes student-group-members to multicultural topics supports experiential learning outcomes (Villalba & Redmond, 2008). As a result, multicultural group counseling experiences provide a non-judgmental environment to explore group members' ethnic identity development (Rowell & Benschhoff, 2008) which may influence group members' social-cognitive development (Loevinger, 1976, 1998). Therefore, multicultural counseling groups may be a viable method for preparing more culturally competent counselors-in-training.

The present study investigated multicultural counseling group experiences of first-semester counselor education graduate students and how these group experiences may be influenced the participants' ethnic identity development (Phinney & Ong, 2007), social-cognitive development (Hy & Loevinger, 1996), and identification of group therapeutic factors (Joyce, MacNair-Semands, Tasca, & Ogrodniczuk, 2011). In addition, the study examined the relationship between multicultural counseling group facilitators' ethnic identity and social cognitive development on group members' ethnic identity and social cognitive development. The findings from the study contribute to the counselor education and group work literature.

Background of the Study

Although, some argue that multicultural competencies are unnecessary (e.g., Patterson, 2004), counselors possessing higher levels of multicultural competence are more effective with their clients compared to counselors scoring at lower levels of competency (Arredondo, 1999; Hill, 2003; Ponterotto, Casas, Suzuki, & Alexander, 2009; Pope-Davis, Coleman, Ming Liu, & Toporek, 2003). In the counseling psychology and counselor education fields, scholars have investigated cultural competence in graduate students. However, Allison, Crawford, Echemendia, Robinson, and Knepp (1994) found that the majority of counseling psychology doctoral level participants ($N = 259$) self-reported as having low competence in working with ethnic minorities, but higher competence with European American, economically disadvantaged and female clients. Results from this survey supported the need for additional training in multicultural training for advanced graduate students, specifically with ethnic minorities.

Holcomb-McCoy and Myers (1999) surveyed a national sample of counseling professionals from CACREP and non-CACREP accredited programs ($N = 550$). The study

participants completed the *Multicultural Counseling Competence and Training Survey* (MCCTS; Holcomb-McCoy & Meyers, 1999), a 61-item instrument with six sections (e.g., multicultural counseling curriculum in entry-level graduate program). A factor analysis completed on the MCCTS (Holcomb-McCoy & Meyers, 1999) yielded five factors, which included: (a) knowledge of multicultural issues, (b) multicultural awareness, (c) multicultural counseling term definitions, (d) racial identity development, and (e) multicultural skills. Results indicated that counselors' self-perception of multicultural competence was between "competent" and "extremely competent," specifically in the areas of multicultural awareness, skills, and definitions of terms. Conversely, participants reported low levels of proficiency in the areas of racial identity and knowledge of multicultural issues. Additionally, they found no statistically significant differences between self-perceived multicultural competence in CACREP graduates and non-CACREP graduates. Furthermore, participants reported their multicultural counseling training to be less than adequate in the area of knowledge of multicultural issues. Finally, multivariate analyses identified ethnicity having a statistically significant difference in knowledge, awareness, racial identity, and skill factors of multicultural counseling competence, $F(16, 48) = 2.09, p < .03$; $F(5, 60) = 2.89, p < .03$; $F(2, 65) = 4.04, p < .03$; $F(5, 58) = 5.21, p < .01$; respectively.

Toporek and Pope-Davis (2005) surveyed a sample of master-level counseling students ($N = 158$) to investigate the relationship between multicultural training and perceptions of individual and structural poverty. Two hypotheses guided the study: (a) graduate students participating in more multicultural course or workshop would result in higher scores on a measure of structural attributions of poverty and (b) graduate students participating in more

multicultural course or workshop predicts lower scores on a measure of individual attributions of poverty. Participants completed the following four instruments: (a) *Beliefs about Poverty Scale* (Smith & Stone, 1989) to assess perceptions of poverty, (b) *Quick Discrimination Index* (QDI; Ponterotto et al., 1995) to measure attitudes about race, and (c) *Multicultural Social Desirability Scale* (MCSD; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998) which measures the desire to appear multiculturally sensitive. A hierarchical regression identified that participation in more multicultural training had a significant variance ($B = .407$, $SE B = .157$, $\beta = .194$, $p < .05$), $F(4, 158) = 13.908$, $p < .01$. Therefore, students endorsed structural explanations of poverty with more multicultural courses and workshops compared to students with less multicultural training. Additionally, students participating in more multicultural workshops who were less likely to contribute poverty to individual aspects compared to students that participated in fewer multicultural workshops ($B = -.351$, $SE B = .175$, $\beta = -.157$, $p < .05$). Consequently, results of the study supported both hypotheses; increased exposure to multicultural training predicted students' perceptions of poverty as being a structural manifestation rather than as a result of individual causes (e.g., race or ethnicity).

Therefore, the above studies (e.g., Allison et al., 1994; Holcomb-McCoy & Myers, 1999; Toporek & Pope-Davis, 2005) highlight the importance of increased multicultural training for graduate students. Allison et al. (1994) found that doctoral students ($N = 259$) self-reported less multicultural competence with ethnic minorities compared to non-minorities. Similarly, Holcomb-McCoy and Meyers (1999) concluded from their survey of CACREP-graduates that counselor professionals demonstrated competence in multicultural awareness, skills, and definitions of terms, but not knowledge of racial identity or knowledge of multicultural issues.

Lastly, Toporek and Pope-Davis (2005) found that participation in multicultural courses and workshops predicted graduate students' conceptualization of poverty from a structural level instead of based on racial stereotypes. Thus, empirical research is needed investigating multicultural training that graduate students receive in counselor education programs to prepare them to be culturally competent counselors.

Moreover, a positive relationship exists between multicultural competence and racial and ethnic identity development in counselors (e.g., Chao, 2006; Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994; Vinson & Neimeyer, 2000; 2003). However, research has historically focused on the positive correlation between White racial identity and multicultural competence (e.g., Fulton, 1994; Neville et al., 1996; Ottavi, 1996; Ottavi et al., 1994; Sabnani, Ponterotto, & Borodovsky, 1991). Yet, the researcher found few studies that specifically explored ethnic identity and multicultural competence in counselors-in-training (Chao, 2006).

Chao (2006) surveyed counseling professionals ($N = 338$) from the American Psychological Association (APA) and American Counseling Association (ACA) utilizing the following instruments: (a) *Multicultural Counseling Knowledge and Awareness Scale* (MCKAS; Ponterotto, Gretchen, Utsey, Riger, & Austin, 2002), (b) *Balanced Inventory of Desirable Responding* (BIDR; Paulhus, 1991), (c) MEIM (Phinney, 1992), (d) *Color-Blind Racial Attitudes Scale* (CoBRAS; Neville, Lilly, Duran, Lee, & Browne, 2000), and (e) a demographic form. A hierarchical regression was performed and ethnic identity (added as the fourth step) was found to have a significant additional variance on multicultural knowledge and awareness, R^2 change = .10, $F(1, 327) = 30.19, p < .001$. Therefore, counseling students scoring at higher levels of ethnic identity development possess greater multicultural competence as compared to students at lower

levels of ethnic identity maturity. Additional findings supported that number of multicultural courses and workshops had a significant variance, R^2 change = .07, $F(4, 328) = 5.40$, $p < .001$.

Thus, ethnic identity is relevant for counselors-in-training and can influence their subsequent cultural competence. Chao (2006) found that students with higher self-identified scores of ethnic identity were predictive of increased knowledge and awareness of multiculturalism. Therefore, higher levels of ethnic identity are beneficial for future counselors in their understanding of people who are culturally different from themselves. Yet, it is necessary to have more research that compares graduate students' ethnic identity as they begin their counseling curriculum and its relation to additional characteristics of effective counselors (e.g. higher levels of social-cognitive maturity).

Social-cognitive development (Loevinger 1976, 1998) correlates to desirable counselor qualities such as higher levels of self-awareness, self-regulation, autonomy, conceptual complexity, and integration, which are necessary when working with clients (Cannon & Frank, 2009; Lambie, 2007). In addition, counselors at higher levels of social-cognitive development score at higher in skills acquisition as compared to counselors at lower levels of development (e.g., Borders & Fong, 1989; Borders, Fong, & Niemeyer, 1986; Carlozzi, Gaa, & Lieberman, 1983), increased multicultural competence (Cannon & Frank, 2009) and higher self-reported scores of racial identity (Watt, Robinson, & Lupton-Smith, 2002). Additionally, Borders et al. (1986) found that higher levels of social-cognitive development resulted in greater self-awareness and acquisition of counseling skills in counselors based on a supervision model. Therefore, graduate students functioning at higher levels of social-cognitive maturity (e.g., self-

awareness, empathy, and wellness) may be better equipped to be effective counselors with diverse client populations.

Carlozzi et al. (1983) investigated counselors-in-training ($N = 51$) levels of ego development and empathy and found that increased ego development was positively correlated with increased empathy. Similarly, Borders and Fong (1989) explored ego development with beginning counseling students ($n = 80$) in a techniques of counseling course with videotaped sessions and advanced students ($n = 44$) with audiotapes of counseling sessions. The authors found a significant positive relationship between level of ego development and scores on videotaped sessions ($r = .24, p < .05$) for beginning counselors. However, when examining ego levels with audiotapes there was no significant relationship with counseling performance.

Additionally, Cannon and Frank (2009) investigated ego development and the relationship of multicultural competence with the inclusion of a 15-week Deliberate Psychological Education (DPE) intervention with counseling student interns. Two hypotheses guided the authors: (a) students in the treatment group who have higher post-test levels of ego development compared to two comparison groups and (b) students in the treatment group would have higher post-test scores on multicultural knowledge and awareness compared to two comparison groups. The findings identified a statistically significant difference in post-test WUSCT mean scores between participants of the intervention groups and the two comparison groups: intervention group ($M = 6.1$), comparison group 1 ($M = 5.0$) and comparison group 2 ($M = 5.4$). Additionally, there was significant main effect on the WUSCT $F(2, 51) = 5.77, p = .036$; eta squared = .30. However, results of the second hypothesis concluded that there was no statistically significant difference in multicultural knowledge and awareness scores between the

intervention group and comparison group 1, but a statistically significant difference compared to control group 2 at $F(2, 51) = 4.48, p < .05, \eta^2 = .25$. Therefore, ego development levels increased because of a multicultural-focused intervention and contributed to students' development.

Moreover, Watt et al. (2002) explored ego development and racial identity development of graduate students ($N = 38$) enrolled in Theories of Counseling, Multicultural Counseling, and Counseling Practicum courses. Participants completed the following questionnaires: (a) the 18-item WUSCT (Hy & Loevinger, 1996), (b) the 50-item *Racial Identity Attitude Scale* (RAIS-B; Helms, 1990) for non-Caucasian students to complete, and (c) the 50-item RIAS-W (Helms & Carter, 1990) for Caucasian students to complete. Four hypotheses guided the study: (a) advanced students would have higher levels of ego development, (b) students enrolled in the Multicultural course would have higher levels of ego development compared to students enrolled in the Theories of Counseling course, (c) advanced students would have higher racial identity scores than students in beginning (e.g., Theories of Counseling) or intermediate courses (e.g., Multicultural course), (d) and students in the Multicultural Counseling course would have higher racial identity scores than students in the Theories of Counseling course.

Overall findings identified a significant relationship between training level (e.g., Theories of Counseling course) and ego development, $F(2, 35) = 4.4, p = .02$ (Watt et al., 2002). Specifically, there was a significant difference between beginning counseling students (e.g. enrolled in the Theories course) and students in pre-practicum, $t(23) = 2.73, p = .02$. Similarly, there was a significant difference in ego development levels between students enrolled in a Theories of Counseling course and those enrolled in a Multicultural Counseling course, $t(31) =$

2.12, $p = .04$. Yet, there was no significant difference in ego development levels between students enrolled in the Multicultural courses and pre-practicum, $t(22) = 1.02, p = .32$.

Moreover, there was no statistical difference in racial identity development scores and training level of counseling students, or significant difference between racial identity and ego development of study participants possibly due to the small sample size. However, significant relationships between ego development and the statuses of racial identity development were present: (a) positive relationship between Pseudo-Independence and ego development, $r = .44, p = .014$; (b) negative relationship between the Reintegration stage and ego development, $r = -.41, p = .03$; and (c) a positive relationship between the Autonomy status and ego development, $r = .53, p = .002$.

Therefore, students enrolled in beginning counseling courses may have lower levels of social-cognitive maturity and there are some relationships between racial identity and ego development. Thus, students may benefit from activities throughout the curricula to increase their social-cognitive levels, like the multicultural self-awareness personal growth group of the present study.

Thus, higher levels of ego development correlate to a counselors' ability to empathize with clients (Carlozzi et al., 1983) and have a positive relationship on counselors' performance in session (e.g., Borders & Fong, 1989). Additionally, higher levels of ego development correlate with multicultural-focused interventions in programs of counselor education (Cannon & Frank, 2009) and increase over the course of counseling curricula (Watt et al., 2002). Therefore, advanced ego development levels are an integral quality of counselors-in-training and are necessary in a therapeutic setting.

Counselors' levels of multicultural competency and social-cognitive development influence their ability to work with diverse client populations in an effective manner. In addition, counselor education graduate programs need to implement effective teaching strategies to provide students multicultural competency (e.g., Ponterotto & Casas, 1987; Sue, Arredondo & McDavis, 1992). Furthermore, counseling group experiences that promote ethnic identity development and social-cognitive development in its group members may be another viable option to foster multicultural competence in counselors-in-training.

Personal growth groups are experiential groups that foster the emotional learning experiences and insight into an individual's strengths and weaknesses (Yalom & Leszcz, 2005). Growth group experiences provide an opportunity for group members to engage in course material, while simultaneously participating in self-reflection. Personal growth groups are an effective means to foster therapeutic factors such as, instillation of hope and cohesiveness (e.g., Faith, Wong, & Carpenter, 1995; Lieberman, Yalom, & Miles, 1973; Stimpson, 1975). Therefore, group experiences (e.g., personal growth groups) are valuable experiences for graduate students in counselor education programs, which stimulate individual growth.

Since 1988, counseling groups were required in CACREP-counselor education programs (CACREP, 1988); however, without any specifications. Later revisions (CACREP, 1994; 2001; 2009) explicitly required graduate students to complete a minimum of 10 clock hours as a group member in the Group Counseling course. Similarly, the Association for Specialists in Group Work (ASGW, 2000) Standards recommends 20 clock hours of group participation and observation (Standard I- Coursework and Experiential Requirements). Thus, both national accreditation bodies and organizations promote the value of group experiences, for instance,

opportunities for heuristic learning as a group member, self-reflection regarding strengths and weaknesses, along with observation of group leaders (Yalom & Leszcz, 2005).

Prior research identified counseling growth groups as an effective means to challenge graduate students in their development within counselor education programs (Faith et al., 1995; Lieberman et al., 1973; Stimpson, 1975). The reflective nature of the groups helps to facilitate satisfactory interpersonal relationships, intrapersonal growth and insight while fostering a therapeutic environment for group members to self-disclose (Johnson & Johnson, 2009). For this reason, personal growth groups are incorporated in multicultural training within multicultural courses to facilitate in depth discussions of emotionally charged material (Parker, Freytes, Kaufman, Woodruff, & Hord, 2004) and facilitate an increase in group participants' ethnic identity development (Rowell & Benschhoff, 2008). Overall, group counseling experiences are effective in promoting introspection and facilitating interpersonal relationships for counselors'-in-training.

Statement of the Problem

Counseling ethical boards (e.g., ACA, 2005), accreditation boards (e.g., CACREP, 2009) and scholars (e.g., Arredondo, 1999; Hill, 2003; Ponterotto et al., 2009; Pope-Davis et al., 2003) support the significance of multicultural competence in counseling. However, "the emphasis on multicultural counseling has not been coupled with empirical support for the existence of high levels of competence among practitioners" (Hill, 2003, p. 40). After a review of the terms *multicultural counseling*, *competence*, *ethnic identity*, and *counselors-in-training* in research databases (e.g., ERIC, PsycInfo, and PsycARTICLES), many theoretical articles were retrieved; however, few empirical studies examining multicultural counseling competencies in terms of

ethnic identity were found (e.g., Rowell & Benschhoff, 2008). In addition, the researcher found no empirical studies that addressed ethnic identity in counselors-in-training through the use of an intervention, such as a multicultural self-awareness small group experience in students enrolled in their first year in a counselor education program.

Similarly, limited empirical published articles explore ego development promotion in adults (e.g., graduate students; Manners, Durkin, & Nesdale, 2004). After a literature review, no empirical studies were found that addressed growth group experiences and social-cognitive development of counselors-in-training in their first year in a counseling program.

Consequentially, additional empirical investigations are necessary to determine effective pedagogy in fostering students translate theory about multicultural counseling into professional practice (Pope-Davis & Ottavi, 1994; Ridley, Espelage, & Rubenstein, 1997; Vasquez, 1997).

Therefore, this study investigated the influence of a multicultural self-awareness group on students' levels of ethnic identity and social-cognitive development as a curricular intervention to promote counselors-in-training effectiveness with diverse client populations.

Growth groups are supported in the counselor education literature (e.g., Faith et al., 1995; Lieberman et al., 1973; Stimpson, 1975) as an experiential learning tool to facilitate multicultural competence (e.g., Villalba & Redmond, 2008). Researchers (e.g., Leonard, 1996; Parker et al., 2004) have theorized that multicultural-focused groups, such as consciousness-raising groups and processing groups in the multicultural course are effective in counselor education curricula. Rowell and Benschhoff (2008) found that participants of a multicultural group reported (a) increased ethnic identity development as compared to non-participants of the multicultural group and (b) increased ethnic identity scores after a pre-and post-test administrations.

Growth groups are part of group counseling courses as a supplement to course content and exposure to group dynamics (CACREP, 2009). However, limited research investigating counseling group experiences of graduate students in introductory counseling courses exists. Furr and Carroll (2003) examined critical incidents in student counselor development in a sample of 84 students, where 29 were completing their first semester in a counseling program and found that participants identified courses with experiential learning and field experiences were relevant to their professional growth. In addition, perceptions of first-semester students regarding multicultural issues, such as homosexuality have been explored (Newman, Dannenfelser, & Benishek, 2002). Moreover, Ohrt (2010) investigated empathy development and therapeutic factors in introductory counseling group experiences.

Likewise, no empirical studies were found that addressed multicultural group experiences in introductory to counseling courses for counselor education students per a review of the literature in multiculturalism, group work, and counselor education. Due to the lack of empirical research on multicultural counseling groups in introductory to counseling courses, this study sought to address a gap in the literature by exploring multicultural self-awareness groups with first-semester counseling graduate students. With the implementation of multicultural self-awareness personal growth group experiences, the investigation explored differences in ethnic identity development, social-cognitive development, and identification of therapeutic factors with participants of the group and non-participants.

Purpose and Implications of the Study

Experiential learning in small counseling groups is an effective approach in teaching multicultural competence in graduate student counseling students (Arthur & Achenbach, 2002;

Villalba & Redmond, 2008). Thus, growth groups provide the modality to foster cultural competence in counselors-in-training. Further, higher levels of ethnic identity development is supportive of multicultural counseling competence in counselors (e.g., Evans & Foster, 2000; Middleton et al., 2005; Neville et al., 1996; Vinson & Niemeyer, 2000) and higher levels of social-cognitive development can fosters cognitive complexity, a significant counseling disposition (Cannon & Frank, 2009). Thus, the study supported ethical and national accreditation standards, which support multicultural competent counselors (ACA, 2005; CACREP, 2009) with the integration of multicultural self-awareness personal growth groups.

As a result, this study provides direction on whether multicultural self-awareness personal growth groups facilitate an increase in ethnic identity development, social-cognitive development, existence of therapeutic factors. In addition, the investigation provides implications for counselor educators regarding pedagogy, which include the application of an experiential learning tool (e.g., multicultural self-awareness personal growth group) that engages students in dialogues of multiculturalism in counseling. As the old adage goes, "*counselors can only take a client as far as they are willing to go*" appears to be relevant in terms of student development (e.g., ethnic identity and social-cognitive development). If a counselor has a sense of self and is integrated, perhaps their work with clients in a therapeutic setting may be more effective. Finally, the study has implications for programmatic assessment where counselor education programs can monitor students' ethnic identity and social-cognitive development during their matriculation and provide developmentally-appropriate interventions for students that may lack self-awareness.

Definition of Terms

The operational definition of each construct is below to set an accurate context for the study that follows.

Ethnic Identity Development: The construct of ethnic identity development is the comprehensive progression of an individuals' embracing of their cultural identity, which includes exploration and commitment to their ethnicity (e.g., maintenance of behaviors, attitudes, traditions, and values of a culture; Phinney, 1992).

Multicultural counseling: Includes the integration of multicultural and culture-specific awareness, knowledge, and skills in counseling interactions with diverse clients (Arredondo et al., 1996).

Multicultural Counseling Competencies: Thirty-one specific competencies operationalized by Sue et al. (1992) that define a culturally competent counselor across three domains: (a) counselor awareness of own biases and attitudes, (b) counselor awareness of client's worldview, and (c) culturally appropriate interventions (Arredondo et al., 1996; Sue et al., 1982). Each domain consists of three sub-categories of competencies: (a) attitudes and beliefs, (b) knowledge, and (c) skills. In total, there are nine attitude and belief competencies, 11 knowledge competencies, and 11 skill competencies.

Social-cognitive Development: A developmental process that is representative of an individuals' integration of their cognitions, interpersonal development, and character development and influences interpersonal relationships with others (Loevinger, 1976).

Personal Growth Groups: Counseling groups that focus on the emotional and personal growth of its group members in an intrapersonal manner and facilitate interpersonal growth through discussion and activities (Gladding, 2011).

Therapeutic Factors: Positive manifestations of counseling group experiences that engage group members in the group process and facilitate intrapersonal and interpersonal development (Yalom, 1995).

Theoretical Foundations

Scholars note the importance of ethnic identity development and social-cognitive maturity at both the preparation and the practice levels for counseling. In order to provide a theoretical framework for the study, the following is discussed: (a) ethnic identity development, (b) social-cognitive development, (c) multicultural counseling, and (d) group therapeutic factors in-group work.

Ethnic Identity Development

Ethnic identity development is the awareness and commitment to ones' cultural background (e.g., engaging in cultural practices; Phinney, 1992). The construct emphasizes an ethnic sense of belonging, positive attitudes towards ones' ethnicity, and commitment to ethnic traditions and practices (Phinney, 1990; Phinney & Alipuria, 1996). Furthermore, ethnic identity development encompasses "acquisition or maintenance of cultural characteristics" (Helms, 1996, p.144) that define a particular ethnic group. These defining ethnic-based characteristics consist of the language, religion, values, behaviors, and attitudes that distinguish one ethnicity from another (Phinney, 1992).

Phinney's *Ethnic Identity Model* (1990), one of the most utilized models of ethnic identity development (Chavez & Guido-DiBrito, 1999), provides a comprehensive exploration of the construct of ethnicity and is not ethnicity-specific. Further, the Ethnic Identity Model is grounded in developmental theory (e.g., Erikson, 1968; Marcia, 1980) where stages of

development are based on the following: (a) a hierarchical progression through distinct stages, (b) motivation to belong to a group, (c) ethnic identity development occurs throughout the lifespan, and (d) ethnic identity development is facilitated by the presence of a crisis (e.g., Phinney, 1990; Phinney & Alipuria, 1990; 1992). Thus, Phinney's model incorporates psychosocial development and identity formation in its three stages: (a) unexamined ethnic identity, (b) ethnic identity search/moratorium, and (c) ethnic identity achievement. The unexamined ethnic identity stage refers to a lack of self-exploration of ethnic identity. Ethnic identity search/moratorium is the beginning an individuals' ethnic identity search as a result of a crisis or cognitive dissonance. Finally, the ethnic identity achievement phase consists of self-understanding, acceptance and fulfillment in ones' ethnic identity (Phinney, 1990).

Empirical research on ethnic identity development

Empirical studies have investigated ethnic identity development with multiple populations, including adolescents (e.g., Phinney, 1989; Phinney, 1992; Phinney & Tarver, 1988; Roberts et al., 1999; Sobansky et al., 2010) and adults (e.g., Phinney, 1992; Phinney & Alipuria, 1990; Phinney & Ambarsoom, 1987; Syed & Azmitia, 2008; Utsey, Chae, Brown, & Kelly, 2002). Additionally, ethnic/racial identity development correlates with multicultural competence in counselors, where counselors at higher levels of ethnic identity maturity possess increased levels of multicultural competency (Chao, 2006; Evans & Foster, 2000; Middleton et al., 2005; Neville et al., 1996; Vinson & Niemeyer, 2000). Therefore, higher levels of ethnic identity development are beneficial in counselors, resulting in higher levels of multicultural competence. Relevant findings of ethnic identity development exist for adolescents and young adults;

nonetheless, additional research is necessary that focuses on the influence of ethnic identity in graduate students in programs of counselor education.

Social-Cognitive Development

Social cognitive development, or ego development, describes the paradigm in which individuals view themselves and others (e.g., Loevinger, 1976, 1998). As such, ego development is the framework that individuals process interpersonal and intrapersonal experiences. Further, the theory describes a developmental process characterized by differentiation, self-integration and cognitive complexity in counselors-in-training (e.g., Cannon & Frank, 2009; Lambie, 2007). The all-encompassing trait or a “holistic construct” (Manners & Durkin, 2000, p. 542) of the ego is considered the center of an individual’s personality which include the domains of cognitive development, character development, interpersonal style, and conscious preoccupations (Loevinger, 1976).

The four domains of ego development provide the foundation for the nine levels within ego development (e.g., infancy, impulsive, self-protective, conformist, self-aware, conscientious, individualistic, autonomous, and integrated; Loevinger, 1976). The infancy level is the first stage of development recognized by Loevinger; however, not within the scope of the theory (Loevinger, 1976). The impulsive level is self-absorbed thoughts and behavior, along with a dependence on others. Individuals in the self-protective level externalize blame while protecting themselves. The conformist level focuses on acceptance by others, rigid thinking, and maintaining the ‘status quo.’ The fifth level (e.g., self-aware) is the beginning of differentiation and cognitive complexity where individuals begin to reflect on existentialist-related concerns (e.g., life and death). The conscientious level is representative of increased self-reflection and

awareness and the individualistic level focuses on independence and accepting the individuality of others. Individuals in the autonomous level of development value interdependent relationships, embrace others' independence, and accept ambiguity. Finally, the integrated level consists of an individual who is self-actualized, self-motivated, and introspective of their capacity for growth.

The nine levels of social-cognitive development are not age-specific, but are descriptive of hierarchical growth in a sequential manner based on individuals' interactions with their environment (e.g., Loevinger, 1976; Manners & Durkin, 2000). Thus, the levels of ego development reflect an individuals' accommodation to their environment based on their subsequent interactions with others (Sias & Lambie, 2008). Consequently, levels within ego development describe behavioral nuances within an individual's growth and development.

Empirical research on social-cognitive development

A review of the literature supports that ego development is associated with the following factors in counselor education: (a) depersonalization (e.g., coping skill when facing emotional fatigue) and personal accomplishment in school counselors (Lambie, 2007), (b) increased legal and ethical knowledge scores in school counselors (Lambie, Ieva, Mullen, & Hayes, 2010), (c) ability to develop a counseling theoretical orientation (Warren, 2008), and (d) wellness in counselors-in-training (Lambie, Smith, & Ieva, 2009). In addition, Zinn (1995) parallels the fifth level of ego development (e.g., self-aware level) with the minimal stage of development for counselors working with clients. Lastly, higher levels of ego development may result in greater multicultural competence and openness to individual differences and less stereotypical thinking (Watt et al., 2002). Hence, counselors' personal and professional development correlates with

ego development; therefore, counselor education programs should work to promote their students' social-cognitive maturation.

Multicultural Counseling Competencies

Multicultural counseling is the “preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions” (Arredondo et al., 1996, p. 42). The 1970's marked a shift towards addressing multicultural concerns in counseling and graduate programs incorporating multicultural training for counselors-in-training due to the ineffectiveness of traditional counseling with diverse clients (Sue et al., 1992). Originally defined for Caucasian/European counselors and clients from four cultural groups (e.g., African/Black, Asian, Hispanic/Latino and Native American; Arredondo, et al., 1996), now multicultural counseling has broadened and includes other diverse groups (e.g., gender, sexual orientation, and religious/spiritual affiliation) and diverse counselor/client dyads (e.g., ACA, 2005; CACREP, 2009).

Multicultural counseling can be measured utilizing 31 multicultural competencies (Sue et al., 1992), which have been identified as effective counselor characteristics when working with diverse client populations (e.g., Arredondo, 1999; Hill, 2003; Ponterotto & Casas, 1987; Ponterotto et al., 2010; Pope-Davis et al., 2003). The 31 counselor competencies consist of three main domains: (a) awareness of biases and attitudes, (b) awareness of client's worldview, and (c) the implementation of culturally appropriate interventions (Arredondo et al., 1996; Sue et al., 1982). The intervention for this study consisted of a multicultural self-awareness group experience where participants were encouraged to explore their ethnic identity and attitudes/beliefs towards people who are culturally different from themselves.

Empirical research on multicultural competencies

The literature supports that higher levels of multicultural competence is correlated with the following counselor qualities: (a) greater cognitive complexity regarding clients in poverty (e.g., attributing structural explanations instead of solely individual characteristics; Toporek and Pope-Davis, 2005) and (b) increased levels of racial and ethnic identity (e.g., Chao, 2006; Fulton, 1994; Neville et al., 1996; Ottavi, 1996; Ottavi et al., 1994; Sabnani et al., 1991; Vinson & Neimeyer, 2000; 2003). Yet, “the emphasis on multicultural counseling has not been coupled with empirical support for the existence of high levels of competence among practitioners” (Hill, 2003, p. 40). For this reason, counselor self-awareness (e.g., ethnic identity) was explored and its relationship with other desirable counselor qualities (e.g., social-cognitive maturity) in this study.

Multicultural Pedagogy in Counselor Education

The pedagogy of multicultural counseling in counselor education programs varies, for example, infusion into program curricula, a single multicultural course, or diversity-themed workshops (Ridley, Mendoza, & Kanitz, 1994). However, CACREP-accredited programs encourage the integration of multicultural themes across program curricula (CACREP, 2009). Notwithstanding, there are three main pedagogical methods in teaching multiculturalism in counselor education programs: (a) traditional, (b) exposure, and (c) participatory (Dickson & Jepsen, 2007). Traditional methods include didactic teaching, while exposure and participatory strategies are experiential in nature and can include videos and group experiences, respectively (Villalba & Redmond, 2008). Experiential activities (e.g., personal growth groups) are an effective method to expose students to multiculturalism (Villalba, & Redmond, 2008). Additionally, experiential learning is used to increase multicultural awareness, develop cultural

empathy, and challenge students' beliefs about diversity (e.g., Pope-Davis, Breaux, & Liu, 1997; Ridley & Lingle, 1996) which may be beneficial for counseling graduate students. Therefore, the pedagogical intervention (e.g., multicultural self-awareness personal growth groups) was a participatory experiential activity, designed to increase graduate students' awareness of their ethnic identity and social-cognitive maturity,

Empirical research on multicultural experiential activities

Many theoretical articles were found that noted the importance of multicultural experiential activities (e.g., conscious-raising groups; Leonard, 1996), but few empirical studies were found that implemented interventions in counselor education curricula (Arthur & Achenbach, 2002). The following studies (e.g., Burnett, Hamel, & Long, 2004; Seto, Young, Becker, Kiselica, 2006; Villalba & Redmond, 2008) integrated a multicultural experiential component within multicultural counseling courses in order to enhance student development. Burnett et al. (2004) implemented a community service-learning project with graduate students ($N = 11$) in a multicultural counseling course. Findings supported that community-service projects reported as valuable to graduate student counselors and influenced their knowledge and multicultural learning (Burnett et al., 2004). Furthermore, Seto et al. (2006) implemented a Triad Training Model (TTM; Pedersen, 2000a, 2000b) which increased cultural competency in graduate students, particularly in the areas of Knowledge and Skills. Lastly, Villalba and Redmond (2008) in a qualitative investigation found that popular film (e.g., *Crash*) and small processing groups aided graduate students in their perceptions of diversity and multiculturalism. Therefore, the reviewed research supports that multicultural experiential activities are a viable

educational tool for graduate student counselors-in-training to promote multicultural awareness and enhance student development (Kim & Lyons, 2003; Pedersen, 2000).

Group Therapeutic Factors

Group therapeutic factors (e.g., universality), the mechanism that fosters growth in group members (Yalom, 1995), is well-researched (e.g., Bemak & Epp, 1996; Bloch et al., 1976; Bloch et al., 1981; Canale, 1990; Donigian & Malnati, 1997). Initially, Corsini and Rosenberg (1955) provided a seminal review of mechanisms in group psychotherapy, thus, providing a taxonomy of nine major therapeutic factors (e.g., acceptance) which were categorized into three sub-groups (e.g., intellectual, emotional, and actional) as a result of group process and dynamics. Yet, Yalom (2005) is recognized as “one of the first researchers to delineate positive primary group variables based on research” (Gladding, 2011, p. 65). Thus, Yalom (1970; 1975; 1985; 1995; 2005) classified 11 curative factors (e.g., instillation of hope) which are associated with the type of group and stage of group development (Yalom, 1985). Consequently, Yalom’s 11 therapeutic factors (2005) include: (a) instillation of hope, (b) altruism, (c) universality, (d) imparting information, (e) development of socializing techniques, (f) corrective reenactment of the primary family group, (g) imitative behavior, (h) interpersonal learning, (i) cohesiveness, (j) catharsis, and (k) existential factors. These therapeutic factors are present in group experiences (e.g., personal growth groups) and can foster student development in counselor education curricula. Therefore, the present study sought to have participants of the multicultural self-awareness personal growth groups identify therapeutic factors in their group experience.

Empirical research on group therapeutic factors

Earlier research on therapeutic factors suggested that it was difficult to assess effectiveness within groups (Bloch et al., 1981). Thus, various methods have been developed to measure the construct, for example assessing group climate (e.g., MacKenzie, 1981), exploring critical incidents in the group (e.g., Kivlighan & Goldfine, 1991; Kivlighan & Mullison, 1988; Kivlighan et al., 1996), and identification of therapeutic factors (Bloch & Reibstein, 1980; Lieberman et al., 1973; MacNair-Semands & Lese, 2000; Sherry & Hurley, 1976; Yalom, 1985). Moreover, the classification of measuring therapeutic factors has been described as “indirect” (e.g., assessing group climate or critical incidents) or “direct” (e.g., examining therapeutic factors) measures (Bloch & Crouch, 1985). As there is numerous research on group therapeutic factors, the following literature review focused on “direct” methods of examining therapeutic factors in counseling groups from the perspective of group members.

Yalom et al. (1968) found that group members ranked Yalom’s 12 therapeutic factors in order of importance: (1) Interpersonal Learning (input), (2) Catharsis, (3) Cohesiveness, (4) Self-Understanding, (5) Interpersonal Learning (output), (6) Existential Factors, (7) Universality, (8) Instillation of Hope, (9) Altruism, (10) Family Reenactment, (11) Guidance, and (12) Identification. Lieberman et al. (1973) examined participants who experienced change in their encounter group and found that universality, feedback, and guidance as more favorable compared to members who did not experience change in the group. In addition, Sherry and Hurley (1976) administered the 60-item *Curative Factors Questionnaire* (Yalom, 1970) to undergraduate student participants ($N = 17$) in a short-term growth group and compared results to a study with members of a psychotherapy group in Yalom’s (1968) study. The results

demonstrated that both groups ranked Interpersonal Input and Catharsis as being helpful therapeutic factors during their group process.

Similarly, Bloch and Reibstein (1980) completed a comparative analysis of outpatient group members ($n = 33$) and their group leaders ($n = 12$) on group therapeutic factors and found mixed results. However, overall the study participants valued interpersonal actions, such as, self-understanding, self-disclosure, and learning as important, while altruism, catharsis, guidance, and universality were less relevant. MacNair-Semands and Lese (2000) explored the relationship between therapeutic factors and interpersonal problems in the group process with group members ($N = 50$). The results identified an increase in perceptions of group therapeutic factors (e.g., Universality, Instillation of hope, Imparting Information, Recapitulation of the Family, Cohesiveness, and Catharsis) as a function of time. Therefore, participants in group experiences have self-identified therapeutic factors, which are relevant for their development as a counselor.

Research Hypotheses & Questions

Research hypotheses are a prediction of study outcomes that include a statement of expected relationships between two or more variables (Frankel, Wallen, & Hyun, 2012). Therefore, to contribute to the knowledgebase in the fields of counseling and counselor education, this investigation answered the following two research hypotheses and four research questions:

Research Hypothesis 1

Counselor education students enrolled in a 15-week Introduction to Counseling course that includes a multicultural counseling self-awareness growth group will score at higher levels of ethnic identity development (as measured by *Revised Multigroup Ethnic Identity Measure*,

MEIM-R; Phinney & Ong, 2007) and social-cognitive development (as measured by the *Washington University Sentence Completion Test, WUSCT*; Hy & Loevinger, 1996) as compared to non-participant students. The research hypothesis is a directional quasi-experimental design research hypothesis.

Research Hypothesis 2

Counselor education students participating in a 15-week Introduction to Counseling course that includes a multicultural self-awareness group will score at higher levels of ethnic identity development (as measured by *Revised Multigroup Ethnic Identity Measure, MEIM-R*; Phinney & Ong, 2007) and social-cognitive development (as measured by the *Washington University Sentence Completion Test, WUSCT*; Hy & Loevinger, 1996) at the three measurement points throughout the semester (e.g., pre-test, mid-semester, and end of the semester post-test). The research hypothesis is a directional time-series research design hypothesis.

Research Question 1

Do counseling students' levels of social-cognitive maturity (as measured by the WUSCT; Hy & Loevinger, 1996) prior to an Introduction to Counseling course predict their levels of ethnic identity development (as measured by MEIM-R; Phinney & Ong, 2007) at the completion of the course? The following research question is a correlational research question.

Research Question 2

What group therapeutic factors (as measured by the *Therapeutic Factors Inventory-Short Form, TFI-S*) correlate with the participants' ethnic identity development (as measured by MEIM-R; Phinney & Ong, 2007) and social-cognitive maturity scores (as measured by the

WUSCT; Hy & Loevinger, 1996)? The following research question is a correlational research question.

Research Question 3

What is the relationship between group leaders' level of ethnic identity development (as measured by the MEIM-R; Phinney & Ong, 2007) and social-cognitive development (as measured by the WUSCT; Hy & Loevinger, 1996) and their group members' identification of group therapeutic factors (as measured by the TFI-S; Joyce et al., 2011), ethnic identity development (as measured by the MEIM-R; Phinney & Ong, 2007), and social-cognitive development scores (as measured by the WUSCT; Hy & Loevinger, 1996). The following research question is a correlational research question.

Research Question 4

What is the relationship between demographic variables (e.g., age, ethnicity, urban/suburban/rural) and ethnic identity development (as measured by MEIM-R; Phinney & Ong, 2007) and social-cognitive development (as measured by the WUSCT; Hy & Loevinger, 1996) of study participants? The following research question is a correlational research question.

Methodology

This study utilized a quasi-experimental research design. Quasi-experimental research designs are distinct from other experimental designs in that there is no random and a comparison group exists, which increases the rigor of the study (Fraenkel et al., 2012). Therefore, the study incorporated two types of quasi-experimental designs (e.g., non-equivalent group pretest-posttest design and time-series design; Fraenkel et al., 2012). Specifically, non-equivalent group pretest-posttest designs consist of treatment and comparison groups that without random assigned

participants (e.g., Research Hypothesis 1). Although facilitators of the multicultural self-awareness personal growth groups are not included in the treatment or comparison groups, they are participants of the study and received assessments to complete. Within the non-equivalent group pretest-posttest design of the study, the treatment group consisted of masters-level students enrolled in CACREP-accredited Introduction to Counseling courses that includes a six-week semi-structured multicultural self-awareness personal growth group. Participants of the comparison group, on the other hand, were masters-level students enrolled in CACREP-accredited introduction to counseling courses that did not have a multicultural self-awareness personal growth group component. Graduate students in CACREP-accredited counselor education programs were part of both the treatment and comparison groups as the courses were similar, entry requirements for graduate students were consistent, and there may be less confounding factors within the types of students enrolled in counselor education programs compared to other helping professions (e.g., social work or psychology students). Additionally, the comparison group helped to determine if the intervention (e.g., Introduction to Counseling course with six-week multicultural self-awareness personal growth group) had an effect on participants in the study (Fraenkel et al., 2012). Moreover, the characteristics of the comparison group (e.g., counselor education students) supported the internal validity of the study.

A time-series design involves repeated measures over a period of time before and after an intervention with one group (e.g., Research Hypothesis 2; Fraenkel et al., 2012). In the study, only participants of the treatment group were administered assessments multiple times during the semester before and after the multicultural self-awareness personal growth groups as part of the introduction to counseling courses. Although change in ethnic identity development and social-

cognitive development may occur in adulthood (Manners et al., 2004; Phinney, 1992); a six week period may be too brief to promote development. Therefore, the study incorporated a semester-long introduction to counseling course as the intervention, which included multicultural self-awareness personal growth groups. For this reason, there were three data collection points within the study for participants in the treatment group: (a) pre-assessment (e.g., at the start of the introduction to counseling course), (b) assessment at the end of the six weeks of the multicultural self-awareness personal growth groups, and (c) post-assessment (e.g., at the end of the semester introduction to counseling courses). Comparison of ethnic identity and social-cognitive development scores determined if there is a difference as a result of the multicultural self-awareness personal growth group over the course of the semester.

The multicultural self-awareness personal growth group facilitators had dual roles, one as a group leader and the other as study participants. As group leaders, they received training for the group curriculum; however, as potential study participants they were be asked to complete assessments once during the semester to determine their level of ethnic identity and social-cognitive development and how it relates to the group members' levels of ethnic identity and social cognitive development.

Overall, all research designs face both threats to internal and external validity (Onwuegbuzie & McLean, 2003). Internal validity describes the process of controlling variables within the study to ensure that the study examines what it has intended to test (Shadish et al., 2002). Meanwhile, external validity focuses on the study findings' generalizability to the greater population of individuals (Shadish et al., 2002). In general, quasi-experimental research designs have greater control of internal threats to validity, while demonstrating less control over external

factors. Therefore, the study sought to address threats to internal validity (e.g., loss of subjects) within the study during its implementation; for instance, administering surveys in person at each institution.

This researcher worked to minimize loss of subjects within the study by explaining the purpose of the study in person to solicit participation and study participant enthusiasm. To avoid instrument decay, another threat to internal validity, the scoring of assessments was consistent. Furthermore, the multicultural self-awareness personal growth groups included a standardized curriculum to support treatment fidelity. The group curriculum aided in providing in the implementation of the multicultural group experience. Additionally, group facilitators received training on the curriculum prior to the start of the groups. In order to verify that there was uniformity in the application of the group curriculum, the researcher periodically visited personal growth groups to support intervention fidelity. Finally, the researcher maintained a record of course syllabi from the Introduction to Counseling courses that participated in the study to verify that course material was similar. Lastly, the researcher entered data collected into the Statistical Package for the Social Sciences (SPSS) and double-checked entries to avoid errors.

External validity is the generalizability of the findings based on the study sample to the greater population (Shadish et al., 2002). Therefore, the study sought to limit external threats to validity by obtaining a diverse sample of participants. The researcher obtained participants at multiple CACREP-accredited institution sites that are diverse in size, geographic location (e.g., Midwest, southeast, etc.), and environment (e.g., rural, metropolitan, and urban) in order to generalize findings to CACREP-accredited counselor education masters-level programs. Moreover, additional external factors such as time of the groups, group members' previous

multicultural/diversity training, or influence of the group leader cannot be controlled, but may have influenced the study results.

Procedures

Prior to beginning the study, the researcher contacted counselor educators via email to describe the study. The researcher first contacted CACREP-accredited institutions where there were counselor educators present whom the researcher has established a professional relationship. Based on responses, the researcher used the snowball effect and contacted more institutions. Before the implementation of the study, the researcher received approval through the Institutional Review Board (IRB) of site institutions that agreed to participate in the study.

After IRB approval and verbal consent from professors in counselor education programs, the principal researcher recruited participants for the study by visiting each institution, explaining the informed consent and asking graduate students if they were interested in participating in the study. Of the four institutions, the researcher visited three universities personally to recruit students. The researcher was unable to visit the fourth institution because of distance; however, the researcher and group leader completed the training through a phone conference. Thus, during the site visits to obtain data (both treatment and comparison group participants), the researcher emphasized that participation in the study was voluntary, students could withdraw from the study at any time, all data collected with was confidential, anonymous and locked in a secure cabinet which the principal investigator only has access to. Finally, all participants were aware of minimal risks involved with the study, possible benefits of learning about the research process, and incentives for participation in the study (e.g., extra credit) were at the instructor's discretion; however, there was no penalty for not participating in the study. Thus,

participants completed pre-assessments on the class first day of the semester to study participants in both the treatment and comparison groups.

Additionally, upon IRB-approval, the researcher provided training of the multicultural self-awareness personal growth group curriculum with the facilitators of the groups. Selection of facilitators included the following criteria: (a) professional credentials (e.g., masters-level clinicians) and (b) group leader experience. As noted, the multicultural self-awareness personal growth groups were part of the Introduction to Counseling courses that participants of the treatment group were involved in during the semester. At the group leader training, the researcher administered the following forms: (a) group leader demographic form, (b) the MEIM-R (Phinney & Ong, 2007), and the WUSCT (Loevinger & Hy, 1996), which took approximately 30-45 minutes to complete.

The researcher paid attention to administrative detail in the study, including but not limited to, color coding the assessments (Dillman, 2000). Additionally, the researcher coded each of the assessments with a participant code which recorded by study participants for the subsequent assessments they completed in the semester. The codes did not correlate with identifiable information, which facilitated confidentiality and anonymity within the research study. However, there was a record of participants codes with an numeric code that study participants created which was not linked to identifiable information, to keep on file in case individuals forgot their participant codes over the course of the semester. Data collected was stored in a locked cabinet in the researcher's office.

As the study employed a quasi-experimental design, there was no randomized treatment and comparison groups (Fraenkel et al., 2012). Therefore, participants in the treatment group

spent approximately one hour per week in the multicultural self-awareness personal growth group as part of their introduction to counseling course. The groups lasted six weeks for a total of six hours in the multicultural self-awareness personal growth group. The comparison group, on the other hand, did not receive treatment and did not participate in the multicultural self-awareness personal growth group. However, both the treatment and comparison groups were administered assessments.

Overall, the study assessments took approximately 30-45 minutes to complete at each measurement point. Participants in the treatment group were administered assessments at three points in the study: (a) pre-assessment, (b) mid-assessment (e.g., at the end of the six weeks), and (c) post-assessment at the end of the semester for the Introduction to Counseling course. At each measurement point, the treatment group participants were administered three assessments. At the pre-assessment the participants received a demographic form, the MEIM-R (Phinney & Ong, 2007), and the WUSCT (Loevinger & Hy, 1996). At both the mid-assessment and post-assessment, the treatment group participants were administered the MEIM-R (Phinney & Ong, 2007), WUSCT (Loevinger & Hy, 1996), and the TFI-S (Joyce et al., in press). Contrastingly, comparison group participants were administered assessments at two measurement points within the semester (e.g., pre-assessment and post-assessment). At these data collection points, the participants received a demographic form, the MEIM-R (Phinney & Ong, 2007) and the WUSCT (Loevinger & Hy, 1996).

Sampling Procedures and Population Sample

Sampling procedures of the study consisted of a purposive sample based on previous knowledge of the population (Fraenkel et al., 2012). Purposive sampling methods consist of the

researcher having specific criterion to select a sample. Thus, the researcher sought to obtain counseling graduate students in their first semester in an introductory counseling course before the students have received training on multiculturalism in the counseling curriculum. Therefore, there can be a more accurate assessment of graduate students' ethnic identity development and ego development as beginning counseling graduate students. Furthermore, participants were from CACREP-accredited counselor education program in order to provide consistency of program standards within the sample size. Thus, sampling requirements for participation in the study were intentional to further support uniformity and internal validity.

Nonetheless, purposive samples do have inherent limitations (e.g., researcher bias; Fraenkel et al., 2012). One such limitation is researcher's bias where the principal researcher sets the criteria for a sample in such a way that could bias potential study findings. For this study, limitations in purposive samples were addressed by seeking to obtain a diverse sample of participants (e.g., ethnicity, age, and counseling specialty) at diverse institutions (e.g., size of institution, geographic location, etc.).

Furthermore, the study sought to obtain an appropriate sample size for quasi-experimental designs based on a power analysis. The power is the long term probability of rejecting the null hypothesis (e.g., hypothesis that there is no difference or effect) given the effect size, sample size, and alpha level; Balkin, 2011). Calculations of power analyses is *a priori* in order make intentional decisions about sample size and avoid making Type II errors, or when the statistical test fails to reject a false null hypothesis (e.g., Onwuegbuzie & Leech, 2004; Balkin, 2011). Therefore, the researcher used the G* Power software (Faul et al., 2007) to calculate power of the study. For the overall research design utilizing a between-group ANOVA at

significance level .05, effect size .25, statistical power at .80, two groups and three measurements (Cohen, 1992) there needed to be a minimum of 84 participants in the study (Faul et al., 2007). Therefore, the study sought to obtain 42 participants in the treatment and comparison groups. A sample size of at least 84 participants would aid in interpreting the statistical significance of the study findings more accurately.

From the 15 CACREP-accredited counselor education programs that were recruited, four institutions (e.g., University of Central Florida, Stetson University, Wayne State University, and Lindsey Wilson College) volunteered to participate in the study that represent various geographic locations in the United States (e.g., south and Midwest) and environments (e.g., urban, suburban, and rural). The University of Central Florida is a large public research university in the southeastern portion of the U.S. in a metropolitan area with multiple campuses. For the purposes of the study, data collection occurred at the main campus location where courses in the counselor education program are. Counseling specializations included: (a) mental health counseling, (b) school counseling, and (c) marriage and family therapy. Likewise, Stetson University is located in the southeastern U.S., but is a medium-size private university situated in a small town/rural area. Counseling specializations include: (a) clinical mental health counseling; (b) marriage, couple & family counseling; and (c) school counseling.

Lindsey Wilson College of Professional Counseling is a small private college located in a rural southeast central region of the U.S. and offers graduate degrees in school counseling. Lastly, Wayne State University is located in the Midwest and is a large public research institution with satellite campuses. Data collection for study occurred at both the main campus, which is located in a large urban city and one of the regional campuses located in a large

metropolitan suburban area. Counseling specializations offered at this university were (a) community mental health, (b) school counseling, and (c) rehabilitation counseling.

Participants that agreed to participate in the study were first-semester graduate students in CACREP-accredited counseling programs. Given the counseling specializations offered at the institutions, study participants were in the school counseling, mental health, marriage and family therapy, or rehabilitation programs. Specific data regarding counseling specialization and demographic information was present in the demographic form provided in the assessments administered to all study participants.

Group facilitators were masters-level clinicians with experience in group work. These individuals participated in the study, as they are current doctoral students in counselor education programs at the participating institutions. There were 10 group facilitators for six multicultural self-awareness personal growth groups. Thus, there were four pairs of two facilitators co-leading four groups and two facilitators that were individually lead the remaining two group experiences.

Instrumentation

The study used the following group curriculum and five assessments over the course of the research study (see Appendices E-N): (a) multicultural self-awareness personal growth group curriculum, (b) group participant demographic form, (c) group leader demographic form, (d) the MEIM-R (Phinney & Ong, 2007), (e) the WUSCT (Hy & Loevinger, 1996), and (f) the TFI-S (Joyce et al., in press). Administration of the data collection assessments was at certain points during the study as described in the procedures section. For instance, the demographic forms (e.g., participant and group leader) were one time during the semester. However, the MEIM-R (Phinney & Ong, 2007) and WUSCT (Hy & Loevinger, 1996) was at three measurement points:

(a) pre-assessment, (b) assessment at the end of the six weeks and (c) post-assessment at the end of the semester for the introduction to counseling course. Conversely, the TFI-S (Joyce, et al., in press) was administered to only students of the introduction to counseling courses at the end of the multicultural counseling personal growth groups (e.g., mid-semester) and at the end of the introduction to counseling courses.

Multicultural Self-Awareness Group Curriculum

The Introduction to Counseling courses, which includes multicultural self-awareness counseling personal growth groups, is the intervention participants in the treatment group received. Course syllabi from Introduction to Counseling courses at each participating institution verified consistency within the study of course content and objectives. Furthermore, a standardized curriculum for the multicultural self-awareness counseling personal growth groups consisted of six semi-structured activities. These activities helped to foster interpersonal and intrapersonal reflection, exploration in the participants' self-awareness of ethnic identity (e.g., commitment and exploration of their ethnic identity) and promotion of ego development in group participants.

Of the three multicultural competencies defined by Arredondo et al. (1996), counselor awareness of their own cultural values and beliefs is the focus of the multicultural self-awareness personal growth groups in introductory to counseling courses. Specifically, the activities within the groups correlate to counselors' attitudes and beliefs domain which states that: (a) culturally skilled counselors believe cultural self-awareness is essential, (b) counselors are aware of their cultural background have influenced values and biases about psychological processes, (c) counselors are able to recognize their limits of multicultural competency and expertise, and

finally, (d) counselors recognize their discomfort regarding differences between themselves and others related to race, ethnicity, and culture (Arredondo, et al., 1996).

Therefore, the six sessions of the multicultural self-awareness groups facilitated counselors-in-training introspection of their biases and assumptions. Session One of the multicultural counseling personal growth groups focused on explaining the purpose of the group, establishing group rules and norms, and discussing respect of others (e.g., listening without interrupting each other). Substantial time included the discussion of interpersonal respect for others as the content of the group (e.g., race, ethnicity, and multiculturalism) can ignite strong emotions and reactions. Session Two consisted of having the students share a cultural artifact that represents their ethnicity, family of origin, or cultural background (e.g., family heirloom). Sessions Three consisted of an activity on challenging group participants' beliefs and attitudes by asking questions like, "*What has been the relationship (positive and negative) of members of your ethnic group with other ethnicities historically, educationally, and institutionally?*" Sessions Four and Five consisted of a two-part activity where group participants responded to statements that represent beliefs during their upbringing from parents, media, and social group (e.g., *If you work hard enough, you will be successful in America, regardless of race/ethnicity*). Lastly, the final group, Session Six consisted of a closing activity where group members verbalize how they define themselves as cultural beings through a structured activity.

Demographic Forms

The group participant demographic form developed by the researcher obtained general information from participants (e.g., age, ethnicity, counseling specialty track, geographic location) that may contribute to their ethnic identity and social-cognitive development. Similarly,

the group leader demographic form consisted of obtaining pertinent information (e.g., age, years facilitating group, theoretical orientation, and ethnicity). As noted, study participants and group leaders completed the demographic forms at the beginning of the study. Further, a pilot study by the researcher (Johnson & Lambie, 2012) used the same demographic form and experts in the field reviewed the demographic form to support face validity and readability.

Multi-group Ethnic Identity-Revised Measure

The MEIM-R (Phinney & Ong, 2007) measures the construct of ethnic identity development due to its broad utilization with all ethnicities (Ponterotto et al., 2003). Other measures of ethnic identity development were ethnicity-specific (e.g., Bates, Beauvais, & Trimble, 1997). Furthermore, the ethnicity-specific measures were problematic due to: (a) one-time usage, (b) lack of clarity regarding how items were developed, and (c) multiple definitions within the construct of ethnic identity development (Fischer & Moradi, 2001).

Conversely, the MEIM-R has been utilized in numerous studies (e.g., Roberts et al., 1999; Syed & Azmitia, 2008; Utsey et al., 2002), undergone multiple revisions, and utilizes a standardized definition of ethnic identity development (e.g., Phinney, 1989; 1990; 1992, Phinney & Alipuria, 1990; Phinney & Ambarsoom, 1987; Phinney & Ong, 2007; Phinney & Tarver, 1988). The original MEIM (Phinney & Ambarsoom, 1987) developed over the course of five years and modeled after the Objective Measure of Ego Identity Status Scale (Bennion, & Adams, 1986). Therefore, measures of ethnic identity were categorized based on the four ego identity statuses (e.g., diffuse, foreclosed, moratorium, or identity achievement) defined by Marcia (1980). The purpose of the initial version of MEIM was twofold: (a) to assess ethnic identity status in young adults from three ethnic groups (e.g., Black, Mexican-American, and White, and

(b) to examine the relationship between ethnic identity status and other factors (e.g., ethnic group membership, ethnic evaluation/ethnic pride, and personal identity status; Phinney & Ambarsoom, 1987).

However, participants of this study completed the most recent version, the MEIM-R (Phinney & Ong, 2007). The 10-item MEIM-R begins with an open-ended prompt for participants to specify their self-identified ethnic group. Following are six statements on a Likert scale (e.g., “1” is *strongly to disagree* to “5” is *strongly agree*) that assess ethnic identity, for example, *I have a strong sense of belonging to my own ethnic group*. The seventh question asked participants to categorize their ethnicity based on the ethnic groups provided. The last two questions asked participants to identify the ethnicities of their mother and father according to the ethnic categories provided. Overall, the 10-questions of the assessment consist of two subscales: (a) exploration (e.g., items 1, 4, and 5) and commitment (e.g., items 2, 3, and 6). Both subscales of exploration and commitment are integral to Phinney’s Ethnic Identity Model (Phinney, 1992); therefore, all 10 question items were relevant and utilized.

Scoring of the MEIM-R is the sum of each subscale respectively or the total sum of the two subscales (Phinney & Ong, 2007). However, combining subscales is recommend for “studies concerned only with the overall strength of ethnic identity or the degree to which ethnic identity is achieved” (Phinney & Ong, p. 278). Thus, for the purposes of this study, subscale scores were combined to determine graduate students’ overall ethnic identity development scores.

Washington University Sentence Completion Test

Study participants completed the shortened version of the WUSCT (Hy & Loevinger, 1996) which measured the construct of social-cognitive development, also known as ego

development, in study participants. However, other measurements of ego development assess the construct such as, the Thematic Apperception Test (TAT: Murray, 1943), California Q-sort (Block, 1961:1978), and the California Psychological Inventory (CPI: Gough, 1987). Construct validity was found between these assessments and the WUSCT (e.g., Helson & Wink, 1987; Rozsnafszky, 1981; Sutton & Swenson, 1983; Westenberg & Block, 1993).

Furthermore, the WUSCT is suitable for individuals in pre-adolescence through adulthood and in numerous settings (e.g., K-12 schools, universities, and hospitals; Manners & Durkin, 2001). However, few empirical studies have been completed that examine the promotion of social-cognitive development with adult populations (e.g., Alexander et al., 1990; Hurt, 1990; MacPhail, 1989; Manners, Durkin, & Nesdale, 2004; White, 1985). Possible explanations are that few adults progress to advanced stages of ego development and most adults stabilize by early adulthood at or below the Self-Aware ego state (Loevinger et al., 1985; Manners, Durkin, & Nesdale, 2004; Novy, 1993).

The original WUSCT was created in 1970 (Loevinger & Wessler, 1970) and later revised (Hy & Loevinger, 1996; Loevinger, 1985). The WUSCT is a semi-projective instrument, which contains 36-item sentence stems in order to facilitate respondents' answers that are representative of the level of ego development (Loevinger & Wessler, 1970). Thus, individuals that are filling out the assessment can answer the open-ended statements however, they choose. Additionally, the WUSCT has separate male and female forms that personalize the pronouns according to respondents' gender. For instance, Item 22 on the female forms states, "*At time she worried about*" became to "*At times he worried about*" on the male form. Furthermore, alternate forms of the WUSCT (Loevinger, 1985) exist that included the first 18-items and second halves of the

full assessment. Thus, the WUSCT, or Form-81 (Hy & Loevinger, 1996) is an 18-item revised version of the WUSCT (Loevinger, 1985). The technical foundations manual (Loevinger, 1998) provides direction on the scoring of both the 36-item WUSCT and 18-item WUSCT, and also includes practices exercises reviewed by experts in the field.

Therapeutic Factors Inventory-Short Form

The TFI-S (Joyce et al., 2011) measures therapeutic factors in the multicultural self-awareness personal growth groups. The TFI –S (Joyce et al., in press) is a 19-item assessment on a seven-point Likert Scale (e.g., “1” is *strongly disagree* to “7” *strongly agree*). Some examples of items on the TFI-S include, “*Things seem more hopeful since joining group,*” and “*I feel a sense of belonging in this group.*” Additionally, the items are in four subscales: (a) instillation of hope, (b) secure emotional expression, (c) awareness of relational impact, and (d) social learning (Joyce et al., 2011). All 19 questions were utilized and scoring of the assessments was categorized by subscale.

The TFI-S (Joyce et al., 2011) is a measurement created to assess overall group effectiveness (e.g., curative factors and group dynamics) in counseling group settings (Lese & MacNair-Semands, 1997; 2000). Earlier measurements of group therapeutic factors have contributed to the literature, for example, the *Curative Factors Q-sort* (Yalom, 1970), the *Critical Incidents Questionnaire* (CIQ: Kivlighan & Goldfine, 1991), the *Hill Interaction Matrix* (HIM: Hill, 1965; 1973), and the *Individual Group Member Interpersonal Process Scale* (IGIPS: Soldz, Budman, Davis, & Demby, 1993). However, these instruments have been problematic in quantifying the effectiveness within counseling-type groups (Bloch et al., 1981). Much of the difficulty in assessing group therapeutic factors is a result of an inconsistency of definitions of

curative factors, low reliability, and difficulty in determining convergent validity with the limited sample of instruments that measure therapeutic factors (Delucia-Waack & Bridbord, 2004).

Consequently, the *Therapeutic Factors Inventory* (TFI; Lese & MacNair-Semands, 1997; 2000) and its revised version, the TFI-S (Joyce et al., 2011) provides a more valid and reliable instrument to assess all 11 of Yalom's therapeutic factors (Lese & MacNair-Semands, 1997).

The TFI-S (Joyce et al., 2011) is a revised 19-item scale condensed from the original 99-item *Therapeutic Factors Inventory* scale (TFI; Lese & MacNair-Semands, 1997; 2000). The TFI includes separate subscales for each of Yalom's eleven therapeutic factors (Lese & MacNair-Semands, 1997; 2000) and is a promising measure of therapeutic factors (Delucia-Waack & Bridbord, 2004). Overall, the TFI is psychometrically sound with reliability ranging from .82 to .94 on the subscales, test-retest reliability ranged from .28 to .93 at significant level .001 on the subscales (Lese & MacNair-Semands, 2000; Delucia-Waack & Bridbord, 2004). Further research on the TFI scale found construct validity (MacNair-Semands & Lese, 2000). Additionally, university students have completed the instrument (Lese & MacNair-Semands, 1997; MacNair-Semands & Lese, 2000), the population for this study.

Ethical Considerations

In order to implement the study in an ethical manner, the following safeguards existed:

1. Permission and approval (e.g., faculty approval) from participating institutions was solicited for implementation of the multicultural self-awareness personal growth groups in the introductory to counseling courses. Furthermore, IRB-approval was obtained from all participating institutions before the study began.
2. Participants of the study were fully informed during the consent process of the study and

their ability to volunteer to participate or withdraw from the study.

3. There was no identifiable information recorded on the administered instruments. Each participant had a participant code attached to identifiable information. Each participant created an alpha numeric code recorded with their participant code to ensure confidentiality and anonymity. The list of codes was kept separate from the instruments in a locked cabinet.
4. Participants were aware that information obtained through the course of the study might be utilized for presentation of results. However, the information utilized from participants remained anonymous.
5. Due to the self-disclosing nature of personal growth groups, participants in the growth groups were aware of the boundaries of confidentiality in the group setting. Thus, efforts to ensure that information disclosed in the groups remain in the groups were exercised by the group facilitators. As such, information from the group experience was not disclosed to instructors with the introduction to counseling courses.

Potential Limitations of the Study

1. Although, efforts were made to limit threats to internal and external validity within this quasi-experimental research study, limitations still exist. The researcher sought to obtain a diverse sample from multiple institutions; however, depending on the demographic of the sample obtained from these institutions generalizability were limited.
2. Two of the constructs the study measured: ethnic identity development and social-cognitive development may be difficult to measure, as graduate counseling students may

have already achieved higher levels of development (e.g., Lambie, 2007). Consequently, correlational research may be limited. Additionally, there may be limited variance.

3. Although facilitators of the multicultural self-awareness personal growth groups used a standardized curriculum, each group is unique due to different personalities and group dynamics. Thus, it is possible that unanticipated discussions may spontaneously occur in the session that may influence study findings.
4. Data collection instruments used in the study were self-report, therefore, there might be some bias with participant responses that may influence study results.
5. The researcher requested permission from course instructors to request participation from their students, which could have resulted in a potential bias.
6. Finally, all data collection instruments have some measurement of error even with psychometrically sound qualities (e.g., reliability and validity).

Summary

This chapter detailed the rationale and relevance of exploring ethnic identity development, social-cognitive maturity, and group members' perceptions of therapeutic factors in group settings. Evidence for the lack of multicultural group experiences in Introductory to Counseling courses was examined, along with the relationship between these experiential activities with multicultural competence. Further support was provided for the positive relationship for ethnic identity development and social-cognitive development in the multicultural competence of graduate counselors-in-training. To this end, the primary foci of this study were to: (a) explore differences in ethnic identity development, social-cognitive development, and identification of therapeutic factors with participants of the group and non-

participants; and (b) explore differences in ethnic identity development, social-cognitive development, and identification of therapeutic factors with participants of the growth groups.

CHAPTER TWO: LITERATURE REVIEW

Scholars note the importance of ethnic identity development and social-cognitive maturity at both the preparation and the practice levels for counseling. In order to provide a theoretical framework for the study, a review of developmental theories (e.g., stage theories) is necessary, as it is the foundation for ethnic identity development and social-cognitive development. Next, an overview of ethnic identity models and racial identity models is included. Furthermore, a summary of multiculturalism in counselor education follows. Lastly, a review of literature on group dynamics, namely therapeutic factors is discussed along with relevant empirical support.

Stage Developmental Theories

Developmental stage theories (e.g., Erikson, 1950; Kohlberg, 1981; Loevinger, 1976; Piaget, 1954) are characterized by stages with the following qualities: (a) discontinuous, (b) qualitative, (c) hierarchical, and (d) universal (Miller, 2009). Therefore, the phases in stage-developmental theories consist of distinct stages and are identifiable by type and kind of behavior, attitudes, or cognitions. Additionally, the stages are sequential where one must master each stage before progressing to the next. Lastly, the stages are relevant for all individuals regardless of cultural differences (e.g., gender, race, or ethnicity). Thus, the next section reviews the following developmental stage theories: (a) psychosocial development theory (Erikson, 1950; 1968), (b) identity formation (Marcia, 1980), (c) cognitive developmental theory (Piaget, 1954), (d) moral development (Kohlberg, 1981), and (e) social-cognitive development (Loevinger, 1976).

Psychosocial Development Theory

Erikson's psychosocial development theory (1950; 1968) has its historical roots in psychoanalytic theory (Freud, 1917) and suggests that individuals' primary motivation for growth is social interactions, rather than the sexual nature of humans. For this reason, psychosocial development theory delineates distinct, age-specific, hierarchical stages across the lifespan, which shape an individual's personality (Erikson, 1950; 1968). The eight unique stages (e.g., trust vs. mistrust) within psychosocial development represent the successful navigation of crises in an individual's life, or ego strength developed as a result of accomplishing former stages (Erikson, 1963). The theoretical foundations of psychosocial development have helped shape Phinney's Ethnic Identity Development Model (Chavez & Guido-DiBrito, 1999), specifically, in the identity vs. identity confusion stage.

Thus, psychosocial development theory delineates specific categorized stages across the lifespan, which shape an individual's personality (Erikson, 1950; 1968). The eight unique stages within psychosocial development represent the successful navigation of crises in an individual's life, or ego strength developed as a result of accomplishing former stages (Erikson, 1963). Further, the stages are discontinuous, meaning the stages are distinct, and age-specific from infancy to adulthood (Erikson, 1968). Hence, psychosocial stages include: (a) trust vs. mistrust, (b) autonomy vs. shame and doubt, (c) initiative vs. guilt, (d) industry vs. inferiority, (e) identity vs. identity confusion, (f) intimacy vs. isolation, (g) generativity vs. stagnation, and (h) integrity vs. despair. Identity vs. identity confusion, the fifth stage, occurs during adolescence when individuals are discovering who they are and their subsequent personality. As such, identity formation theory (Marcia, 1980) and ethnic identity development theories (e.g., Phinney, 1990)

continue the theory of identity development and its relevance for adolescents and adults.

Identity Formation

Identity formation extends the fifth stage of psychosocial development theory (e.g., identity vs. identity confusion) and describes two dimensions key to Erikson's work regarding identity: (a) exploration of developmental milestones (e.g., crises) that are identity-defining and (b) commitment to activities that support development (Marcia, 1980). The identity status paradigm (Marcia, 1966; 1980) in its original conception was specific to late adolescents within the areas of vocational issues and their ideology. Thus, crises are representative of an individual's navigation of their vocational or ideological issues, or lack thereof, and individuals' personal investment to maneuvering through those crises. The presence/or lack of crisis and commitment in an individuals' life is in four statuses: (a) identity diffusion, (b) identity moratorium, (c) identity foreclosure, and (d) identity achievement (Marcia, 1980).

Identity diffusion represents a lack of crisis and commitment, in other words, neither vocational issues nor a system of self-identified beliefs. Identity moratorium consists of an experienced crisis (e.g., vocational and ideological issues); however, a lack of obligation towards decision-making in vocational interests and personal philosophy. Persons in identity foreclosure, on the other hand, have not experienced a crisis, yet commitment has been made in their career choices or ideology based on parental influence. Lastly, identity achievement occurs when crises have experienced and the individually successfully commits to a vocation and belief system. As a result of the work in identity formation, the theory extends to multicultural research and later provides the stages for Phinney's model of ethnic identity development (Cass, 1979; Phinney, 1990).

Cognitive Development Theory

Piaget's theory describes a continuum of cognitive development across the lifespan (Piaget 1955; 1963). The theory emphasizes an individual's ability to cognitively construct knowledge based on organization and adaptation to their environment in four distinct age-stages (e.g., sensorimotor; Piaget, 1954). Additionally, an individual's ability to assimilate and accommodate cognitive processes is necessary to progress to the next stage and where individual learning occurs (Piaget, 1954). Assimilation is the process of adapting new information from the environment into a pre-existing schema (Piaget, 1970). Conversely, accommodation is modifying pre-existing cognitive structures to allow for new information resulting in developmental growth. Thus, the theory explains an individual's cognitive ability to organize and adapt to their surroundings in order to progress to the next developmental stage (Piaget, 1970). Therefore, the developmental process of accommodation and assimilation consists of four stages across the lifespan: (a) sensorimotor stage, (b) pre-operational stage, (c) concrete operational stage, and (d) formal operational stage. Higher levels of cognitive development are associated with valuing cultural diversity, heightened self-awareness and self-knowledge (Brendel, Kolbert, & Foster, 2002) and decreased prejudice (Sprinthall, 1994).

Moral Development

Kohlberg's theory of moral development is an extension of Piaget's cognitive development theory, which describes six distinct stages that individuals experience regarding moral reasoning and decision-making (Kohlberg, 1981). Both Piaget and Kohlberg believed that children form ways of thinking regarding their experiences, including moral reasoning; however, Kohlberg posited that the process of attaining moral maturity was a longer process than what

Piaget theorized (Kohlberg, 1981). Therefore, based on Kohlberg's research on moral dilemmas (e.g., Heinz dilemma) with individuals of various ages he created a model with two stages at each of the three levels of morality (e.g., pre-conventional, conventional, and post-conventional; Kohlberg, 1973).

The first level of morality, pre-conventional reasoning is a child's desire to adhere to rules of good and bad based on the likelihood of rewards and punishments. The conventional level upholds familial expectations and issues of morality based on conformity to systems of influence (e.g., family, peers, or authority). Lastly, in the post-conventional level moral judgments are an individual's autonomous decisions apart from external influences. As the stages in moral development are hierarchical, the post-conventional level is a higher level of moral development and reasoning an individual can possess (Kohlberg, 1981). Therefore, individuals at higher stages of moral development are able to function more effectively in a complex world.

Social-Cognitive Development

Ego development, or social-cognitive development (Loevinger, 1976; 1998), describes the paradigm in which individuals view themselves and others. As such, ego development is the framework that individuals process interpersonal and intrapersonal experiences. Therefore, social-cognitive development comprehensively integrates other aspects of individual development (e.g., cognitive development and moral development) and is an all-encompassing trait or a "holistic construct" (Manners & Durkin, 2000, p. 542). To delineate social-cognitive theory as a developmental process, Loevinger (1976) categorized four domains of the ego: (a)

character development, (b) cognitive style, (c) interpersonal style, and (d) conscious preoccupations.

Consequently, the four ego domains provide a guideline for the nine levels within ego development (e.g., infancy, impulsive, self-protective, conformist, self-aware, conscientious, individualistic, autonomous, and integrated). The levels (see Table 1) are not age-specific, but are descriptive of hierarchical growth in a sequential manner based on individuals' interactions with their environment (Loevinger, 1976; Manners & Durkin, 2000). Thus, the levels of ego development exist as a result of an individuals' accommodation to his or her environment based on his or her subsequent interactions with others (Sias & Lambie, 2008). Consequently, levels within ego development describe behavioral nuances within an individual's growth and development. Furthermore, higher levels of ego development may result in greater multicultural competence and openness to individual differences and less stereotypical thinking (Watt et al., 2002).

As a result, the infancy level is the first stage of development, although not within the scope of the theory (Loevinger, 1976). Individuals in the impulsive level are egocentric and dependent behavior. The self-protective level consists of delayed immediate gratification; however use other individuals and situations to their advantage. The conformist level describes individuals whose identification relates to groups and persons of authority, along with rigid thinking or "cognitive simplicity" (Hy & Loevinger, 1996, p.5).

Additionally, the self-aware phase is defined by conceptualizing self and others and differentiation between self and group-identification. The conscientious level is unique because of the individual's ability to further differentiate themselves from others, increased self-worth

and self-reflection. The individualistic phase consists of accepting others of their individuality and feelings of independence within oneself. The autonomous phase is the “recognition of other people’s need for autonomy” (Hy & Loevinger, 1996, p. 6). Lastly, the integrated level, much like Maslow’s self-actualization stage (Maslow, 1954) describes a fully integrated and self-regulated individual.

Table 1: Ego Development Levels and Features

Level	Code	Features
Pre-social and Symbiotic	E1	Exclusive focus on gratification of immediate needs; strong attachment to mother, and differentiating her from the rest of the environment, but not her/himself from mother; preverbal, hence inaccessible to assessment via the sentence completion method.
Impulsive	E2	Demanding; impulsive; conceptually confused; concerned with bodily feelings, especially sexual and aggressive; no sense of psychological causation; dependent; good and bad seen in terms of how it affects the self; dichotomous good/bad, nice/mean.
Self-Protective	E3	Wary; complaining; exploitive; hedonistic; preoccupied with staying out of trouble, not getting caught; learning about rules and self-control; externalizing blame.
Conformist	E4	Conventional; moralistic; sentimental; rule-bound; stereotyped; need for belonging; superficial niceness; behavior of self and others seen in terms of externals; feelings only understood at banal level; conceptually simple, “black and white” thinking.
Self-Aware	E5	Increased, although still limited, self-awareness and appreciation of multiple possibilities in situations; self-critical; emerging rudimentary awareness of inner feelings of self and others; banal level reflections on life issues: God, death, relationships, health.

Level	Code	Features
Conscientious	E6	Self-evaluated standards; reflective; responsible; empathic; long term goals and ideals; true conceptual complexity displayed and perceived; can see the broader perspective and can discern patterns; principled morality; rich and differentiated inner life; mutuality in relationships; self-critical; values achievement.
Individualistic	E7	Heightened sense of individuality; concern about emotional dependence; tolerant of self and others; incipient awareness of inner conflicts and personal paradoxes, without a sense of resolution or integration; values relationships over achievement; vivid and unique way of expressing self.
Autonomous	E8	Capacity to face and cope with inner conflicts; high tolerance for ambiguity and can see conflict as an expression of the multifaceted nature of people and life in general; respectful of the autonomy of the self and others; relationships seen as interdependent rather than dependent/ independent; concerned with self-actualization; recognizes the systemic nature of relationships; cherishes individuality and uniqueness; vivid expression of feelings.
Integrated	E9	Wise; broadly empathic; full sense of identity; able to reconcile inner conflicts, and integrate paradoxes. Similar to Maslow's description of the "self-actualized" person, who is growth

Level

Code

Features

motivated, seeking to actualize potential capacities, to understand her/his intrinsic nature, and to achieve integration and synergy within the self (Maslow, 1962).

Taken with adaptation from Hy and Loevinger (1996) and Manners and Durkin (2001)

Empirical Research on Social-Cognitive Development

There is research on social-cognitive development and counselor education (e.g., Lambie & Sias, 2009). As mentioned earlier, ego development is the framework that individuals process interpersonal and intrapersonal experiences. Further, it is a developmental process characterized by differentiation, self-integration and cognitive complexity in counselors-in-training (Cannon & Frank, 2009; Lambie, 2007). The literature supports that ego development is associated with the following factors in counselor education: (a) depersonalization (e.g., coping skills when facing emotional fatigue) and personal accomplishment in school counselors (Lambie, 2007), (b) increased legal and ethical knowledge scores in school counselors (Lambie, Ieva, Mullen, & Hayes, 2010), (c) ability to develop a counseling theoretical orientation (Warren, 2008), and (d) wellness in counselors-in-training (Lambie, Smith, & Ieva, 2009). Additionally, Zinn (1995) parallels the fifth level of ego development (e.g., self-aware level) with the minimal stage of development for counselors working with clients. Lastly, higher levels of ego development may result in greater multicultural competence and openness to individual differences and less stereotypical thinking (Watt et al., 2002). Hence, counselors' personal and professional development is related to ego development; therefore, counselor education programs should work to promote their students' social-cognitive maturation.

Consequently, due to the breadth of empirical studies within this area, the parameters of the review of the literature focuses on the relationship between social-cognitive development and skills acquisition (e.g., Borders & Fong, 1989; Borders, Fong, & Niemeyer, 1986; Carlozzi, Gaa, & Lieberman, 1983) in counselors-in-training and the relationship between multicultural competence (e.g., Cannon & Frank, 2009) and racial identity (e.g., Watt et al., 2002). For

instance, Borders et al. (1986) found that higher levels of social cognitive development resulted in greater self-awareness and acquisition of counseling skills in counselors based on a supervision model. Therefore, graduate students with higher levels of social-cognitive maturity (e.g., self-awareness, empathy, and wellness) may be more effective counselors with diverse client populations.

Likewise, Carlozzi et al. (1983) investigated counselors'-in-training ($N = 51$) levels of ego development and empathy and found that increased ego development was positively correlated with increased empathy. Similarly, Borders and Fong (1989) explored ego development with beginning counseling students ($n = 80$) in a techniques of counseling course with videotaped sessions and advanced students ($n = 44$) with audiotapes of counseling sessions. The authors found a significant positive relationship between level of ego development and scores on videotaped sessions ($r = .24, p < .05$) for beginning counselors. However, when examining ego levels with audiotapes there was no significant relationship with counseling performance. Thus, higher levels of ego development relate to a counselors' ability to empathize (Carlozzi et al., 1983) and have a positive relationship on counselors' performance in session (e.g., Borders & Fong, 1989).

Additionally, Cannon and Frank (2009) investigated ego development and the relationship of multicultural competence with the inclusion of a 15-week Deliberate Psychological Education (DPE) intervention with counseling student interns. The DPE model, developed by Sprinthall and Mosher (1978), consists of cognitive development with the intent of promoting student growth. Two hypotheses guided the study: (a) students in the treatment group who have higher post-test levels of ego development compared to the comparison groups and (b)

students in the treatment group would have higher post-test scores on multicultural knowledge and awareness compared to the comparison groups. Therefore, the treatment group consisted of 20 students at a suburban university and two comparison groups, 19 students from an urban university and 20 students from a rural university, respectively. Yet, the final sample size was 54, which included only White student interns. All students in the study received the DPE approach; however, only treatment group participants received the DPE approach with the multicultural focus. Furthermore, study participants completed the 18-item WUSCT (Hy & Loevinger, 1996) which measured ego development and the 32-item Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto & Potere, 2003) that assessed knowledge and awareness domains of the multicultural counseling competencies (Sue et al., 1992).

Separate analyses of variance (ANOVA) assessed whether there were differences within pre-test measurements as there were non-random groups selected. No significant differences were found on pre-test WUSCT scores between the three groups, $F(2, 52) = 4.57, p > .01$ and MCKAS scores, $F(2, 52) = 1.15, p > .01$ (Cannon & Frank, 2009). Furthermore, after testing the first hypothesis a statistically significant difference in post-test WUSCT mean scores was found between participants of the intervention groups and the two comparison groups: intervention group ($M = 6.1$), comparison group 1 ($M = 5.0$) and comparison group 2 ($M = 5.4$) after completing a repeated measures analysis of variance (ANOVA). Additionally, there was significant main effect on the WUSCT $F(2, 51) = 5.77, p = .036$; eta squared = .30.

However, results of the second hypothesis concluded that there was no statistically significant difference in MCKAS score between the intervention group and comparison group 1, but a statistically significant difference compared to control group 2 at $F(2, 51) = 4.48, p < .05$,

eta squared = .25. In addition, there was no statistically significant difference between treatment and comparison groups on the awareness subscale of the MCKAS, nor significant group differences, time differences, or time by group interactions (Cannon & Frank, 2009). Therefore, ego development levels increased as a result of a multicultural-focused intervention, which is relevant for the present study with the implementation of multicultural self-awareness personal growth groups.

Additionally, Watt et al. (2002) explored ego development and racial identity development of graduate students ($N = 38$) enrolled in Theories of Counseling, Multicultural Counseling, and/or Counseling Practicum courses. Participants completed the following questionnaires: (a) the 18-item WUSCT (Hy & Loevinger, 1996), (b) the 50-item *Racial Identity Attitude Scale* (RAIS-B; Helms, 1990) for non-Caucasian students to complete, and (c) the 50-item RIAS-W (Helms & Carter, 1990) for Caucasian students to complete. Both the RAIS-B and the RIAS-W are based on racial identity models (e.g., Black Racial Identity Development model; Cross, 1995 and White Racial Identity Development model; Helms, 1995). Four hypotheses guided the study: (a) advanced students would have higher levels of ego development, (b) students enrolled in the Multicultural Counseling course would have higher levels of ego development compared to students enrolled in the Theories of Counseling course, (c) advanced students would have higher racial identity scores than students in beginning (e.g., Theories of Counseling) or intermediate courses (e.g., Multicultural Counseling course), (d) and students in the Multicultural Counseling course would have higher racial identity scores than students in the Theories of Counseling course.

Overall findings included a mean ego development level of E5, or self-awareness for study participants, regardless of course enrollment. Additionally, an ANOVA found a significant relationship between training level (e.g., Theories of Counseling course) and ego development, $F(2, 35) = 4.4, p = .02$ (Watt et al., 2002). Specifically, there was a significant difference between beginning counseling students (e.g. enrolled in the Theories course) and students in pre-practicum, $t(23) = 2.73, p = .02$. Similarly, there was a significant difference in ego development levels between students enrolled in a Theories of Counseling course and those enrolled in a Multicultural course, $t(31) = 2.12, p = .04$. Yet, there was no significant difference in ego development levels between students enrolled in the Multicultural Counseling courses and pre-practicum, $t(22) = 1.02, p = .32$. Furthermore, there was no statistical difference in racial identity development scores and training level of counseling students, or significant difference between racial identity and ego development of study participants due to the small sample size as reported by the authors.

Findings from Watt et al. (2002) are relevant to the present study as it demonstrates that students enrolled in beginning counseling courses may have lower levels of social-cognitive maturity and thus may benefit from activities throughout the curricula to increase their social-cognitive levels. Although, there was no specific intervention by Watt et al. (2002), a multiculturally-focused intervention could potentially promote additional student development in ego identity levels and ethnic identity scores. Watt et al. (2002) recommended that experimental studies should be investigated in the future to make casual inferences on the influence of the course curriculum on social-cognitive development, along with infusing multicultural concerns into specific course content (Watt et al., 2002).

Thus, higher levels of ego development relate to a counselors' ability to empathize (Carlozzi et al., 1983) and have a positive relationship on counselors' performance in session (e.g., Borders & Fong, 1989). In addition, higher levels of ego development relate to multiculturally focused interventions in programs of counselor education (Cannon & Frank, 2009) and increase over the course of counseling curricula (Watt et al., 2002). Therefore, advanced ego development levels are an integral quality of counselors-in-training and are necessary in a therapeutic setting. For this reason, the present study has contributed to filling the gap in the literature on ego development, which was lacking with counselors-in-training (Watt et al., 2002).

Ethnic Identity Development

Ethnic identity is the dual influence of a sense of belonging to an ethnic group combined with an active commitment to ethnic traditions and practices (Phinney, 1990; Phinney & Alipuria, 1996). Ethnic identity has been used broadly to also include aspects of racial identity (e.g., shared experiences of individuals as a result of their classification of race) causing a blurred distinction in the professional literature between the two terms (Ponterotto et al., 2010). However, for the purposes of this study, *ethnic identity* is independent of racial identity in order to highlight the defining characteristics of the two constructs (Branch & Carter, 1997; Carter, 1995). Nonetheless, racial identity and racial identity models are discussed as they are relevant to ethnic identity and provide a historical perspective of the progression of ethnic identity and ethnic identity models.

Racial Identity

Initially, racial identity was the classification of race being descriptive of biological

characteristics (e.g., physical features and gene pools) that distinguished groups of people from one another (Spickard, 1992). Therefore, the biological definition of racial identity was visible characteristics (e.g., skin color and hair texture) that may group people together (Smedley & Smedley, 2005). More recently, the conceptualization of racial identity is a result of *race* as a social construct (Chavez & Guido-DiBrito, 1999; Helms, 1990). Thus, racial identity consists of the shared racial heritage with a particular racial group without a biological basis (Goodman, 2000; Shih, Bonam, Sanchez, & Peck, 2007). In other words, racial identity is individuals' experiences and interaction with society as a racial being. As a result of the defining of racial identity, models of racial identity development emerged to delineate the continuum of group individuals experience as a member of a racial group.

Racial Identity Models

Racial identity models for particular racial groups (Cross, 1991; Helms, 1995; Kim, 1981; Ruiz, 1990) and people of color in general (Atkinson, Morten, & Sue, 1998) aid in conceptualizing the process of racial identity across developmental stages. The racial identity models are based on developmental theories (e.g., Erikson, 1968) and are hierarchical with distinct stages that describe “reactions to societal dynamics of ‘racial’ oppression” and psychological influences of individuals of color (Helms, 1996, p. 144). Two of the most well-known racial identity models (e.g., the Black Racial Identity Model; Cross, 1971; 1995 and the White Racial Identity Model; Helms, 1995) provide a comprehensive description of racial development along with quantifiable measurement of the constructs (e.g., Helms, 1990; Ponterotto et al., 2003).

Black Racial Identity Development

The Black Racial Identity Model, or the Nigrescence Model (Cross, 1971; 1995), is a five stage-model crouched in the experiences of African Americans during the civil rights movement in America. Cross' Nigrescence Model was influenced by earlier works on Black racial identity (e.g., Milliones, 1973; Thomas, 1971) and is measurable by utilizing the Racial Identity Attitude Scale (Parham & Helms, 1981). The five stages of the model include: (a) pre-encounter, (b) encounter, (c) immersion/emersion, (d) internalization, and (e) internalization-commitment. The pre-encounter stage involves absorption of beliefs and values of the dominant White culture while rejecting aspects of their Black culture (Cross, 1971; 1995). The encounter phase is characteristic of an event or series of experiences that influences the individuals' perception of racism in their life (Cross, 1971; 1995). The immersion/emersion phase includes embracing their Black culture with visible symbols and an active rejection of Whiteness (Cross, 1971; 1995). The immersion stage, on the other hand, is a stage with African Americans actively exploring aspects of their cultural history while balancing anti-White sentiments. The final stage, internalization-commitment is representative of individuals' integration of an acceptance of their Blackness and a sense of commitment within their community.

White Racial Identity Model

Similarly, the White Racial Identity model (Helms, 1984; 1995) describes a continuum of racial development experienced by White Americans and is measurable with the White Racial Identity Attitude Scale (Helms & Carter, 1990). Consequently, the six stages of the model include: (a) contact, (b) disintegration, (c) reintegration, (d) pseudo-independence, (e) immersion/emersion, and (f) integration. The contact phase is characteristic of a lack of

awareness of institutional racism, rejecting the existence of White privilege, and potential fear of people of color (e.g., Helms, 1984, 1995; McIntosh, 1989, Tatum, 1992). Disintegration consists of experiences with individuals and exposure to the phenomenon of racism where White individuals may feel a myriad of emotions (e.g., guilt, shame, etc.) based on awareness of their race and new information (Helms, 1984; 1995). Subsequent feelings may be ignored or rationalized through denial and projection on to people of color. Reintegration is characteristic of a regression to an over-identification with the White culture and subsequent intolerance of others. The pseudo-independence stage is defined by a critical experience in the individuals' life that alters their perception of differences (e.g., racial), intellectualization of the experience, and openness to people of color similar to them (Helms, 1984; 1995). The immersion/emersion stage is characteristic of increased self-reflection, introspection, and activism (Helms, 1984; 1995). Lastly, the autonomy phase is the phase that is representative of individuals' integration, being knowledgeable about others' culture, and the absence of negative feelings towards people of color (Helms, 1984; 1995).

Ethnic Identity Development Models

Ethnic identity development is based on the definition of *ethnicity* where individuals share many commonalities within their culture (e.g., language, geographic location, religion, traditions, values, beliefs, sense of history; Smedley & Smedley, 2005). Thus, ethnic identity development extends the definition by emphasizing ethnic sense of belonging, positive attitudes towards ones' ethnicity, and commitment to ethnic traditions and practices (Phinney, 1990; Phinney & Alipuria, 1996). Further, the construct encompasses "acquisition or maintenance of cultural characteristics" (Helms, 1996, p. 144) that define a particular ethnic group. These

defining ethnic-based characteristics consist of the language, religion, values, behaviors, and attitudes that distinguish one ethnicity from another (Phinney, 1992).

Phinney's Ethnic Identity Model

Similar to racial identity models, ethnic identity development models have theoretical underpinnings in developmental theories (Erikson, 1950) and are descriptive of particular ethnic groups (e.g., Katz, 1989) and applicable for multiple ethnic groups (e.g., Phinney, 1992). Phinney's Ethnic Identity Model (1990), one of the most recognized models of ethnic identity development, provides a broad exploration of ethnicity applicable to all ethnic groups (Ponterotto et al., 2010) and is measurable with the Multigroup Ethnic Identity Measure (MEIM: Phinney, 1992) and the Revised Multigroup Ethnic Identity Measure (MEIM-R: Phinney & Ong, 2007). Phinney's model is grounded in developmental theories (e.g., Erikson, 1968; Marcia, 1980) with stages based on Erikson's adolescent phase of psychosocial development (e.g., identity vs. confusion stage). Furthermore, the phases of ethnic identity development are: (a) a hierarchical progression through distinct stages, (b) motivation to belong to a group, (c) development throughout the lifespan, and (d) growth facilitated by the presence of a crisis (Phinney, 1990, 1992; Phinney & Alipuria, 1990). Thus, Phinney's model incorporates the concepts of psychosocial development and identity formation in its three phases: (a) unexamined ethnic identity, (b) ethnic identity search/moratorium, and (c) ethnic identity achievement.

The first stage, unexamined ethnic identity consists of an individuals' lack of investigation into their ethnic group (Phinney, 1990). Therefore, a client in the unexamined ethnic identity stage does not seek out information about their ethnicity nor participates in culturally ethnic activities. The second stage, ethnic identity search/moratorium is the presence

of a crisis that the individual encounters which results in self-reflection and the search for their ethnic identity (Phinney, 1990). For example, a client in the ethnic identity search/moratorium phase may experience have experienced a crisis in their life which causes them to be introspective about their ethnicity. Therefore, the process of searching for one's ethnicity has begun. Lastly, the ethnic identity achievement phase is representative of an individual understanding their ethnic identity and being self-fulfilled (Phinney, 1990). Lastly, ethnic identity achievement phase is the acceptance, internalization, and integration of an ethnic self.

Empirical Research on Ethnic Identity Development

Empirical studies have investigated ethnic identity development with multiple populations, including adolescents (e.g., Phinney, 1989; Phinney, 1992; Phinney & Tarver, 1988; Roberts et al., 1999; Sobansky et al., 2010) and adults (e.g., Phinney, 1992; Phinney & Alipuria, 1990; Phinney & Ambarsoom, 1987; Syed & Azmitia, 2008; Utsey, Chae, Brown, & Kelly, 2002). Due to the breadth of research, the focus of this review of research focuses on ethnic identity related to demographic variables (e.g., age and ethnicity) and group therapeutic factors. The relationship between ethnic identity and multicultural competence is discussed later in the chapter.

Phinney (1992) sampled a group of high school adolescents ($n = 416$) and college students ($n = 136$) in order to compare differences in ethnic identity development across age group, gender, and socioeconomic status with the *Multigroup Ethnic Identity Measure* (MEIM; Phinney, 1992). Across the subscales of affirmation and belonging, ethnic behaviors, and the total score there was no statistically significant difference in ethnic identity development between high school students and college students. However, within ethnic identity achievement,

there was a statistically significant difference between college students and high school students ($t = 2.18, p < .05$). There was also a significant difference in ethnic identity among ethnic groups in the college sample, $F(4, 129) = 3.18, p < .05$. Tukey paired comparisons revealed that African Americans had significantly higher ethnic identity scores ($M = 3.46$), followed by Hispanic students ($M = 3.07, p < .05$) than Caucasians ($M = 2.86, p < .001$). However, there was no statistically significant difference between males and females in the study. Therefore, this study's findings supported that ethnic identity increases with age and there are differences in ethnic identity among ethnic groups.

Likewise, Branch, Tayal and Triplett (2000) explored the relationship between ethnic identity (as measured by the MEIM; Phinney, 1992) and ego identity status (as measured by Extended Objective Measure of Ego Identity Status [EOMEIS]; Bennion & Adams, 1986) in adolescents and young adults. The sample included adolescents and adults within the age range of 13 to 25 ($N = 249$) across various ethnic backgrounds (e.g., African American, Asian/Asian American, Euro American, Latino/Hispanic, and Other). A study hypothesis was to investigate any differences in ethnic identity due to ethnic differences in the sample. Findings from an ANOVA and Tukey comparisons concluded that there was a statistically significant difference in ethnic identity scores among ethnic groups, $F(4, 243) = 10.88, p < .001$ with African Americans ($M = 3.40$) having the highest mean score, Other ($M = 3.21$), Latino/Hispanic ($M = 3.08$), Asian American ($M = 2.94$), then lastly Euro American ($M = 2.73$). Tukey paired comparisons resulted in statistically significant differences in Latino/Hispanic ($p < .001$), African American ($p < .001$), and Other ($p < .001$) individuals compared to Euro Americans; and African Americans and Asian Americans were significant at ($p < .05$). Conversely, there were no statistically

significant differences across age groups, or ethnic group interaction by age. Therefore, participants' ethnicity influenced ethnic identity scores, where non-Caucasian individuals have higher ethnic identity scores. In addition, findings identified that ethnic identity scores did not differ among age groups.

Similarly, Chae (2000) explored the relationship between ethnic identity development, identity formation, and participants' demographic variables. The sampled adolescents and adults were within the age range of 16 to 25 ($N = 150$) with 72 males and 78 females. Additionally, there were 36 Latino Americans, 37 African Americans, 40 Asian Americans, and 37 Caucasian Americans, which represented three diverse universities. Study participants completed the MEIM (Phinney, 1992) and the EOMEIS (Bennion & Adams, 1986). Findings identified that there was a statistically significant influence of ethnic group membership [Wilks' λ , $F(24, 392) = 2.96$, $p < .0001$] on ethnic identity scores. Additionally, univariate tests found a statistically significant difference in participants' ethnic group membership on ethnic identity, $F(3, 142) = 12.44$, $p < .001$. Post hoc tests revealed Caucasian had significantly lower ethnic identity scores ($M = 2.9$) compared to African Americans ($M = 3.4$) and Latino Americans ($M = 3.2$), but not Asian Americans ($M = 2.8$).

Chae (2000) also found a statistically significant difference in the affirmation of belonging subscale of ethnic identity, $F(3, 142) = 6.93$, $p < .001$ where African Americans scored higher than Caucasian Americans and Asian Americans, but not Latinos. There was a significant difference in ethnic identity achievement according to ethnic group membership, $F(3, 142) = 3.2$, $p = .024$ where African Americans had the highest level followed by Latino Americans, Asian Americans, and lastly Caucasian Americans. There was also a significant

difference in ethnic group membership on ethnic behaviors and practices subscales, $F(3, 142) = 4.2, p = .007$, with African American scoring the highest in the subscale, followed by Latino Americans, Caucasian Americans, then Asian Americans.

Furthermore, there was a statistically significant difference in gender [Wilks' $\lambda, F(8, 135) = 6.95, p < .0001$] on ethnic identity scores. Specifically there was a main effect between gender and ethnic identity scores [$F(1, 142) = 14.6, p < .001$] with females having more advanced ethnic identity statuses ($M = 3.23, SD = .47$) compared to men ($M = 2.9, SD = .58$). Therefore, ethnic identity scores varied according to ethnic membership group where African Americans consistently scored higher levels of ethnic identity total scores and subscale scores compared to Latino Americans, Asian Americans and Caucasian Americans. Additionally, females demonstrated higher levels of ethnic identity scores compared to males.

Johnson and Lambie (2012) investigated first-year graduate counselor education students ($N = 20$) and their levels of ethnic identity development (Phinney & Ong, 2007) and social-cognitive maturity (Hy & Loevinger, 1996) after completing a six-week multicultural personal growth group in a time-series research design. Sampled participants included five males and 15 females. The study participants' ethnic identity development mean scores did not change from the pre-test ($M = 3.61, SD = .89, \text{range} = 1.70 - 5.00$) to the posttest ($M = 3.71, SD = .79, \text{range} = 2.00 - 5.00$), $t(19) = -.864, p = .40$; nor did ethnic identity development scores correlate with students reported demographic data (Johnson & Lambie, 2012). In addition, the participants' social-cognitive maturity mean scores did not change from the pre-test (Level score, $M = 5.00, SD = .79; \text{range} = 3.00 - 6.00$) to the posttest (Level score, $M = 5.05, SD = .89; \text{range} = 3.00 - 7.00$); $t(19) = -.237, p = .815$; however, a positive relationship was identified between post social-

cognitive maturity scores and students' reported cultural competence ($r = .50, p = .04$; 25% of the variance explained).

Rowell and Benshoff (2008) investigated ethnic identity development and group therapeutic factors with counselor education students ($N = 183$). The authors implemented a multicultural personal growth group intervention in multicultural counseling courses and hypothesized the following: (a) participation in a multicultural personal growth group would increase ethnic identity development of counselor education students compared to students who did not participate in the multicultural personal growth groups, (b) group members' identification of group therapeutic factors predicts group members' ethnic identity, and (c) demographic variables predict ethnic identity. The study participants completed the MEIM (Phinney, 1992) assessment and the Group Counseling Helpful Impacts Scale (GCHIS: Kivlighan et al., 1996).

The study identified that there was a statistically significant difference in ethnic identity scores for those participants in the multicultural personal growth group compared to non-participants, $F(1, 181) = 5.09, p < .03, \eta^2 = .17$ (Rowell & Benshoff, 2008). Additionally, a paired sample t-test was calculated for participants of the intervention and found a statistically significant difference in pre-and posttest ethnic identity scores in participants of the treatment group $t(84) = -0.97, p < .05$ (Rowell & Benshoff, 2008). Furthermore, there was a statistically significant ability to predict posttest ethnic identity scores based on demographics (e.g., age, ethnicity, number of credit hours), $F(4, 180) = 4.80, p < .001, R^2 = .10$ and the adjusted R^2 was .08 of treatment group participants. However, there was no statistically significant prediction of group therapeutic factors scores on ethnic identity scores, $F(4, 80) = 1.33, p < .27, R^2 = .06$. Therefore, the multicultural group intervention increased participants' ethnic identity and

students' demographics (e.g., age, ethnicity, number of credit hours) predicted their ethnic identity scores.

Overall, the empirical research on ethnic identity is demonstrative of numerous correlational or descriptive, but few studies are based on experimental manipulations (Phinney, 1990). Correlational studies, such as Phinney (1992), found a statistically significant difference in the ethnic identity achievement subscale between college students and high school students ($t = 2.18, p < .05$) and ethnic group membership with college students, $F(4, 129) = 3.18, p < .05$. Additional analyses revealed African Americans had higher levels of ethnic identity scores compared to Hispanic and Caucasian students. Finally, there was no difference in ethnic identity scores according to gender.

Similarly, Branch et al. (2000) found a difference in ethnic identity scores among ethnic groups, $F(4, 243) = 10.88, p < .001$ with African Americans ($M = 3.40$) having the highest mean score. Yet, there were no statistically significant differences across age groups, or ethnic group interaction by age. Moreover, Chae (2000), revealed a statistically significant influence of ethnic group membership [Wilks' $\lambda, F(24, 392) = 2.96, p < .0001$] on ethnic identity scores with African American scoring the highest level of ethnic identity total scores and subscales. Additionally, there was a statistically significant difference in gender [Wilks' $\lambda, F(8, 135) = 6.95, p < .0001$] on ethnic identity scores with women scoring higher levels of ethnic identity compared to males.

Johnson and Lambie (2012) found no difference in ethnic identity development in pre-test and posttest scores, $t(19) = -.864, p = .40$ or social-cognitive maturity pretest and posttest scores, $t(19) = -.237, p = .815$ in a sample of 20 counselor education students. Furthermore,

ethnic identity development scores did not correlate with students reported demographic data; however, a positive relationship was identified between post social-maturity scores and students' reported cultural competence ($r = .50, p = .04$; 25% of the variance explained).

Finally, Rowell and Benschhoff's (2008) quasi-experimental study found a statistically significant difference in ethnic identity scores for those participants in the multicultural personal growth group compared to non-participants, $F(1, 181) = 5.09, p < .03, \eta^2 = .17$. Likewise, posttest ethnic identity scores predicted demographics (e.g., age, ethnicity, number of credit hours), $F(4, 180) = 4.80, p < .001, R^2 = .10$ of treatment group participants. However, there was no statistically significant prediction of group therapeutic factors scores on ethnic identity scores, $F(4, 80) = 1.33, p < .27, R^2 = .06$. As there is a lack of experimental studies on ethnic identity of adults, specifically in counselor education programs, the present study contributed to the literature on the relationship of ethnic identity on demographic variables, group therapeutic factors, and social-cognitive development.

Multicultural Counseling Competencies

Multicultural competence is paramount for counselors-in-training when working with clients in a therapeutic environment (e.g., Arredondo et al., 1996; Sue et al., 1982). The 1970's has marked a shift towards addressing multicultural concerns in counseling and graduate programs incorporating multicultural training for counselors-in-training due to the ineffectiveness of traditional counseling with diverse clients (Sue et al., 1992). The introduction of multicultural counseling competencies occurred in the 1980's after much advocacy for multicultural counseling with the intent of addressing diverse clients' psychological needs in an effective manner (e.g., Sue et al., 1982; Sue et al., 1992). Subsequently, Arredondo et al. (1996)

operationalized the multicultural competencies into a framework (Arredondo et al., 1996) along with the adoption of the American Counseling Association (ACA, 2005) *Code of Ethics*.

Originally defined for Caucasian/European counselors and clients from four cultural groups (e.g., African/Black, Asian, Hispanic/Latino and Native American; Arredondo, et al., 1996), now multicultural counseling competencies have broadened and include other diverse groups (e.g., gender, sexual orientation, and religious/spiritual affiliation) and diverse counselor/client dyads (ACA, 2005; CACREP, 2009)

Thus, multicultural counseling is the “preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions” (Arredondo et al., 1996, p. 42). Therefore, multicultural competencies are organized into the following three domains: (a) counselor awareness of own cultural values and biases, (b) counselor awareness of client’s worldview, (c) and the ability to research and integrate culturally relevant and appropriate interventions in session (ACA, 2005; Arredondo et al., 1996; Sue et al., 1982;). Furthermore, within each of the three domains are descriptors (e.g., knowledge, beliefs & attitudes, and skills) that explain each the role of counselors when working with diverse clients.

In the first domain, counselor awareness of their own cultural values and biases focuses on knowledge of the counselor’s cultural background and how it may relate to others and their cultural background (Arredondo et al., 1996). Additionally, in the counselor awareness domain individuals should have a working knowledge of different cultural groups and be open to learning about people who are different from them in various categories (e.g., race, gender, ethnicity, social class, sexual orientation, etc.). The awareness-of-self domain refers to an introspective characteristic where individuals intentionally explore their assumptions, biases,

prejudices, and stereotypes of others who are different from them and become open to discussing and learning about different perspectives (Arredondo et al., 1996). Lastly, the skills competency refers to counselors-in-training knowing the necessary techniques that work effectively and efficiently with diverse clients (Arredondo et al., 1996).

Empirical Research in Multicultural Counseling Competencies

Although, some argue that multicultural competencies are unnecessary (e.g., Patterson, 2004), the professional literature suggest that multicultural competence are needed in graduate student counselors in order to be more effective counselors and to provide better client outcomes (Arredondo, 1999; Hill, 2003; Ponterotto & Casas, 1987; Ponterotto et al., 2010; Pope-Davis et al., 2003). Yet, “the emphasis on multicultural counseling has not been coupled with empirical support for the existence of high levels of competence among practitioners” (Hill, 2003, p. 40). In the counseling psychology and counselor education fields, scholars have investigated cultural competence in graduate students. However, Allison, Crawford, Echemendia, Robinson, and Knepp (1994) found that the majority of counseling psychology doctoral level participants ($N = 259$) self-reported as having low competence in working with ethnic minorities, but higher competence with European American, economically disadvantaged and female clients. Results from this survey identified the need for additional training in multicultural training for advanced graduate students, specifically with ethnic minorities.

Holcomb-McCoy and Myers (1999) surveyed a national sample of counseling professionals from CACREP and non-CACREP accredited programs ($N = 550$). Study participants completed the *Multicultural Counseling Competence and Training Survey* (MCCTS; Holcomb-McCoy & Meyers, 1999), a 61-item instrument with six sections (e.g., multicultural

counseling curriculum in entry-level graduate program). A factor analysis was completed on the MCCTS (Holcomb-McCoy & Meyers, 1999) yielded five factors, which included: (a) knowledge of multicultural issues, (b) multicultural awareness, (c) multicultural counseling term definitions, (d) racial identity development, and (e) multicultural skills. Results indicated that counselors' self-perception of multicultural competence was between "competent" and "extremely competent," specifically in the areas of multicultural awareness, skills, and definitions of terms. Conversely, participants reported low levels of proficiency in the areas of racial identity and knowledge of multicultural issues. Additionally, no statistically differences existed between self-perceived multicultural competence between CACREP graduates and non-CACREP graduates. Furthermore, participants reported their multicultural counseling training to be less than adequate in the area of knowledge of multicultural issues. Finally, multivariate analyses identified ethnicity having a statistically significant difference in knowledge, awareness, racial identity, and skill factors of multicultural counseling competence, $F(16, 48) = 2.09, p < .03$; $F(5, 60) = 2.89, p < .03$; $F(2, 65) = 4.04, p < .03$; $F(5, 58) = 5.21, p < .01$; respectively.

Toporek and Pope-Davis (2005) surveyed a sample of master-level counseling students ($N = 158$) to investigate the relationship between multicultural training and perceptions of individual and structural poverty. Two hypotheses guided the study: (a) graduate students participating in more multicultural course or workshop would result in higher scores on a measure of structural attributions of poverty, and (b) graduate students participating in more multicultural course or workshop predicts lower scores on a measure of individual attributions of poverty. Study participants completed the following four instruments: (a) *Beliefs about Poverty Scale* (Smith & Stone, 1989) to assess perceptions of poverty, (b) *Quick Discrimination Index*

(QDI; Ponterotto et al., 1995) to measure attitudes about race, and (c) *Multicultural Social Desirability Scale* (MCSD; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998) which measures the desire to appear multiculturally sensitive. A hierarchical regression found that participation in more multicultural training had a significant variance ($B = .407, SE B = .157, \beta = .194, p < .05$); $F(4, 158) = 13.908, p < .01$. Therefore, students endorsed structural explanations of poverty with more multicultural courses and workshops compared to students with less multicultural training. Additionally, students participating in more multicultural workshops who were less likely to contribute poverty to individual aspects compared to students that participated in fewer multicultural workshops ($B = -.351, SE B = .175, \beta = -.157, p < .05$). Consequently, study results supported both hypotheses; increased exposure to multicultural training predicted students' perceptions of poverty as being a structural manifestation rather than as a result of individual causes (e.g., race or ethnicity).

Moreover, a positive relationship exists between multicultural competence and racial and ethnic identity development in counselors (e.g., Chao, 2006; Neville et al., 1996; Ottavi et al., 1994; Vinson & Neimeyer, 2000; 2003). However, research has historically focused on the positive correlation between multicultural competence and White racial identity (e.g., Fulton, 1994; Neville et al., 1996; Ottavi, 1996; Ottavi et al., 1994; Sabnani et al., 1991). Yet, few studies investigated multicultural competence and ethnic identity development in counselors-in-training (Chao, 2006).

Chao (2006) surveyed counseling professionals ($N = 338$) from the American Psychological Association (APA) and American Counseling Association (ACA) utilizing the following instruments: (a) *Multicultural Counseling Knowledge and Awareness Scale* (MCKAS;

Ponterotto et al., 2002), (b) *Balanced Inventory of Desirable Responding* (BIDR; Paulhus, 1991), (c) MEIM (Phinney, 1992), (d) *Color-Blind Racial Attitudes Scale* (CoBRAS; Neville, Lilly, Duran, Lee, & Browne, 2000), and (e) a demographic form. A hierarchical regression was performed and ethnic identity (added as the fourth step) was found to have a significant additional variance on multicultural knowledge and awareness, R^2 change = .10, $F(1, 327) = 30.19$, $p < .001$. Therefore, counseling students scoring at higher levels of ethnic identity development possess greater multicultural competence as compared to students at lower levels of ethnic identity maturity. Additional findings concluded that number of multicultural courses and workshops had a significant variance, R^2 change = .07, $F(4, 328) = 5.40$, $p < .001$. Thus, multicultural competence is relevant for counselors-in-training and there is a positive correlation with ethnic identity development.

Therefore, research findings (e.g., Allison et al., 1994; Holcomb-McCoy & Myers, 1999; Toporek & Pope-Davis, 2005) support the importance of increased multicultural training for graduate students. Allison et al. (1994) found that doctoral students ($N = 259$) self-reported less multicultural competence with ethnic minorities compared to non-minorities. Similarly, Holcomb-McCoy and Meyers (1999) concluded from their survey of CACREP-graduates that counselor professionals were competent in multicultural awareness, skills, and definitions of terms, but not knowledge of racial identity or knowledge of multicultural issues. Lastly, Toporek and Pope-Davis (2005) found that participation in multicultural courses and workshops predicted graduate students' conceptualization of poverty from a structural level instead of based on racial stereotypes. Thus, more empirical research is needed investigating multicultural training that

graduate students receive in counselor education programs to prepare them to be culturally competent counselors.

Additionally, Chao (2006) found that students with higher self-identified scores of ethnic identity were predictive of increased knowledge and awareness of multiculturalism. Therefore, higher levels of ethnic identity are beneficial for future counselors in their understanding of people who are culturally different from themselves. Yet, research is necessary to compare graduate students' ethnic identity as they begin their counseling curriculum and its relation to additional characteristics of effective counselors (e.g. higher levels of social-cognitive maturity).

Multicultural Pedagogy in Counselor Education

CACREP-accredited counselor preparation programs realize the importance of counselor's ethical obligation to be culturally competent and thus, require curricula to address multicultural issues throughout coursework in the various specializations (e.g., mental health counseling; CACREP, 2009). As such, multicultural counseling courses have been required in CACREP-accredited programs for a decade (CACREP, 2001; 2009), where knowledge of theories of multicultural counseling and identity development (CACREP II.G.2.c) are integral for counselors-in-training. Yet, the pedagogy of multicultural counseling in counselor education programs is varied in the manner the topic is taught, for example, infusion into program curricula, a single multicultural course, or diversity-themed workshops (Ridley et al., 1994). Three main pedagogical methods in teaching multiculturalism include: (a) traditional, (b) exposure and (c) participatory (Dickson & Jepsen, 2007). Traditional methods include didactic teaching, while exposure and participatory strategies are experiential in nature and can include videos and group experiences. Literature has supported that experiential activities (e.g., personal

growth groups) are an effective method to expose students to multiculturalism (Villalba & Redmond, 2008). Additionally, experiential learning increases multicultural awareness, develops students' cultural empathy, and challenge students' beliefs about diversity (Pope-Davis et al., 1997; Ridley & Lingle, 1996) which can be beneficial for counseling graduate students.

Empirical research on multicultural experiential activities

Theoretical articles were found that noted the importance of multicultural experiential activities (e.g., conscious-raising groups; Leonard, 1996), but few empirical studies were found that implemented interventions in counselor education curricula (Arthur and Achenbach, 2002). The following studies (e.g., Burnett et al., 2004; Seto, Young, Becker, Kiselica, 2006; Villalba & Redmond, 2008) integrated a multicultural experiential component within the multicultural counseling course in order to enhance student development. Burnett et al. (2004) implemented a community service-learning project with graduate students ($N = 11$) in a multicultural counseling course. The course consisted of didactic instruction, multicultural readings and videos, small group discussions, and experiential activities (e.g., service learning project). The service learning experience was a weekly component where students visited local community agencies that served diverse populations (e.g., African Americans, low-income families, and the elderly) and were in the role of "collaborators" instead of counselors or volunteers (Burnett et al., 2004).

To measure effectiveness of the service-learning initiative, students maintained weekly journals and completed Likert-scale surveys (e.g., self-performance evaluation and multicultural learning and course satisfaction survey) where a score of five was the maximum score (Burnett et al., 2004). Responses from the journal indicated that students felt the experience was meaningful to their development, however, some students felt it was time consuming. Post

course surveys results indicated that majority of students had high scores based on a Likert scale (one to five where five is the highest score) for the self-performance evaluation measured in the following categories: basic requirements, knowledge and learning, and feedback/supervision. Study participants indicated above average scores in all three categories: (a) basic requirements (males, $M = 4.83$; females, $M = 4.25$), knowledge and learning (males, $M = 4.27$; females, $M = 4.27$), and response to feedback ($M = 4.20$; females, $M = 4.47$). Similarly, survey results revealed above average scores on the multicultural learning and course satisfaction survey. Therefore, Burnett et al. (2004) provided preliminary data on the benefits of service learning experiences with graduate students and its influence on their knowledge and multicultural learning. Seto, Young, Becker and Kiselica (2006) explored the efficacy of the Triad Training Model (TTM; Pedersen, 2000a, 2000b) on counseling graduate students' ($N = 37$) empathy, intolerance for ambiguity, and cultural competence in a multicultural course where multicultural social desirability was a control variable. The TTM (Pedersen, 2000a, 2000b) examines the internal dialogue of the client with counselors-in-training through four roles: (a) counselor, (b) client, (c) procounselor, and (d) anticounselor. The bipolar procounselor and anticounselor roles are from the perspective of the client, which verbalize positive feelings of the client (procounselor) or negative feelings (anticounselor) of the client. The purpose of the model is to facilitate cultural competence in counselors as they role-play with clients and process responses of diverse clients along with their own reactions in an educational environment (Pedersen, 2000b).

Thus, the quasi-experimental study explored the multicultural competence of treatment group participants ($n = 14$) who were the counselors in the TTM and comparison group

participants ($n = 23$) enrolled in a non-multicultural counseling course. Additionally nine undergraduate students volunteered to be clients in the TTM. To assess the intervention of the TTM, treatment group participants were asked to complete four assessments at three points in the semester (e.g., beginning of the semester, pre-TTM, and one week after the TTM): (a) *Interpersonal Reactivity Index* (IRI; Davis, 1980) to assess empathy, (b) *Intolerance of Ambiguity Scale* (IAS; Budner, 1962) to measure comfort with ambiguity, (c) *Multicultural Counseling Inventory* (Sodowsky, Taffe, Gutlan, & Wise, 1994) to measure multicultural competency, and (d) the *Multicultural Social Desirability Scale* (MSCD; Sodowsky, O'Dell, Hagemoser, Kwan, & Tonemah, 1993) to measure social desirability when responding to cultural competency instruments.

The study identified that there were no significant differences between treatment and comparison groups with posttest scores on the IRI, IAS, and MCI, $F(6, 84) = 1.49, p = .189$. For treatment group participants, there were no significant differences in IRI scores, $F(2, 12) = 1.75, p = .21$ or IAS scores, $F(2, 12) = 1.41, p = .26$. However, there was a significant mean difference in MCI scores with treatment group participants, $F(2, 12) = 13.67, p < .001$. Specifically, there was a significant mean difference between pre-test and post-test assessments, $t(13) = 4.71, p < .001$ and pre-TTM intervention and posttest $t(13) = 3.07, p < .01$. Additionally, it was revealed that there were significant changes on two of the subscales of the MCI: Knowledge, $F(2, 12) = 8.99, p = .002$ and Skills, $F(2, 12) = 12.89, p < .001$. Yet, the *Awareness and Cross-Cultural Relationship* subscales no difference in scores was identified. Therefore, as a result of a multicultural intervention (e.g., the TTM), there was an increase in graduate students' multicultural competency, specifically in the Knowledge and Skills subscales.

Villalba and Redmond (2008) incorporated the popular film *Crash* into a multicultural counseling course curriculum for first-semester counseling students in a qualitative study. The intervention consisted of students viewing the film in its entirety during the first course of the semester. The students then processed the film and instructors distributed a list of five reflection questions to students for future class discussions. Subsequently, six small discussion groups met throughout the semester for 75 minutes to process multicultural aspects of the movie. The authors measured the effectiveness of utilizing a popular film in the course by examining student course evaluations ($N = 31$) and semi-structured interviews ($N = 5$).

Content analysis on the student evaluations included three themes: (a) appropriate use of technology, (b) use of non-traditional teaching methods, which complemented lectures, and (c) used of experiential exercises to facilitate class discussions. Results from the semi-structured data revealed two categories: (a) reactions to the film *Crash* and (b) suggestions for future use. Overall, students had mixed reactions to the movie *Crash* (e.g., unrealistic, intense and good preparation for the discussing difficult topics in class). Additionally, one student felt the film should not viewed in the future, while others felt the movie should remain in the course. Therefore, this study provided qualitative data detailing the experiences of graduate students in a multicultural counseling course that implemented experiential activities.

The reviewed empirical studies included experiential activities (e.g., service learning, the TTM, and popular film) in multicultural counseling courses (e.g., Burnett et al., 2004; Seto et al., 2006; Villalba & Redmond, 2008). Data supported that community-service projects were valuable to graduate student counselors and directly influenced their knowledge and multicultural learning (Burnett et al., 2004). Likewise, the TTM (Pedersen, 2000a, 2000b)

increased cultural competency in graduate students, particularly in the areas of Knowledge and Skills (Seto et al., 2006). Lastly, qualitative data demonstrated that the integration of popular films and small processing groups influenced graduate students in their perceptions of diversity and multiculturalism and supported the inclusion of experiential activities to supplement course curricula. Therefore, the above studies demonstrate that multicultural experiential activities are a viable educational tool for graduate student counselors-in-training to promote multicultural awareness and enhance student development (Kim & Lyons, 2003; Pedersen, 2000).

Group Work

Group work has historical roots in the early 1900's with the Hull House in Chicago, psychotherapy groups for tuberculosis outpatient clients, and collective counseling in the 1920's (Gladding, 2011). Jacob Moreno introduced the terms group counseling and group psychotherapy in the 1930's to describe the process of counseling multiple individuals (Gladding, 2011). Further, the study of group processes or group dynamics was initiated by Kurt Lewin (1940; 1951) and later researched with Yalom's 11 curative factors (Yalom, 1995). As a result of the progression within the field of group counseling, many types of groups emerged (e.g., personal growth groups).

Group Work in Counselor Education Programs

Since 1988 counseling groups were required in CACREP-counselor education programs (CACREP, 1988), however without any specifications. Later revisions (CACREP, 1994; 2001; 2009) explicitly required graduate students to complete a minimum of 10 clock hours as a group member in the Group Counseling course. Similarly, the Association for Specialists in Group Work (ASGW, 2000) Standards recommends 20 clock hours of group participation and

observation (Standard I- Coursework and Experiential Requirements). Thus, both national accreditation bodies and national organizations promote the value of group experiences, for instance, opportunities for heuristic learning as a group member, self-reflection regarding strengths and weaknesses, along with observation of group leaders (Yalom & Leszcz, 2005).

Personal Growth Groups

Personal growth groups are experiential groups that foster the emotional learning experiences and insight into an individual's strengths and weaknesses (Yalom & Leszcz, 2005). These group experiences provide an opportunity for group members to engage in course material, while simultaneously participating in self-reflection. The reflective nature of the groups helps to facilitate satisfactory interpersonal relationships, intrapersonal growth and insight while fostering a therapeutic environment for group members to self-disclose (Johnson & Johnson, 2009).

Growth groups have historical roots in T-groups (also known as *training groups*, *laboratory-training* or *sensitivity-training groups*) of the 1940's during an accidental group experience observed by Kurt Lewin (Gladding, 2011; Johnson & Johnson, 2009). Key aspects of the T-groups are the four-stage cyclical approach to understanding human relations: (a) here-and-now processing, (b) collection of observed data, (c) analysis of collected data, and (d) providing feedback to the group for further group processing and modification of behavior (Kolb, 1984). Thus, these groups include encounter groups, human relations training groups, and structured groups (Johnson & Johnson, 2009). Furthermore, personal growth groups have been suggested in the literature as an effective means to foster therapeutic factors such as, instillation of hope and cohesiveness, along with empathy and confrontation, and feedback (e.g., Faith et al., 1995;

Kline, Falbaum, Pope, Hargraves, & Hundley, 1997; Lieberman et al., 1973; Stimpson, 1975). Additionally, growth groups are recommended as an experience to foster professional development of graduate students in counseling (Noak, 2002).

Growth Groups in Counselor Education

Growth groups are an effective and common pedagogy in counselor education in order to supplement course content and provide exposure to group dynamics (e.g., CACREP, 2009; Faith et al., 1995; Lieberman et al., 1973; Stimpson, 1975). However, the pedagogical rationale of group experiences is unclear, as well as the structure of these group experiences (e.g., Fall & Levitov, 2002; Kline et al., 1997; Osborn, Daninhirsch, & Page, 2003). For example, Merta, Wolfgang, and McNeil (1993) found four different methods of implementing experiential groups in a sample of 272 graduate-level counseling programs, which included: (a) instructor-led group, (b) instructor observing and not facilitating, (c) instructor does not lead or observe, and (d) instructor providing feedback but not leading or observing. Therefore, the format of growth groups varies from group to group.

Additionally, it is common to have a group experience in the group counseling course as it fulfills accreditation requirements (e.g., CACREP, 2009); yet less common in other counseling courses. A review of the literature found empirical studies on growth groups in multicultural courses (e.g., Rowell & Benschhoff, 2008) and introduction to counseling courses (e.g., Furr & Carroll, 2003; Newman et al., 2002; Ohrt, 2010). However, studies on multicultural personal growth groups are solely multicultural counseling courses (e.g., Parker et al., 2004; Rowell & Benschhoff, 2009). No studies were found on multicultural personal growth groups in introduction to counseling courses; the course where students are provided a professional orientation to the

profession (e.g., history, self-care strategies, ethical standards, and counseling competencies) and begin the journey of self-awareness for students (e.g., CACREP, 2009, Kottler & Shepard, 2007). Therefore, there is a gap in the literature on multicultural personal growth groups with beginning counselors-in-training in introductory to counseling courses.

Empirical research on growth groups in counselor education

Although, some believe that not enough attention has been given to group experiential training and its influence on graduate students' skill acquisition and subsequent practice (Kline et al., 1997), the effectiveness of growth groups on counselor education students has been reviewed in the professional literature since their emergence (e.g., Faith et al., 1995; Ieva, Ohrt, Swank, & Young, 2009; Lieberman et al., 1973; Rowell & Benschhoff, 2008; Stimpson, 1975). Growth groups have been researched as effective with college students in their development (e.g., Lieberman et al., 1973, Stimpson, 1975) and relevant for counselors-in-training in gaining self-awareness (Ieva et al., 2009), and higher levels of ethnic identity (Rowell & Benschhoff, 2008). For instance, Lieberman et al. (1973) found that a relationship between participants of an encounter group ($n = 210$) and non-group participants ($n = 69$). Although, there were both positive and negative experiences in the group, 39% experienced positive change within the duration of six months.

Stimpson (1975) compared pre-and posttests results of an interpersonal response survey between members of a T-group ($n = 16$) and two pilot study groups in an undergraduate psychology course (Group One, $n = 400$ and Group Two, $n = 459$) to see if there was a difference in their responses. Study participants in Group One were administered a questionnaire that asked them to respond to a series of statements as if their friend made the remark (expressed

statement). Half of the participants in Group Two were asked to respond like Group One, the other half were instructed to act as if they made the statement and respond how they would like their friend to reply to the statement (wanted statement). Furthermore, treatment group participants responded with “expressed” and “wanted” statements.

Study results consisted of three categories: (a) *Probing* – where the response was in the form of a question, (b) *Accepting* - a response demonstrating support, and (c) *Advising* - a response that provides advice or guidance. Specifically, the results indicated that T-group members expressed more accepting responses ($p = .001$) and less advice ($p = .01$) compared to non-T-group members after pre-and posttests. Additionally, T-group members wanted less advice after participating in the group experience compared to non-group members ($p = .06$). Therefore, individuals in the group experience experienced increased interpersonal skills as evidenced by more accepting responses compared to advising responses.

Additionally, Faith et al. (1995) conducted a meta-analysis of 63 studies on the effectiveness of group sensitivity training (GST) within the counseling field. The authors hypothesized that the GST would have positive effects on study outcomes compared with studies without a GST intervention; therefore, only quasi-experimental studies with control groups were included in the meta-analysis. Moreover, only empirical studies with group interventions labeled as T-group, encounter group, marathon group, experiential group, sensitivity training, relationship enhancement training, empathy training, micro-counseling, or human relations training were included. Thus, 37 studies were self-report by study participants, 21 studies consisted of behavioral measures (e.g., observations of study participants by clients, students, co-

workers, and supervisees of communication, empathy, or interpersonal skills), and five were a combination of self-report and behavioral.

After converting Cohen's d (1988) effect sizes of the included studies to Hedges and Olkin's (1985) d , results of the meta-analyses ($N = 3,238$) revealed that there was a moderate effect size with an unweighted effect size of .83 with a standard error of .11 and weighted effect size .62 with a standard error of .04 (Faith et al., 1995). Moreover, the study revealed that there was a significantly greater effect on studies with behavioral measures compared to studies with self-report measures, $Q_B(1) = 54.21, p < .0001$. Thus, self-report studies with GST had a small to moderate effect, $d = .44$, 95% confidence index (CI; 0.36 to 0.53) and large effects with behavioral measures studies, mean $d = 1.03$, 95% CI (0.90 to 1.15). Therefore, the meta-analysis demonstrated that in quasi-experimental studies with growth groups as the intervention were more effective than control groups. Additionally, behavioral measured studies were more effective than self-report when comparing behavioral and self-report measured studies in the meta-analysis.

Furthermore, Ieva et al. (2009) investigated the experiences of 15 graduate student members of an experiential group in a qualitative study. Students participated in a personal growth group as part of their group counseling course along with individual interviews based on their experience. Three research questions guided the study related to how the group experience influenced students' personal growth, professional growth, and overall perceptions of the group format (Ieva et al., 2009). The results identified three major themes (e.g., personal self-awareness and development, professional development, and program requirements) with each theme having

sub-categories (e.g., process, relationships, empathy, modeling, requirement, personal growth, group facilitators, and journaling).

Overall, study results indicated that the personal growth groups aided in graduate students' self-awareness, specifically identifying personal strengths, areas for growth, risk-taking in the group environment, and building relationships with group members (Ieva et al., 2009). Additionally, findings identified that the group experience aided in the professional development of graduate students by: (a) group leaders modeling appropriate empathy and behaviors of an effective group facilitator and (b) learning about the group counseling process. The final theme identified was programming where the study revealed that students felt the experiential group component was important for counselor education programs. Therefore, personal growth group experiences helped to increase graduate students' personal and professional growth.

As personal growth groups foster self-awareness and increased interpersonal skills, multicultural personal growth groups can also facilitate additional self-reflection on multicultural issues and may increase ethnic identity development (e.g., Johnson & Lambie, 2012; Rowell & Benschhoff, 2008). Johnson and Lambie (2012) explored ethnic identity development and social-cognitive maturity in ($N = 20$) counselor education students after participating in a multicultural personal growth group in an introductory counseling course. Students self-reported their racial/ethnic background as Caucasian, 55% ($n = 11$); African American, 20% ($n = 4$); Hispanic, 5% ($n = 1$); Other, 15% ($n = 3$); and Asian, 5% ($n = 1$). Two research questions guided the study: (a) What is the impact of a six-week multicultural personal growth group on graduate counseling students' levels of ethnic identity development and social-cognitive maturation? and (b) What is the relationship between graduate counseling students' ethnic identity development and social-

cognitive maturity scores and their reported demographic data (e.g., age, gender, and reported level of multicultural competence)?

The study participants' ethnic identity development mean scores did not change from the pre-test ($M = 3.61$, $SD = .89$, range = 1.70 – 5.00) to the posttest ($M = 3.71$, $SD = .79$, range = 2.00 – 5.00), $t(19) = -.864$, $p = .40$, nor did ethnic identity development scores correlate with students reported demographic data (Johnson & Lambie, 2012). In addition, the participants' social-maturity mean scores did not change from the pre-test (Level score, $M = 5.00$, $SD = .79$; range 3.00 – 6.00) to the posttest (Level score, $M = 5.05$, $SD = .89$; range 3.00 – 7.00); $t(19) = -.237$, $p = .815$; however, a positive relationship was identified between post social-maturity scores and students' reported cultural competence ($r = .50$, $p = .04$; 25% of the variance explained). Therefore, group participants did not experience a significant change in their ethnic identity development or social-cognitive maturity per the pedagogical intervention. Nevertheless, group participants scoring at higher levels of ego development reported increased cultural competence in their post-test scores.

Rowell and Benschhoff (2008) included personal growth groups as part a multicultural counseling course in master-level counselor education programs in order to assess if there was an increase in participants' ethnic identity development. Therefore, the following research questions guided the study: (a) whether participation in a personal growth group increases ethnic identity development of counselor education students in one semester compared to students who did not participate in the personal growth groups, (b) what effect does group therapeutic factors have on participants' ethnic identity development, and (c) what effect does participants' demographic variables have on participants' ethnic identity development.

Thus, a total sample of 183 participants from CACREP-accredited counselor education programs across the United States participated in the quasi-experimental research study, with 85 students in the treatment group and 98 students in the control group (Rowell & Benshoff, 2008). Demographic information of study participants were: 81% females ($n = 148$) and 17% males ($n = 31$), 79% White ($n = 144$), 20% Other ($n = 37$), and 2% of the participants did not identify an ethnic group ($n = 2$). Additionally, the median age of was 29.15 years old and the median credit hours completed in counselor education programs was 22.62 credit hours.

Therefore, treatment group members participated in a closed six-week intervention (e.g., personal growth group). The groups did not have a curriculum; however, created to process interpersonal issues during the semester and intrapersonal growth in the multicultural counseling course. Thus, the groups met for approximately one hour each week and advanced doctoral students or educational specialist students facilitated the groups. Moreover, study participants were administered the following assessments: (a) the *Multigroup Ethnic Identity Measure* (MEIM; Phinney, 1992) to assess ethnic identity development and the (b) *Group Counseling Helpful Impacts Scale* (GCHIS; Kivlighan et al., 1996) to measure group dynamics. All study participants (treatment and control group members) completed pre-and posttest MEIM at the beginning and end of the semester, while only members of the personal growth groups were administered the GCHIS at the conclusion each group session.

The MEIM (Phinney, 1992) is a 15-item instrument with two subscales (e.g., Ethnic Identity Search and Affirmation, Belonging, and Commitment). There are 12 Likert-item questions ranging from one (*strongly disagree*) to five (*strongly agree*) and three questions were participants are asked to identify the ethnic group of themselves, their mother, and father. Total

ethnic identity scores were calculated by reversing negatively phrased items and summing the 12-Likert responses. Therefore, strong ethnic identity scores were synonymous with high scores on the MEIM. Overall, psychometrics of the MEIM are sound with an internal consistency of .90 (Phinney, 1992) with college students and reliability of .81 (Goodstein & Ponterotto, 1997) and .89 (Ponterotto, Gretchen, Utsey, Stracuzzi, & Saya, 2003).

The GCHIS (Kivlighan et al., 1996) is a 32-item questionnaire that asks participants to rate statements based on their group experience according to a five-point Likert scale (e.g., 0 = *not at all*, 4 = *very much*), for example, “*I feel supported and encouraged.*” Additionally, the GCHIS is comprised of four subscales, which describe impactful events during a counseling group: (a) emotional awareness-insight, (b) relationship, (c) other versus self-focus, and (d) problem-definition-change. Emotional awareness-insight is an individual’s ability to self-reflect on what influences their intrapersonal growth (Kivlighan et al., 1996). The relationship subscale highlights the interpersonal dynamic that occurs in group settings where participants build relationships with others in the group (Kivlighan et al., 1996). The other versus self-focus subscale is an individual’s willingness to learn from their fellow group members during their intrapersonal development process (Kivlighan et al., 1996). Lastly, the problem definition-change subscale is a group member’s ability to integrate cognitive and behavioral processes during goal-setting and goal attainment (Kivlighan et al., 1996).

Moreover, the psychometric properties of the GCHIS (Kivlighan et al., 1996) were defined in terms of reliability and validity. Interrater reliability ranged from .61 to .99 (Holmes & Kivlighan, 2000) which is moderately acceptable reliability to high reliability (Reynolds, Livingston, & Willson, 2006). Furthermore, reliability within each subscale was: (a) emotional

awareness-insight ($r = .88$), (b) relationship ($r = .86$), (c) other versus self-focus ($r = .61$), and (d) problem definition-change ($r = .78$) which ranges from moderate/acceptable reliability to very high reliability. Given the psychometric soundness of the instruments, the MEIM (Phinney, 1992) and the GCHIS (Kivlighan et al., 1996) study participants completed the assessments as pre-and post-tests throughout the semester.

The following statistical procedures in the Rowell and Benshoff (2008) study were: (a) an one-way analysis of covariance (i.e. ANCOVA), (b) paired sample t-test, (c) repeated measures analysis of variance (ANOVA), and (d) linear regression. The ANCOVA explored the mean differences in pre-and posttest ethnic identity scores as measured by the MEIM (Phinney, 1992) between participants of the personal growth groups and non-participants of the personal growth groups and used pretest ethnic identity scores as the covariate. Assumptions for the ANCOVA were verified and a statistically significant difference was found for participants in the personal growth group $F(1, 181) = 5.09, p < .03, \eta^2 = .17$. Thus, there was an increase in ethnic identity scores from pre-test to posttest for participants of the groups compared to non-group participants. Further, a paired sample t-test was calculated on pre-and post-ethnic identity scores of treatment group participants in the personal growth groups and there was a statistically significant difference, $t(84) = -0.97, p < .05$. Therefore, the findings supported that the personal growth group did have a statistically significant influence on ethnic identity scores of participants in the treatment groups from the beginning to the end of the semester.

Similarly, a repeated measure ANOVA was calculated on GCHIS scores after each personal growth group session and there was a statistically significant effect for each group session, $F(5) = 3.59, p < .004, \eta^2 = .22$ and the four subscales of the GCHIS, $F(3) = 4.81, p <$

.003, $\eta^2 = .26$ (Rowell & Benschhoff, 2008). However, there was no interaction effect between the four subscales and group sessions, $F(15) = 1.13, p < .33, \eta^2 = .02$. Therefore, the authors concluded that GCHIS subscale scores were fairly consistent from session to session.

Lastly, two linear regressions (a) assessed whether demographic variables could predict ethnic identity scores of both treatment and control group participants and (b) examined whether subscale scores on the GCHIS could predict ethnic identity scores of only treatment group participants. Therefore, in the first regression model the following participant demographic indicators were: (a) ethnicity, (b) gender, (c) age, and (d) number of counselor education credit hours completed. Results indicated that there was a statistically significant ability to predict posttest ethnic identity scores based on demographic indicators, $F(4, 180) = 4.80, p < .001, R^2 = .10$ and adjusted R^2 was .08, where the, four demographic variables (e.g., ethnicity, gender, age, and number of counselor education credit hours completed) accounted for 10% of the shared variance with ethnic identity posttest scores. Therefore, participants' demographics influenced posttest ethnic identity scores.

The second regression explored helpful group moments, as measured by the four subscales of the GCHIS (e.g., emotional awareness-insight), and whether they were a predictor of ethnic identity in participants of the personal growth groups. Study results indicated there was no statistically significant prediction of GCHIS subscale scores on ethnic identity scores, $F(4, 80) = 1.33, p < .27, R^2 = .06$, and adjusted $R^2 = .02$ (Rowell & Benschhoff, 2008). Therefore, there was no predictive relationship between occurrences of "impactful" moments in the personal growth group with group participants' level of ethnic identity scores.

The Rowell and Benschhoff (2008) study is significant to the present study as it is one of the first empirical studies to examine personal growth groups and participants' ethnic identity in multicultural counseling courses. Furthermore, the study suggests that personal growth groups in a multicultural course can facilitate change in ethnic identity in group member participants. In order to extend the research on graduate students' ethnic identity and the influence of group therapeutic factors, the present study has addressed some of the limitations noted by Rowell and Benschhoff (2008). For example, the present study incorporated a group curriculum for the multicultural self-awareness personal growth groups, as "it was impossible to know exactly what took place in each group and how processes happened" (Rowell & Benschhoff, 2008, p. 10). Thus, a curriculum provided consistency within the implementation of the multicultural self-awareness personal growth groups. Secondly, the present study addressed the specific therapeutic factors that occur in personal growth groups by administering the Therapeutic Factors Inventory (TFI; Joyce et al., in press) to participants of the treatment group. Additionally, the present implemented the multicultural self-awareness personal growth group in introduction to counseling courses to: (a) limit confounding factors that might occur assessing participants' ethnic identity in multicultural counseling courses and (b) to provide an early intervention with graduate students' and exploring their ethnicity. Lastly, the present study focused on examining both graduate students' ethnic identity development and social-cognitive development in a group setting.

Thus, empirical studies on experiential groups in counselor education have demonstrated that they are effective with graduate students and their personal and professional development. Lieberman et al. (1973) found that encounter group members experienced cognitive change as a

result of participating in the group experience. Stimpson (1975) found T-group participants provided more accepting and non-suggestive responses to open-ended statements compared to non-T-group participants. Therefore, T-group participants were more flexible in their responses. Furthermore, a meta-analysis of growth group studies ($N = 63$) found a moderate effect on study participants, with behavioral measured studies having a significantly greater effect than self-report studies.

Moreover, qualitative data from Ieva et al. (2009) support that graduate students' self-awareness (e.g., risk-taking), professional development (e.g., understanding the group process and role of group facilitator), and perception of personal growth groups was positively influenced by their participation in a growth group experience. Johnson and Lambie (2012) explored multicultural personal group experiences had no change in ethnic identity or social cognitive development with a sample of 20 graduate students. However, a positive relationship was identified between post social-maturity scores and students' reported cultural competence ($r = .50, p = .04$; 25% of the variance explained).

Lastly, Rowell and Benschhoff (2008) found in their quasi-experimental study that ethnic identity scores of personal growth group members increased compared to non-group members between pre-and posttest administrations. Additionally, demographic variables of study participants (e.g., ethnicity, gender, age, and number of counselor education credit hours completed) did significantly influence posttest ethnic identity scores. These studies demonstrate the effectiveness of growth groups in counselor education on counselors'-in-training development, while providing a rationale for more empirical research in this field of study.

Group Dynamics

As noted, Kurt Lewin is as one of the founders and promoters of group dynamics and the social psychology movement (Johnson & Johnson, 2006). Lewin's work in the field of group dynamics consists of earlier works studying work environments (Mayo, 1945) and the social sciences. Lewin's idea of group dynamics encompassed conceptual systems that explain observable dynamics within groups and field theory analysis (Lewin, 1943; 1948). Further, Lewin suggested that group environments (e.g., group climate) provided optimal learning opportunities for individuals to experience themselves and others (Lewin, 1948). Therefore, group dynamics consists of group content (e.g., verbal expressions during the group) and group processes (e.g., interactions and relationships between group members), which describe the therapeutic environment in group sessions (Gladding, 2011).

Group therapeutic factors

Group therapeutic factors (e.g., universality), the mechanism that fosters growth in group members (Yalom, 1995), is well-researched in the literature (e.g., Bemak & Epp, 1996; Bloch et al., 1976; Bloch et al., 1981; Canale, 1990; Donigian & Malnati, 1997). Initially, Corsini and Rosenberg (1955) provided a seminal review of mechanisms in-group psychotherapy, thus, providing a taxonomy of nine major therapeutic factors (e.g., acceptance) which were categorized into three sub-groups (e.g., intellectual, emotional, and actional) as a result of group process and dynamics. Yet, Yalom (2005) is recognized as "one of the first researchers to delineate positive primary group variables based on research" (Gladding, 2011, p. 65). Thus, Yalom (1970; 1975; 1985; 1995; 2005) classified eleven curative factors (e.g., instillation of hope) which are associated with the type of group and stage of group development (Yalom,

1985). Consequently, Yalom's 11 therapeutic factors (2005) include: (a) instillation of hope, (b) altruism, (c) universality, (d) imparting information, (e) development of socializing techniques, (f) corrective reenactment of the primary family group, (g) imitative behavior, (h) interpersonal learning, (i) cohesiveness, (j) catharsis, and (k) existential factors.

Yalom's therapeutic factors

Instillation of hope describes the expectation that treatment will be effective in the group setting (Yalom & Leszcz, 2005). Therefore, clients' high expectations of the therapeutic process may positively influence the group experience for each individual and the group as a whole.

Altruism is giving of one's self (e.g., experiences and service) and goods for the benefit of others. Thus, the reciprocal process of group members' helping others and receiving help is unique to group systems (Yalom & Leszcz, 2005).

Universality is the common connection or link between group members as they self-disclose information based on their lived experiences. Therefore, universality is the realization that others share or can empathize with similar concerns which facilitates intimacy within the group (Yalom & Leszcz, 2005).

Imparting information is sharing information about related topics in the group session that are facilitative in nature. Within this curative factor, Yalom and Leszcz (2005) suggest that didactic instruction from group leaders and direct advice from group members may be prevalent.

Development of socializing techniques is a byproduct of the group process where group members learn and implement interpersonal skills (Gladding, 2011). Social learning can be explicit or implicit, yet it aids group members in working towards therapeutic goal attainment (Yalom & Leszcz, 2005).

Corrective reenactment of the primary family group describes the process of group members living out family-of-origin roles while in the group session when interacting with other group members and group leaders (Yalom & Leszcz, 2005). The reenactment of their family system can be therapeutic as group members may become more self-reflective and have a heightened sense of maladaptive behavioral patterns and attitudes.

Imitative behavior describes group members' modeling behavior of group leaders and other group members (Gladding, 2011). Vicarious learning from group members and group leaders in the therapeutic setting can further facilitate intrapersonal and interpersonal growth (Yalom & Leszcz, 2005).

Interpersonal learning is the ability to learn from others in the group setting and is facilitated by a process of *unfreezing*, "disconfirming an individual's former belief system" (Yalom & Lewsz, 2005, p. 529) and challenging group members in a safe and therapeutic setting.

Cohesiveness consists of the emotional closeness within the group, or the sense of "we-ness" that group members' experience. Yalom and Lewsz (2005) further states that cohesiveness is the factor that keeps group members attracted to the group which includes a sense of belonging and feeling of validation experienced in the therapeutic group.

Catharsis consists of the outward expression of feeling conveyed by group members during therapy. More specifically, catharsis is an intense emotional discharge that takes place as a result of self-reflection and interaction with group members (Yalom & Lewsz, 2005).

Existential factors are issues of life and death that are confronted in the group environment or the acknowledgement of one's mortality (Gladding, 2011). Yalom and Lewsz

(2005) specifically defined existential factors as containing five parts: (a) recognition that life can be unfair, (b) recognition that life contains pain and death, (c) recognition that one has to face life, (d) facing issues of life and death, and lastly (e) recognition that individual responsibility is necessary for actions in life.

Empirical research on therapeutic factors

Earlier research on therapeutic factors stated that it was difficult to assess effectiveness within groups (Bloch et al., 1981). Thus, various methods have been developed to measure the construct, for example assessing group climate (e.g., MacKenzie, 1981), exploring critical incidents in the group (e.g., Kivlighan & Goldfine, 1991; Kivlighan & Mullison, 1988; Kivlighan et al., 1996), and identification of therapeutic factors (Bloch & Reibstein, 1980; Lieberman et al., 1973; MacNair-Semands & Lese, 2000; Sherry & Hurley, 1976; Yalom, 1985). Moreover, the classification of measuring therapeutic factors has been described as “indirect” (e.g., assessing group climate or critical incidents) or “direct” (e.g., examining therapeutic factors) measures according to Bloch and Crouch (1985). As there is numerous research on group therapeutic factors, this literature review focused on “direct” methods of examining therapeutic factors in counseling groups from the perspective of group members.

Yalom et al. (1968) conducted a study with group counseling clients ($N = 20$) to measure therapeutic factors using Q-sort methodology. The group members answered 60 questions (five questions per factor) and ranked the 12 therapeutic factors developed by Yalom. The results indicated the following rankings: (1) Interpersonal Learning (input), (2) Catharsis, (3) Cohesiveness, (4) Self-Understanding, (5) Interpersonal Learning (output), (6) Existential

Factors, (7) Universality, (8) Instillation of Hope, (9) Altruism, (10) Family Reenactment, (11) Guidance, and (12) Identification.

Moreover, Lieberman et al. (1973) found that participants in an encounter group who experienced change ranked universality, feedback, and guidance as more favorable compared to members who did not experience change in the group. Additionally, Sherry and Hurley (1976) administered the 60-item Curative Factors Questionnaire (Yalom, 1970) to undergraduate student participants ($N = 17$) in a short-term growth group and compared results to a study with members of a psychotherapy group in Yalom's (1968) study. The results demonstrated that both groups ranked Interpersonal Input and Catharsis as being helpful therapeutic factors during their group process.

Similarly, Bloch and Reibstein (1980) compared responses of group therapeutic factors with outpatient group members ($n = 33$) and group leaders ($n = 12$) and the study found mixed results. Results indicated both group members and facilitators valued interpersonal actions, such as, self-understanding, self-disclosure, and learning as important, while altruism, catharsis, guidance, and universality were less relevant. However, group leaders identified behavioral-type factors (e.g., learning) as more important, while group members felt cognitive factors (e.g., self-understanding) were more important in the group environment.

MacNair-Semands and Lese (2000) explored the relationship between therapeutic factors and interpersonal problems in the group process with group members ($N = 50$). The study participants were asked to complete the following assessments: (a) the 99-item *Therapeutic Factors Inventory* (TFI: Lese & MacNair-Semands, 2000) to measure group members' perceptions of Yalom's curative factors in the counseling group and (b) the 127-item *Inventory*

of *Interpersonal Problems* (IIP: Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) to measure group conflict in the group. Participants completed assessments at the beginning and end of the semester, with an average of six sessions between administrations.

Results indicated an increase in therapeutic factors levels as a function of time in the group. Specifically, there was a significant increase ($p < .05$) in the following factors: (a) Universality, $t(45) = -2.65$, (b) Instillation of Hope, $t(45) = -2.16$, (c) Imparting Information, $t(47) = -2.85$, (d) Recapitulation of the Family, $t(44) = -2.64$, (e) Cohesiveness, $t(47) = -2.93$, and (f) Catharsis, $t(46) = -2.61$ (MacNair-Semands & Lese, 2000). The other five therapeutic factors (e.g., Altruism, Socialization, Imitative Behavior, Interpersonal Learning, and Existential Factors) exhibited a mean increase but were not statistically significant. Therefore, the group experience influenced participants' identification of particular therapeutic group factors (e.g., Universality, Instillation of Hope, Imparting of Information, and Recapitulation of the Family, Cohesiveness, and Catharsis).

Additionally, correlations were performed for group members' IIP and TFI scores at both administrations, however different results were indicated. For instance, during the first administration there was a significant relationship between difficulty being submissive and Altruism ($r = -.42, p < .005$), Socialization ($r = -.40, p < .005$), Imitative Behavior ($r = -.37, p < .05$), and Interpersonal Learning ($r = -.40, p < .005$). Similarly, there was a positive relationship between perceptions of altruistic behavior in the group and conflicts related to lack of assertiveness ($r = .36, p < .05$) and being too responsible ($r = .30, p < .05$). Yet, during the second administration, a significant correlation was found between difficulty being submissive and Instillation of Hope ($r = -.32, p < .05$), Recapitulating Family Dynamics ($r = -.46, p < .005$),

and Imitative Behavior ($r = -.46, p < .005$). Therefore, group members who were more assertive did not feel hopeful in the group, perceived less discussion of family dynamics, and did not model behavior from other group members. Lastly, there was an inverse relationship between group members' perception of being too responsible and perception of cohesiveness in the group ($r = -.33, p < .05$); thus group members that were overly responsible felt the group was less cohesive.

Empirical studies that explored “direct” methods of examining therapeutic factors in counseling groups settings were reviewed (e.g., Bloch & Reibstein, 1980; Lieberman et al., 1973; MacNair-Semands & Lese, 2000; Sherry & Hurley, 1976; Yalom et al., 1968). Yalom et al. (1968) found that group members ranked Yalom's 12 therapeutic factors in order of importance: (1) Interpersonal Learning (input), (2) Catharsis, (3) Cohesiveness, (4) Self-Understanding, (5) Interpersonal Learning (output), (6) Existential Factors, (7) Universality, (8) Instillation of Hope, (9) Altruism, (10) Family Reenactment, (11) Guidance, and (12) Identification. Lieberman et al. (1973) examined participants who experienced change in their encounter group and found that universality, feedback, and guidance as more favorable compared to members who did not experience change in the group.

Moreover, Sherry and Hurley (1976) found undergraduate students identified Interpersonal Input and Catharsis as being helpful therapeutic factors during their group process. Bloch and Reibstein (1980) completed a comparative analysis of outpatient group members and their group leaders on group therapeutic factors and found they valued interpersonal actions, such as, self-understanding, self-disclosure, and learning as important, while altruism, catharsis, guidance, and universality were less relevant. Lastly, MacNair-Semands and Lese (2000) found

an increase in perceptions of group therapeutic factors (e.g., Universality, Instillation of hope, Imparting Information, Recapitulation of the Family, Cohesiveness, and Catharsis) as a function of time. Therefore, the above studies demonstrate that group members perceive therapeutic factors as a result of participating in a therapeutic group.

Chapter Summary

The chapter provided an overview of the theoretical constructs that are the foundation for this study (e.g., social-cognitive development, ethnic identity development, and group therapeutic factors). In addition, a review of the literature was provided that highlighted empirical studies related to graduate student counselors-in-training. Support indicated increased ethnic identity and social-cognitive development as a result of participating in growth groups. Moreover, studies suggested that group members perceived therapeutic factors within a group experience. To this end, the reviewed studies demonstrate a need for further research of graduate students in introductory counseling courses, participation in a multicultural self-awareness personal growth group, and its influence on students' ethnic identity and social-cognitive maturity.

CHAPTER THREE: RESEARCH METHODOLOGY

The research methodology section details the research design for the study (e.g., quasi-experimental and time series design), including description of treatment group, comparison group and facilitators of the multicultural self-awareness personal growth groups. Additionally, threats to internal and external validity are discussed along with specific measures to minimize threats to validity. Furthermore, procedures for the study are explained (e.g., IRB-approval process at multiple institutions) and details of how the researcher conducted the study. Next, sampling procedures of the study are reviewed, along with a description of sample participants. Lastly, instrumentation for the study is presented, including a discussion of psychometric properties to verify reliability and potential validity in the study results.

The study utilized a quasi-experimental research design. Quasi-experimental research designs are distinct from other experimental designs in that there is no random assignment and a control group exists, which increases the rigor of the study (Fraenkel et al., 2012). Therefore, the study incorporated two types of quasi-experimental designs (e.g., non-equivalent group pretest-posttest design and time-series design; Fraenkel et al., 2012). Specifically, non-equivalent group pretest-posttest designs consist of treatment and comparison groups that do not contain randomly assigned participants (e.g., Research Hypothesis 1). Although facilitators of the multicultural self-awareness personal growth groups are not included in the treatment or comparison groups, they are participants of the study, which received assessments to complete.

Within the non-equivalent group pretest-posttest design of the study, the treatment group

consisted of masters-level students enrolled in CACREP-accredited introduction to counseling courses that includes a six-week semi-structured multicultural self-awareness personal growth group. Participants of the comparison group, on the other hand, were masters-level students enrolled in CACREP-accredited introduction to counseling courses that do not have a multicultural self-awareness personal growth group component. Graduate students in CACREP-accredited counselor education programs represented both the treatment and comparison groups as the courses are similar, entry requirements for graduate students are consistent, and there may be less confounding factors within the types of students that are enrolled in counselor education programs compared to other helping professions (e.g., social work or psychology students). Additionally, the comparison group helps to determine if the intervention (e.g., introductory counseling course with six-week multicultural self-awareness personal growth group) had an effect on participants in the study (Fraenkel et al., 2012). Moreover, the characteristics of the comparison group (e.g., counselor education student) contribute to the internal validity of the study.

Contrastingly, a time-series design involves repeated measures over a period of time before and after an intervention with one group (e.g., Research Hypothesis 2; Fraenkel et al., 2011). In the study, only participants of the treatment group were administered assessments multiple times during the semester before and after the multicultural self-awareness personal growth groups as part of the introduction to counseling courses. Although change in ethnic identity development and social-cognitive development is relevant in adulthood (Manners et al., 2004; Phinney, 1992), there may not be evidence of change within six weeks. Therefore, the study incorporated a semester-long introduction to counseling course as the intervention, which

included multicultural self-awareness personal growth groups. For this reason, three data collection points were scheduled in the study for participants in the treatment group: (a) pre-assessment (e.g., at the start of the introduction to counseling course), (b) mid-semester (e.g., assessment at the end of the six weeks of the multicultural self-awareness personal growth groups, and (c) post-assessment (e.g., at the end of the semester introduction to counseling courses). Additionally, comparison of ethnic identity and social-cognitive development scores determined differences as a result of the multicultural self-awareness personal growth group based on time interval.

The multicultural self-awareness personal growth group facilitators have dual roles, one as a group leader and the other as study participants. As group leaders, individuals received training for the group curriculum. However, as potential study participants, they were able to choose whether they wanted to participate in the study by completing assessments once during the semester to determine their level of ethnic identity and social-cognitive development and how it relates to the group members' levels of ethnic identity and social cognitive development.

Overall, research design studies face both threats to internal and external validity (Onwuegbuzie & McLean, 2003). Internal validity describes the process of controlling variables within the study to ensure that the study examines what it has intended to test (Shadish et al., 2002). Meanwhile, external validity focuses on the study findings' generalizability to the greater population of individuals (Shadish et al., 2002). In general, quasi-experimental research designs have greater control of internal threats to validity, while demonstrating less control over external factors. Therefore, the study addressed threats to internal validity (e.g., loss of subjects) within the study during its implementation; for instance, administering surveys in person at each

institution.

The principal researcher sought to minimize loss of subjects within in the study by explaining the purpose of the study in person to solicit participation and study participant enthusiasm. To avoid instrument decay, another threat to internal validity, assessments were scored in a consistent fashion. Furthermore, a standardized curriculum for the multicultural self-awareness personal growth groups aided the facilitation of the multicultural group experience. Additionally, group facilitators received training on the curriculum prior to the beginning of the groups. In order to verify that there is uniformity in the application of the group curriculum, the researcher periodically verified progression of the personal growth groups with group leaders to support intervention fidelity. Finally, the researcher maintained a record of course syllabi from the introduction to counseling courses that are participating in the study to verify that course material is similar. Lastly, the entered data collected into the Statistical Package for the Social Sciences (SPSS) and double-checked entries to avoid errors.

External validity is the generalizability of the findings in the study to the greater population (Shadish et al., 2002). Therefore, the study sought to limit external threats to validity by obtaining a diverse sample of participants. Additionally, the researcher obtained participants at multiple CACREP-accredited institution sites that are diverse in size, geographic location (e.g., Midwest, southeast, etc.), and environment (e.g., rural, metropolitan, and urban) in order to generalize findings to CACREP-accredited counselor education masters-level programs. Moreover, additional external factors such as time of the groups, group members' previous multicultural/diversity training, or influence of the group leader cannot be controlled, but may influence the study results.

Procedures

Prior to beginning the study, the researcher contacted counselor educators via email to describe the study. The researcher first contacted CACREP-accredited institutions where there are counselor educators present whom the researcher has established a professional relationship. Based on responses, the researcher used the snowball effect and contact more institutions. Before the implementation of the study, the researcher sought approval through the Institutional Review Board (IRB) of site institutions that agreed to participate in the study.

After IRB approval and verbal consent from faculty in counselor education programs, the principal researcher recruited participants for the study by visiting each institution, explaining the informed consent and asking the students if they would be interested in participating in the study. Of the four institutions, the researcher visited three universities personally to recruit students. The researcher did not physically visit the third institution due to distance. However, a phone conference reviewed the administration of the study materials (e.g., informed consent and assessments). Thus, during the site visits to obtain data (both treatment and comparison group participants), the researcher emphasized that participation in the study is voluntary, students can withdraw from the study at any time, all data collected will be confidential, anonymous and locked in a secure cabinet which the principal investigator only has access. Furthermore, all electronic data (e.g., Excel spreadsheets and SPSS files) was password-protected on a computer that only the principal researcher has access. Finally, all participants were notified of the minimal risks involved with the study, possible benefits of learning about the research process, and incentives for participation in the study (e.g., extra credit) are at the instructor's discretion; however, there was no penalty for not participating in the study. Thus, study participants in both

the treatment and comparison group completed the pre-assessments on the first day of class for the semester.

Additionally, upon IRB-approval, the researcher provided training of the multicultural self-awareness personal growth group curriculum with the facilitators of the groups to support treatment fidelity. Specifically, “treatment fidelity is the extent to which the treatment conditions, as implemented, conform to the researcher’s specifications for the treatment” (Gall, Gall, & Borg, 2007, p. 395). The training goals were to introduce the group facilitators to the study and multicultural self-awareness groups and to provide informed consent for group leaders to participate in the study by completing study assessments. Therefore, the one-hour group facilitator training consisted of the following: (a) explaining the study to the group leaders, (b) reviewing the group leaders’ role in the study, (c) reviewing informed consent for group leaders if they wanted to participate in the study, (d) reviewing and administering group leader assessments, (e) providing logistical information to group leaders (e.g., time, date and location of multicultural self-awareness groups), and (e) reviewing the group curriculum with group leaders.

Group facilitators were chosen for the study based on their professional credentials (e.g., masters-level clinicians) and group leader experience. As noted, the multicultural self-awareness personal growth groups are part of the introduction to counseling courses that participants of the treatment group will be involved in during the semester. At the group leader training, the researcher administered the following forms: (a) group leader demographic form, (b) the MEIM-R (Phinney & Ong, 2007), and the WUSCT (Loevinger & Hy, 1996) which took approximately 30-45 minutes to complete.

The researcher was cognizant of administrative detail in the study, including but not limited to, color coding the assessments (Dillman, 2000). Additionally, the researcher coded each of the assessments with a participant code, which study participants used for subsequent assessments throughout the semester. The codes were not linked to identifiable information, in order to facilitate confidentiality and anonymity within the research study. However, there was a record of participants codes with an numeric code that study participants created without identifiable information to the researcher to keep on file in case individuals forget their participant code over the course of the semester. Data collected was kept in a locked cabinet in the researcher's office.

There was no random assignment for participants in treatment and comparison groups, as the study was a quasi-experimental research design (Fraenkel et al., 2011). Therefore, participants in the treatment group spent approximately one hour per week in the multicultural self-awareness personal growth group as part of their introduction to counseling course. The groups lasted six weeks for a total of six hours in the multicultural self-awareness personal growth group. The comparison group, on the other hand, did not receive the intervention of the multicultural self-awareness personal growth group. However, both the treatment and comparison groups were administered assessments.

Overall, the study assessments took approximately 30-45 minutes to complete at each measurement point. Participants in the treatment group were administered assessments at three points in the study: (a) pre-assessment, (b) mid-assessment (e.g., at the end of the six weeks), and (c) post-assessment at the end of the semester for the Introduction to Counseling course. At each measurement point, the treatment group participants were administered three assessments. At the

pre-assessment the participants received a demographic form, the MEIM-R (Phinney & Ong, 2007), and the WUSCT (Loevinger & Hy, 1996). At both the mid-assessment and post-assessment, the treatment group participants were administered the MEIM-R (Phinney & Ong, 2007), WUSCT (Loevinger & Hy, 1996), and the TFI-S (Joyce et al., 2011). Contrastingly, comparison group participants were administered assessments at two measurement points within the semester (e.g., pre-assessment and post-assessment). At these data collection points, the participants received a demographic form, the MEIM-R (Phinney & Ong, 2007) and the WUSCT (Loevinger & Hy, 1996).

Sampling Procedures and Population Sample

Sampling procedures consisted of a purposive sample based on previous knowledge of the population (Fraenkel et al., 2012). Purposive sampling methods consist of the researcher having specific criterion to select a sample. Thus, the researcher obtained counseling graduate students in their first semester in an introductory counseling course before the students have received training on multiculturalism in the counseling curriculum. Therefore, there can be a more accurate assessment of graduate students' ethnic identity development and ego development as beginning counseling graduate students. Furthermore, participants were from CACREP-accredited counselor education program in order to provide consistency of program standards within the sample size. Thus, sampling requirements for participation in the study are intentional to further support uniformity and internal validity.

Nonetheless, purposive samples do have inherent limitations (e.g., researcher bias; Fraenkel et al., 2012). One such limitation is researcher's bias where the principal researcher sets the criteria for a sample in such a way that could bias potential study findings. In the study,

limitations in purposive samples were addressed by seeking to obtain a diverse sample of participants (e.g., ethnicity, age, and counseling specialty) at diverse institutions (e.g., size of institution, geographic location, etc.).

Furthermore, the study sought to obtain an appropriate sample size for quasi-experimental designs based on a power analysis. The power is the long-term probability of rejecting the null hypothesis (e.g., hypothesis that there is no difference or effect) given the effect size, sample size, and alpha level (Balkin, 2011). Power analyses are calculated *a priori* in order to make intentional decisions about sample size and avoid making Type II errors, or when the statistical test fails to reject a false null hypothesis (Balkin, 2011; Onwuegbuzie & Leech, 2004). Therefore, the researcher will use the G* Power software (Faul et al., 2007) to calculate power of the study.

Thus, for the overall research design utilizing a between-group ANOVA at significance level .05, effect size .25, statistical power at .80, two groups and three measurements (Cohen, 1992) there needs to be a minimum sample of 84 participants in the study (Faul et al., 2007). Therefore, the study strived to obtain a minimum of 42 participants in the treatment and comparison groups. A sample size of at least 84 participants would aid in interpreting the statistical significance of the study findings more accurately.

From the 15 CACREP-accredited counselor education programs that were recruited, four institutions (e.g., University of Central Florida, Stetson University, Wayne State University, and Lindsey Wilson College) volunteered to participate in the study that represent various geographic locations in the United States (e.g., South and Midwest) and environments (e.g., urban, suburban, and rural). The University of Central Florida is a large public research university in the

southeastern portion of the U.S. in a metropolitan area with multiple campuses. For the purposes of the study, data collection was at the main campus location where the counselor education department is located and counseling courses occur. Counseling specializations include mental health counseling, school counseling, and marriage and family therapy. Likewise, Stetson University is located in the Southeast, but is a medium-size private university situated in a small town/rural area. Counseling specializations include clinical mental health counseling, marriage, couple and family counseling, and school counseling.

Lindsey Wilson College of Professional Counseling is a small private college located in a rural southeast central region of the U.S., which offers a graduate degree in school counseling. Lastly, Wayne State University is located in the Midwest and is a large public research institution with satellite campuses. Data collection occurred at both the main campus, which is located in a large urban city and one of the regional campuses located in a large metropolitan suburban area. Counseling specializations offered at this university are community mental health, school counseling, and rehabilitation counseling.

Participants that agreed to participate in the study were first-semester graduate students enrolled in CACREP-accredited counseling programs. Given the varying counseling specializations offered at the institutions, study participants could be in school counseling, mental health, marriage and family therapy, or rehabilitation programs. Specific data regarding counseling specialization and demographic information was obtained from the demographic form provided in the packet of assessments that study participants completed.

Group facilitators as mentioned earlier were masters-level clinicians with experience in group work. These recruited individuals fit the criteria, as they were current doctoral students in

counselor education programs at the participating institutions. There were 10 group facilitators for six multicultural self-awareness personal growth groups. Thus, there were four pairs of two facilitators co-leading four groups and two facilitators that were individually lead the remaining two group experiences.

Instrumentation

The researcher utilized the following group curriculum and five assessments over the course of the research study (see Appendices E-N): (a) multicultural self-awareness group curriculum, (b) group participant demographic form, (c) group leader demographic form, (d) the MEIM-R (Phinney & Ong, 2007), (e) the WUSCT (Hy & Loevinger, 1996), and (f) the TFI-S (Joyce et al., 2011). Study participants completed six assessments at certain points during the study. For instance, the demographic forms (e.g., participant and group leader) were administered once. However, the MEIM-R (Phinney & Ong, 2007) and WUSCT (Hy & Loevinger, 1996) were administered at three measurement points: (a) pre-assessment, (b) assessment at the end of the six weeks and (c) post-assessment at the end of the semester for the introduction to counseling course. Conversely, the TFI-S (Joyce, et al., in press) was administered to only students of the introduction to counseling courses at the end of the multicultural counseling personal growth groups (e.g., mid-semester) and at the end of the introduction to counseling courses.

Multicultural Self-Awareness Group Curriculum

The Introduction to Counseling courses, which includes multicultural self-awareness counseling personal growth groups, is the intervention participants in the treatment group received. Course syllabi from the introduction to counseling courses at each participating

institution verified consistency within the study of course content and objectives. Furthermore, a standardized curriculum for the multicultural self-awareness counseling personal growth groups consisted of six semi-structured activities. These activities helped to foster interpersonal and intrapersonal reflection, exploration in the participants' self-awareness of ethnic identity (e.g., commitment and exploration of their ethnic identity) and promotion of ego development in group participants.

Of the three multicultural competencies defined by Arredondo et al. (1996), counselor awareness of their own cultural values and beliefs is the focus of the multicultural self-awareness personal growth groups in introductory to counseling courses. More specifically, the activities within the groups correlated to counselors' attitudes and beliefs domain which states that: (a) culturally skilled counselors believe cultural self-awareness is essential, (b) counselors are aware of their cultural background have influenced values and biases about psychological processes, (c) counselors are able to recognize their limits of multicultural competency and expertise, and finally, (d) counselors recognize their discomfort regarding differences between themselves and others related to race, ethnicity, and culture (Arredondo, et al., 1996).

Therefore, the six sessions of the multicultural self-awareness groups facilitated counselors-in-training introspection of their biases and assumptions. Group session one consisted of introducing group members to the multicultural self-awareness counseling personal growth groups and discussing group procedures (e.g., confidentiality and establishing group rules). Substantial time included the discussion of interpersonal respect for others as the content of the group (e.g., race, ethnicity, and multiculturalism) can ignite strong emotions and reactions. The first group activity was an ice-breaker activity for the group members to introduce themselves to

each other (e.g., name, counseling specialization, reasons for wanting to be a counselor) and to identify the cultural group they belong to. Furthermore, the activity encouraged group members to describe how they believe their cultural background influences their worldview. The group closed with the group facilitator asking if group members can bring in a tangible object that represents their cultural background to group session two in order to discuss with the group.

Group session two consisted of having group members to summarize group session one and share the cultural artifacts they brought in that represent their ethnic background. The following process prompts and questions were used by the group leaders to facilitate group discussion: (a) discuss the significance of this cultural artifact to you; (b) what did you learn about yourself, your family, culture as a result of this activity?; and (c) how are your beliefs and attitudes shaped by your culture in terms of your worldview and how you treat others that are different from you?; Sharing the cultural objects took majority of the group session to allow enough air time for each group member. The session concluded with final processing questions, for example, what was it like listening to each other's "show and tell" stories and what kinds of feelings came up for you?

Group session three was a processing session that began with discussing any unfinished business from group session two. Group facilitators asked group members to pair up with a group member and to discuss the following: (a) what has been the relationship (positive and negative) of members of your ethnic group with other ethnicities historically, educationally, institutionally?; (b) what are specific attitudes, beliefs, and values from your cultural background and cultural learning that support behaviors that demonstrate respect and valuing of differences?; (c) what are specific attitudes, beliefs, and values from your cultural background and cultural

learning that impede or hinder respect and valuing of differences?; and (d) which attitudes, beliefs, and values do you embrace? (e.g., whether they are supportive or provide a hindrance to others). Group facilitators asked one question at a time, followed by discussion to allow for enough processing time. The group concluded by group members summarizing what they learned about each other and reactions or feelings to the content.

Group sessions four and five consisted of a two-part activity to facilitate group members' self-awareness of spoken and unspoken messages regarding cultural beliefs and attitudes from their upbringing and to reflect on current beliefs and attitudes. An adaptation of an activity, called DOTS: Understanding your "hidden" biases from the principal researcher's institution was be used in the fourth and fifth sessions. The activity began with discussing the Cycle of Socialization (see Appendix for the curriculum), a diagram which describes how individuals learn to embrace attitudes and beliefs.

Next, group leaders hung poster board paper around the counseling room with one statement on each paper for a total of six statements. There were three statements utilized in group session four and group session five. The statements were as follows: (a) Belief in God according to Christianity is the only way to heaven; (b) Men are more competent than women; (c) If you work hard enough, you will be successful in America, regardless of your race/ethnicity; (d) People with disabilities or mental disorders should be "hidden" from society; (e) Homosexuals are bad people; and (f) If you are poor it's because you are lazy. Under the statement was a horizontal line representing a continuum with True on the far left side and False on the far right side. Group members were provided colored dots that represent whether the statement on the poster board represents a spoken or unspoken message they received from

certain group of people. For example, a red dot represented family of origin, blue dots represented friends and peers, green dots represented K-12 school years, and orange dots represented the media (e.g., TV, internet, radio, etc.). Group members then placed their colored dots on the continuum line for each statement.

The activity took majority of the group session time, however, the session concluded with discussion statements and questions, for instance, explain why you placed the dot where you did on the continuum of True – False and what were some of the messages that you received about these statements? Additionally, the group facilitator reminded group members of the last session and to reflect on the group experience over the past weeks.

Lastly, the final group, session six consisted of summarizing and processing the group experience. The following questions were used as a guide to facilitate discussion: (a) what are your thoughts and feelings about this being the last session?, (b) what have you learned about yourself through this process of exploring your cultural background?, (c) on a scale of 0-10 (10 being highly self-aware), how self-aware do you feel about your attitudes, values, and beliefs towards those who are different from you?, (d) what are some ways that you can continue the journey of being culturally self-aware and aware of others as you train to be a counselor?, (e) how can you take what you have learned about yourself beyond this group? The final activity of the multicultural self-awareness personal growth group was for group members to express one positive aspect of their cultural heritage and a strength that aids them in relating to people who are different from them. The group facilitator concluded the group experience by expressing their gratitude in group members' disclosing and participation.

Demographic Forms

Study participants completed demographic forms based on whether they were a group participant or group leader. Therefore, the researcher developed the group participant demographic form to obtain general information from participants (e.g., age, ethnicity, counseling specialty track, geographic location) that may contribute to their ethnic identity and social cognitive development. Similarly, the group leader demographic form consists of obtaining pertinent information (e.g., age, years facilitating group, theoretical orientation, and ethnicity). As noted, administration of the demographic forms for study participants and group leaders were at the beginning of the study and reviewed by experts for face validity.

Multi-group Ethnic Identity-Revised Measure

The MEIM-R (Phinney & Ong, 2007) measures the construct of ethnic identity development due to its broad utilization with all ethnicities (Ponterotto et al., 2003). Other measures of ethnic identity development were ethnicity-specific (e.g., Bates, Beauvais, & Trimble, 1997). Furthermore, the ethnicity-specific measures were problematic due to: (a) one-time usage, (b) lack of clarity regarding how items were developed, and (c) multiple definitions within the construct of ethnic identity development (Fischer & Moradi, 2001).

Conversely, the MEIM-R has been utilized in numerous studies (e.g., Roberts et al., 1999; Syed & Azmitia, 2008; Utsey et al., 2002), undergone multiple revisions, and bases the instrument on a standardized definition of ethnic identity development (e.g., Phinney, 1989; 1990; 1992, Phinney & Alipuria, 1990; Phinney & Ambarsoom, 1987; Phinney & Ong, 2007; Phinney & Tarver, 1988;). The original MEIM (Phinney & Ambarsoom, 1987) is representative of work over five years and modeled after the Objective Measure of Ego Identity Status Scale

(Bennion, & Adams, 1986). Therefore, measures of ethnic identity were categorized based on the four ego identity statuses (e.g., diffuse, foreclosed, moratorium, or identity achievement) defined by Marcia (1980). The purpose of the initial version of MEIM was twofold: (a) to assess ethnic identity status in young adults from three ethnic groups (e.g., Black, Mexican-American, and White, and (b) to examine the relationship between ethnic identity status and other factors (e.g., ethnic group membership, ethnic evaluation/ethnic pride, and personal identity status; Phinney & Ambarsoom, 1987).

However, the most recent version, the MEIM-R (Phinney & Ong, 2007) was utilized which is a 10-item instrument that begins with an open-ended prompt for participants to specify their self-identified ethnic group. Following are six statements on a Likert scale (e.g., *strongly agree, agree, neutral, disagree, and strongly disagree*) that assess ethnic identity, for example, *I have a strong sense of belonging to my own ethnic group*. The seventh question asks for participants to categorize their ethnicity based on the ethnic groups provided. The last two questions asked participants to identify the ethnicities of their mother and father according to the ethnic categories provided. Overall, the 10-questions of the assessment consist of two subscales: (a) exploration (e.g., items 1, 4, and 5) and commitment (e.g., items 2, 3, and 6). Both subscales of exploration and commitment are integral to Phinney's Ethnic Identity Model (Phinney, 1992); therefore, study participants completed all 10-question items.

Scoring of the MEIM-R is by per subscale or combining subscales (Phinney & Ong, 2007). However, combining subscales is recommend for "studies concerned only with the overall strength of ethnic identity or the degree to which ethnic identity is achieved" (Phinney & Ong, p. 278). Thus, for the purposes of this study, subscale scores were combined and an average score

was obtained. The mean calculation of the total score is recommend for “studies concerned only with the overall strength of ethnic identity or the degree to which ethnic identity is achieved” (Phinney & Ong, p. 278).

Psychometric Properties of the MEIM-R

Previous studies of the MEIM have conducted factor analyses and found the instrument to be psychometrically sound with adolescent and adult populations (Phinney & Baldelomar, 2006; Phinney & Ong 2006; Roberts et al., 1999). Specifically, an exploratory factor analysis of a revised version of the MEIM-R calculated two subscales (e.g., exploration and commitment) measuring ethnic identity development. Furthermore, moderate reliability was found in the subscales of exploration and commitment, respectively, with Cronbach’s alphas of .83 and .89 in a sample of 192 university students (Phinney & Ong, 2006). Additionally, Phinney and Ong (2007) found a reliability of .81 and Vera et al. (2011) found a reliability of .83 in their study. More recently, confirmatory analysis (see Figure 1) was performed to verify if the two-factor model was appropriate for measuring the construct of ethnic identity development where parameter estimates were .66 and above (Phinney & Ong, 2007).

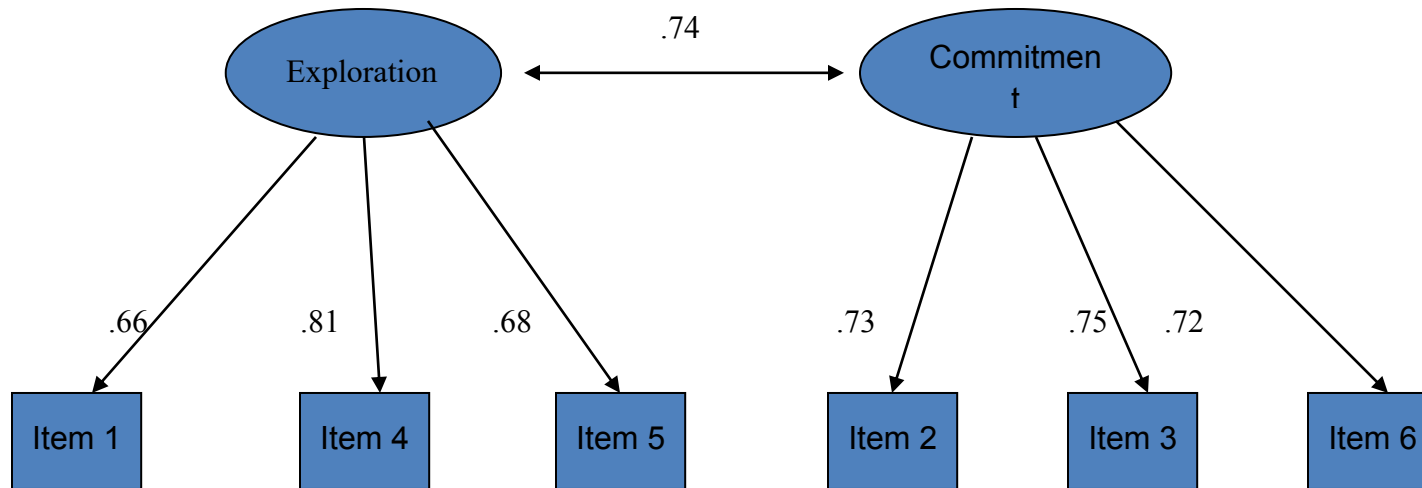


Figure 1: Confirmatory analysis diagram adapted from Phinney and Ong (2007)

Confirmatory analysis is a theory-testing model that determines the relationship between factors and latent processes (Stevens, 2002; Tabachnick & Fidell, 2007). Additionally, Gorsuch (1983) noted that confirmatory analysis is a viable option for determining construct validity, or the degree to which an instrument measures the theorized constructs it purports to measure. In the confirmatory factor analysis, Phinney and Ong (2007) sampled an independent group of university students ($N = 241$) from the same university in the Phinney and Ong (2006) study across five alternative theoretical models (e.g., construct of ethnic identity consists of innumerable independent factors) to verify a correlation in the data. A Satorra-Bentler scaled chi-square test was used to calculate the goodness-of-fit of the model where goodness-of-fit index (AGFI), comparative fit index (CFI), root-mean-error of approximation (RMSEA) and incremental fit index scores greater than .90 are the result of an adequate model (Kline, 2011). Results found that the two-factor model of exploration and commitment was a good fit for the construct of ethnic identity (e.g., $\chi^2/df = 1.91, p < .001, AGFI = .96, CFI = .98, RMSEA = .04$; Phinney & Ong, 2007).

Washington University Sentence Completion Test-Short Form

The shortened version of the WUSCT (e.g., WUSCT; Hy & Loevinger, 1996) measured the construct of social-cognitive development, also known as ego development. Other measurements of ego development include the *Thematic Apperception Test* (TAT: Murray, 1943), *California Q-sort* (Block, 1961:1978), and the *California Psychological Inventory* (CPI: Gough, 1987). Construct validity was found between these assessments and the WUSCT (e.g., Helson & Wink, 1987; Rozsnafszky, 1981; Sutton & Swenson, 1983; Westenberg & Block,

1993).

Furthermore, the WUSCT is suitable for individuals in pre-adolescence through adulthood and in numerous settings (e.g., K-12 schools, universities, and hospitals; Manners & Durkin, 2001). However, few empirical studies have been completed that examine the promotion of social-cognitive development with adult populations (e.g., Alexander et al., 1990; Hurt, 1990; Lambie, Hagedorn, & Ieva, 2010; MacPhail, 1989; Manners, Durkin, & Nesdale, 2004; White, 1985). Possible explanations are that few adults progress to advanced stages of ego development and most adults stabilize by early adulthood at or below the Self-Aware ego state (Loevinger et al., 1985; Manners, Durkin, & Nesdale, 2004; Novy, 1993).

The original WUSCT was created in 1970 (Loevinger & Wessler, 1970) and later revised (Hy & Loevinger, 1996; Loevinger, 1985). The WUSCT is a semi-projective instrument, which contains 36-item sentence stems in order to facilitate respondents' answers that are representative of the level of ego development (Loevinger & Wessler, 1970). Thus, individuals that are filling out the assessment can answer the open-ended statements however, they choose. Additionally, the WUSCT has separate male and female forms that personalize the pronouns according to respondents' gender. For instance, Item 22 on the female forms states, "*At time she worried about*" became "*At times he worried about*" on the male form. Furthermore, alternate forms of the WUSCT (Loevinger, 1985) included the first 18-items and second halves of the full assessment. Thus, the WUSCT, or Form-81 (Hy & Loevinger, 1996) is an 18-item revised version of the WUSCT (Loevinger, 1985). The technical foundations manual (Loevinger, 1998) provides direction on the scoring of both the 36-item WUSCT and 18-item WUSCT, along with practices exercises that have been reviewed by experts in the field. Furthermore, a total protocol

scores was calculated and correlated to their ego maturity level for each study participant (e.g., Self-Aware [E5], Conscientious [E6], Individualistic [E7]).

Psychometric Properties of the WUSCT

Although, there is reduced reliability with the WUSCT (Hy & Loevinger, 1996) compared to the WUSCT (Loevinger, 1985), administration of the WUSCT for repeated measures helps to avoid measurement error found in multiple assessments of the full test (Redmore & Waldman, 1975). Additionally, literature supports the high reliability of the WUSCT (Hy & Loevinger, 1996, Novy & Francis, 1992; Redmore & Waldman, 1975; Weiss et al., 1989). Novy and Francis (1992) sampled 265 adults and found a high and significant reliability for half of the WUSCT with the first half coefficient $\alpha = .84$ and the second half coefficient $\alpha = .81$. Additionally, there was a high correlation between the halves of the WUSCT at $r = .79$. Furthermore, there were significant correlations found in test-retest reliability when accounting for motivational effects (e.g., Redmore & Waldman, 1975; Weiss, Zilberg, & Genevro, 1989).

Despite the difficulty in determining validity of structural-developmental theories and their measurements (Manners & Durkin, 2001), research has supported the construct validity of the WUSCT (e.g., Helson & Wink, 1987; Rozsnafszky, 1981; Sutton & Swenson, 1983; Westenberg & Block, 1993), predictive validity (Hart and Hilton, 1988), and discriminant validity (e.g., Hauser, 1976; Loevinger, 1979). Sutton and Swenson (1983) found a significant correlation between the Thematic Apperception Test (TAT: Murray, 1943) and unstructured interviews. Rozsnafszky (1981) sampled 91 adult males in an inpatient setting who completed the California Q-sort (Block, 1961; 1978), an instrument with personality descriptors associated

with stages of ego development. Results indicated that there were consistent results with levels of ego development as measured by the WUSCT and scores on the California Q-sort (Rozsnafszky, 1981). Similarly, Westenberg and Block (1993) sampled 98 males and females with the California Q-sort (Block, 1961:1978) and found consistent results with the WUSCT. Lastly, Helson and Wink (1987) found a significant correlation between individual maturity measured with the WUSCT and scores on the California Psychological Inventory (CPI; Gough, 1987) with a sample of 91 women.

Furthermore, Hart and Hilton (1988) found levels of social-cognitive development were a predictor of consistent contraceptive use in female adolescents (Hart & Hilton, 1988).

Additionally, discriminant validity in the literature includes verbal fluency, intelligence and socioeconomic status, factors that may be misinterpreted as social-cognitive development (Hauser, 1976; Loevinger, 1979). Verbal fluency, or the content, complexity and structure of a response correlate with higher or lower levels of ego development (Manners & Durkin, 2001). However, Loevinger and Wessler (1970) found in a sample of 204 females there was a median correlation of .31 between ego stage and number of words used. Within the same study, a median correlation of .35 in a sample of 543 women occurred. As a result of the median correlations between stages of ego development and number of words used, research supports that there is relationship between the two factors, but the WUSCT is not solely a measure of verbal fluency (Manners & Durkin, 2001).

Moreover, intelligence correlates with ego development (Hauser, 1976; Loevinger, 1976). Cramer (1999) sampled 89 young adults (same sample from the longitudinal study by Block & Block, 1980) and found a significant correlation between intelligence and social-

cognitive development. Results were consistent with earlier studies by Loevinger (1979) where there was a moderate positive correlation (e.g., $r = .13$ to $.46$). More recently, Cohn and Westenberg (2004) conducted a meta-analysis of studies examining the discriminant validity of ego development and intelligence scores. Results from 42 studies ranging from 1970 to 2002 were reviewed with a total sample of 5,648 participants. The meta-analysis found correlation coefficients ranging from $-.27$ to $.64$, thus yielding significant correlation in 94% of the studies. As noted, discriminant validity is present with small correlations scores, thus the following studies have demonstrated that there is a relationship, but not a substantial overlap between WUSCT scores and intelligence scores. Yet, it is unclear whether level of ego development and intelligence scores changes or stays the same in various stages of ego development or if higher intelligence scores are necessary for higher levels of social-cognitive development (Manners & Durkin, 2001).

Lastly, Redmore and Loevinger (1979) reviewed the relationship between socioeconomic status and ego development and found significant positive correlations. Additionally, Browning (1987) further explored ego development with specific indexes of socioeconomic development (e.g., respondent's and parent's education) with a sample of 930 adolescents and young adults. The results identified that there was a significant relationship between the two variables. Conversely, Hansell, Sparacino, Ronchi, and Strodbeck (1985) found moderate significant correlations between levels of ego development and socioeconomic status. Yet, the breadth of literature on ego development supports the discriminant validity of the WUSCT (Manners & Durkin, 2001).

Therapeutic Factors Inventory-Short Form

The TFI-S (Joyce et al., 2011) was used to measure therapeutic factors in the multicultural self-awareness personal growth groups. The TFI –S (Joyce et al., 2011) is a 19-item assessment that can be answered on a seven-point Likert Scale (e.g., “1” is *strongly disagree* to “7” *strongly agree*). Some examples of items on the TFI-S include: “*Things seem more hopeful since joining group,*” and “*I feel a sense of belonging in this group.*” Additionally, the items are categorized into four subscales: (a) instillation of hope, (b) secure emotional expression, (c) awareness of relational impact, and (d) social learning (Joyce et al., 2011). All 19 questions were utilized in the study. Scoring of the assessments is categorized by subscales for each participant protocol according to the user manual (Joyce et al., 2011).

The TFI-S (Joyce et al., 2011) is a measurement created to assess overall group effectiveness (e.g., curative factors and group dynamics) in counseling group settings (Lese & MacNair-Semands, 1997; 2000). Earlier measurements of group therapeutic factors have contributed to the literature, for example, the *Curative Factors Questionnaire* (Yalom, 1970) , the *Critical Incidents Questionnaire* (CIQ: Kivlighan & Goldfine, 1991), the *Hill Interaction Matrix* (HIM: Hill, 1965; 1973), and the *Individual Group Member Interpersonal Process Scale* (IGIPS: Soldz, Budman, Davis, & Demby, 1993). However, these instruments have been problematic in quantifying the effectiveness within counseling-type groups (Bloch et al., 1981). Much of the difficulty in assessing group therapeutic factors is a result of an inconsistency of definitions of curative factors, low reliability, and difficulty in determining convergent validity with the limited sample of instruments that measure therapeutic factors (Delucia-Waack & Bridbord, 2004). Consequently, the *Therapeutic Factors Inventory* (TFI: Lese & MacNair-

Semands, 1997; 2000) and its revised version, the TFI-S (Joyce et al., 2011) was created to provide a more valid and reliable instrument to assess all 11 of Yalom's therapeutic factors (Lese & MacNair-Semands, 1997).

The TFI-S (Joyce et al., 2011) is a revised 19-item scale condensed from the original 99-item *Therapeutic Factors Inventory* scale (TFI; Lese & MacNair-Semands, 1997; 2000). The TFI included separate subscales for each of Yalom's eleven therapeutic factors (Lese & MacNair-Semands, 1997; 2000) and is a promising measure of therapeutic factors (Delucia-Waack & Bridbord, 2004). Overall, the TFI is psychometrically sound with internal reliability ranging from .82 to .94 on the subscales, test-retest reliability ranged from .28 to .93 at significant level .001 on the subscales (Lese & MacNair-Semands, 2000; Delucia-Waack & Bridbord, 2004). Further research on the TFI scale found construct validity (MacNair-Semands & Lese, 2000). Additionally, the TFI-S was utilized with university students (Lese & McNair-Semands, 1997; MacNair-Semands & Lese, 2000), the population for the present study.

Psychometric Properties of the TFI-S

Although, the TFI-S is a contemporary instrument confirmatory analysis, reliability and validity has been initially supported by its authors in a study that sampled 360 adult individuals (Joyce et al., 2011). Confirmatory analysis (see Figure 2) was based on a previous exploratory factor analysis that hypothesized a model of four correlated latent factors: (a) Instillation of Hope (6 items), (b) Secure Emotional Expression (7 items), (c) Awareness of Relational Impact (6 items), and (d) Social Learning (4 items; MacNair-Semands, Orgrodniczuk, & Joyce, 2010). Five goodness-of-fit indices were reported to verify the validity of the model (e.g., chi square test of minimum discrepancy) which was found to have a "mediocre" fit. As a result, further analysis

was completed where redundant factors were deleted from analysis, and standardized covariance greater than 2.58 (Bryne, 2001) were removed. After the above changes were made, the revised 19-item model was tested and found to have a good fit according to the goodness-of-fit indices (e.g., $\Delta\chi^2 = 492.92$, $df = 81$, $p < .001$)

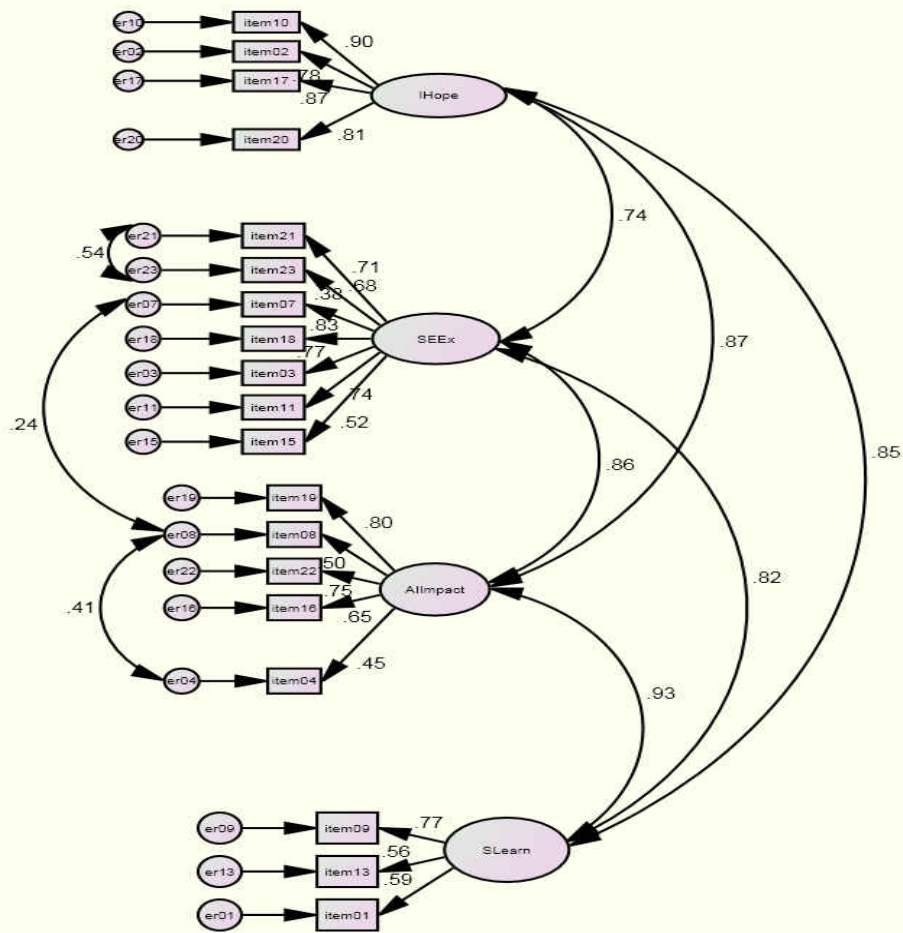


Figure 2: Confirmatory Factor Analysis of the TFI-S (Joyce et al., 2011)

During preliminary testing, the TFI-S demonstrated high reliability (e.g., α ranging from 0.71 to 0.91 across the four subscales) according to Fraenkel et al. (2011) assertion that Cronbach's alphas over .70 results are psychometrically sound with instrumentation. Moreover, sensitivity to change, discriminant, concurrent, convergent, and predictive validity was calculated on the TFI-S instrument. Furthermore, to calculate sensitivity to change, a three-level longitudinal hierarchical linear modeling was calculated and found a positive linear increase in the four subscales of the TFI-S over time (Joyce et al., in press). Discriminant validity was determined by correlating the TFI-S of two dissimilar instruments: (a) desirability scales of the Personality Research Form (Jackson, 1984) and (b) the Inventory of Interpersonal Problems-28 (IIP-28: Pilkonis, Kim, Proietti, & Barkham, 1996). Findings supported that there were statistically significant correlations between the three of the four subscales of the TFI-S and social desirability scale: secure emotional expression ($r = .26$), awareness of relational impact ($r = .17$), and social learning ($r = .16$) which was noted as having a small effect size (Joyce et al., 2011). Additionally, there was a negative correlation between the IIP scale and the TFI emotional awareness subscale ($r = -.14$) with a small effect (Joyce et al., 2011). Therefore, the findings supported discriminant validity of the TFI scale, as discriminant validity seeks to low correlations between on instrument and other dissimilar instruments (Reynolds et al., 2006).

Convergent validity was calculated by comparing the TFI to an instrument that measures similar constructs, the Global Climate Questionnaire-Short form (GCQ-S: MacKenzie, 1983). Findings concluded that the TFI-S was related to the GCQ-S engaged subscale (Joyce et al., 2006). Predictive validity was assessed with the TFI-S and significant relationships were found between measures taken in the earlier stages of the group with post-treatment measurements after

two months, specifically the instillation of hope subscale (Joyce et al., 2011).

Research Hypotheses & Questions

Research hypotheses are a prediction of study outcomes that include a statement of expected relationships between two or more variables (Frankel et al., 2012). Therefore, to contribute to the knowledgebase in the fields of counseling and counselor education, this investigation answered the following two research hypotheses and four research questions:

Research Hypothesis 1

Counselor education students enrolled in a 15-week Introduction to Counseling course which includes a multicultural counseling personal growth group will score at higher levels of ethnic identity development (as measured by *Revised Multigroup Ethnic Identity Measure*, MEIM-R; Phinney & Ong, 2007) and social-cognitive development (as measured by the *Washington University Sentence Completion Test*, WUSCT; Hy & Loevinger, 1996) as compared to non-participant students. The research hypothesis is a directional quasi-experimental design research hypothesis.

Research Hypothesis 2

Counselor education students participating in a 15-week Introduction to Counseling course which includes a multicultural counseling personal growth group will score at higher levels of ethnic identity development (as measured by *Revised Multigroup Ethnic Identity Measure*, MEIM-R; Phinney & Ong, 2007) and social-cognitive development (as measured by the *Washington University Sentence Completion Test*, WUSCT; Hy & Loevinger, 1996) at the three measurement points throughout the semester (e.g., pre-test, mid-semester, and end of the

semester post-test). The research hypothesis is a directional time-series quasi-experimental research design hypothesis.

Research Question 1

Do counseling students' levels of social-cognitive maturity (as measured by the WUSCT; Hy & Loevinger, 1996) prior to an Introduction to Counseling course predict their levels of ethnic identity development (as measured by MEIM-R; Phinney & Ong, 2007) at the completion of the course? The following research question is a correlational research question.

Research Question 2

What group therapeutic factors (as measured by the Therapeutic Factors Inventory-Short Form, TFI-S) correlate with the participants' ethnic identity development (as measured by MEIM-R; Phinney & Ong, 2007) and social-cognitive maturity scores (as measured by the WUSCT; Hy & Loevinger, 1996)? The following research question is correlational research question.

Research Question 3

What is the relationship between group leaders' level of ethnic identity development (as measured by the MEIM-R; Phinney & Ong, 2007) and social-cognitive development (as measured by the WUSCT; Hy & Loevinger, 1996) and their group members' group dynamics (as measured by the TFI-S; Joyce et al., in press), ethnic identity development (as measured by the MEIM-R; Phinney & Ong, 2007), and social-cognitive development scores (as measured by the WUSCT; Hy & Loevinger, 1996)? The following research question is a correlational research question.

Research Question 4

What is the relationship between demographic variables (e.g., age, ethnicity, urban/suburban/rural) and ethnic identity development (as measured by MEIM-R; Phinney & Ong, 2007) and social-cognitive development (as measured by the WUSCT; Hy & Loevinger, 1996) of students enrolled in a 15-week Introduction to Counseling course which includes a multicultural counseling personal growth group? The following research question is a correlational research question.

Data Analysis

Data was collected and analyzed using the Statistical Package for Social Science (SPSS) software package for Windows version 19.0 (2011). The following variables were included in the study: (a) group members' ethnic identity development (as measured by the MEIM-R; Phinney & Ong, 2007), (b) group members' social-cognitive development (as measured by the WUSCT; Hy & Loevinger, 1996), (c) group members' identification of group therapeutic factors (as measured by the TFI-S; Joyce et al., 2011).

Research Hypothesis 1

The directional research hypothesis utilized a one-way between-groups MANOVA to calculate the mean differences in the independent variables (e.g., participants and non-participants in a multicultural self-awareness personal growth group) and its effect on two dependent variables (e.g., ethnic identity development and social-cognitive development) as measured by pre- and post-test scores on the MEIM-R and WUSCT.

Research Hypothesis 2

The directional research hypothesis utilized a repeated measures ANOVA to calculate the

mean differences in the independent variable (e.g., participants of a multicultural self-awareness personal growth group) and its effect on two dependent variables (e.g., ethnic identity development and social-cognitive development) as measured by test scores on the MEIM-R and WUSCT at the three data collection points across time (e.g. pre-test, mid-semester, post-test).

Research Question 1

A linear regression was calculated to see if there is predictive relationship between the independent variable (e.g., pre-test of social-cognitive development) and dependent variable (e.g., post-test of ethnic identity development) as measured by scores on the WUSCT and MEIM-R. In order to conduct a linear regression the following assumptions were addressed: (a) linearity, (b) checking for outliers, (c) singularity, (d) normality, and (e) homoscedasticity.

Linearity refers to the relationship between the independent and dependent variables to be linear as evidenced by scatter plots. Furthermore, outliers will be examined in the dataset, along with singularity, which refers to when one independent variable is a combination of other independent variables (Pallant, 2010). Normality is determined by verifying if the data is normally distributed, while homoscedasticity evaluates the variance of the residual data.

Research Question 2

A Pearson Product Moment Correlation (two-tailed) was calculated to examine if there was a relationship between identification of group therapeutic factors, ethnic identity development and social-cognitive as measured by TFI-S, MEIM-R and WUSCT, respectively, for students enrolled in a 15-week introduction to counseling course which includes a multicultural counseling personal growth group.

Research Question 3

A Pearson Product Moment Correlation (two-tailed) was calculated to examine if there is a relationship between group leaders' level of ethnic identity development and social-cognitive development and their group members' identification of group therapeutic factors for students enrolled in a 15-week introduction to counseling course which includes a multicultural counseling personal growth group.

Research Question 4

A Pearson Product Moment Correlation (two-tailed) was calculated to examine if there was a relationship between reported demographic information (e.g., age, ethnicity, and geographic location) and ethnic identity development and social-cognitive as measured by MEIM-R and WUSCT, respectively, for students enrolled in a 15-week introduction to counseling course which includes a multicultural counseling personal growth group.

Ethical Considerations

In order to implement the study in an ethical manner, the following safeguards were followed:

1. Permission and approval (e.g., faculty approval) from participating institutions was solicited for implementation of the multicultural self-awareness personal growth groups in the introductory to counseling courses. Furthermore, IRB-approval was obtained from all participating institutions before the study begins.
2. Participants of the study were fully informed during the consent process of the study and their ability to volunteer to participate or withdraw from the study.
3. There was no identifiable information recorded on the administered instruments. Each

participant was given a participant code that was attached to identifiable information.

Each participant was asked to create an alpha numeric code, which was recorded with their participant code to ensure confidentiality and anonymity. The list of codes was kept separate from the instruments in a locked cabinet.

4. Participants were made aware that information obtained through the course of the study may be utilized for presentation of results. However, the information utilized from participants remained anonymous.
5. Due to the self-disclosing nature of personal growth groups, participants in the growth groups were informed of the boundaries of confidentiality in the group setting. Thus, efforts to ensure that information disclosed in the groups remain in the groups were exercised by the group facilitators. As such, information from the group experience was not shared with instructors with the introduction to counseling courses.

Potential Limitations of the Study

1. Although, efforts were made to limit threats to internal and external validity within this quasi-experimental research study, limitations still exist. The researcher sought to obtain a diverse sample from multiple institutions; however, depending on the demographic of the sample obtained from these institutions generalizability were limited.
2. Two of the constructs the study measured: ethnic identity development and social-cognitive development may be difficult to measure as graduate counseling students may have already achieved higher levels of development (e.g., Lambie, 2007). Consequently, correlational research may be limited. Additionally, there may be limited variance.

3. Although facilitators of the multicultural self-awareness personal growth groups used a standardized curriculum, each group is unique due to different personalities and group dynamics. Thus, it is possible that unanticipated discussions may spontaneously occur in the session that may influence study findings.
4. Data collection instruments used in the study were self-report, therefore, there might be some bias with participant responses that may influence study results.
5. The researcher requested permission from course instructors to request participation from their students, which could have resulted in a potential bias.
6. Finally, all data collection instruments have some measurement of error even with psychometrically sound qualities (e.g., reliability and validity).

Chapter Summary

This chapter detailed the rationale and relevance of exploring ethnic identity development, social-cognitive maturity, and group members' perceptions of therapeutic factors in group settings. The chapter introduces the research methodology, study procedures, description of the population and sample, data collection methods, instrumentation, hypotheses and research questions, and finally, data analysis procedures. To conclude, ethical considerations and potential limitations of the study were enumerated.

CHAPTER FOUR: RESULTS

The results chapter details the sampling procedures utilized and provides descriptive data results (e.g., demographics, construct and variable), along with preliminary analyses for the statistical tests (e.g., sample size, normality, univariate and multivariate outliers, linearity, and multicollinearity and singularity) for the quasi-experimental investigation. Additionally, the chapter reviews the results from statistical analyses for the research hypotheses and questions. In conclusion, the chapter presents a summary of the key findings for the investigation.

Sampling and Data Collection Procedures

The data collection process for this study occurred between August 2011 to December 2011, where participants in the treatment and comparison groups completed the study instruments. The researcher scored the data, entered it into SPSS (Version 19.0), and screened for missing data. Once the dataset was free of missing data, data analysis began with the appropriate statistical procedure (e.g., MANOVA, hierarchical regression, Pearson Product correlation, and one-way ANOVA). Before the data were analyzed for the research hypotheses and research questions, preliminary analyses were performed to examine the assumptions of the statistical analyses and verify the fit between distribution of the variables, such as, normality, linearity, homogeneity of variance, and multicollinearity (Lambie et al., 2010).

Prior to data collection, the study received IRB approval through the researcher's university and proceeded to recruit participants for the study. Of the 15 institutions that were initially contacted, four institutions agreed to participate in the study (e.g., University of Central Florida, Stetson University, Wayne State University, and Lindsey Wilson College) and IRB

approval was granted at each respective institution. The researcher provided informed consent to study participants and administered pre-assessments to the three of the four institutions on the first day of class. Study participants at the fourth institution (e.g., Lindsey Wilson College) received informed consent on their first day class in the semester from a doctoral student that was trained to facilitate the study intervention. In addition, a purposive sample of masters-level clinicians was asked to facilitate the multicultural self-awareness personal growth groups and participate in the study.

The target population was first-semester graduate students enrolled in CACREP-accredited counselor education programs. The sample was recruited to participate during their first day of class of the semester. Students in the treatment group who volunteered to participate in the study completed study assessments at three measurement points (e.g., beginning of the semester, mid-semester, and at the end of the semester). At the pre-assessment the participants received (a) a demographic form, (b) the MEIM-R (Phinney & Ong, 2007), and (c) the WUSCT (Loevinger & Hy, 1996). At both the mid-assessment and post-assessment, the treatment group participants were administered the MEIM-R (Phinney & Ong, 2007), WUSCT (Loevinger & Hy, 1996), and the TFI-S (Joyce et al., 2011).

Students in the comparison group who volunteered to participate completed assessments at the beginning of the semester and at the end of the semester, which included (a) a demographic form, (b) the MEIM-R (Phinney & Ong, 2007), and (c) the WUSCT (Loevinger & Hy, 1996). Furthermore, group leaders completed study assessments at the beginning of the semester after completing a training of the multicultural self-awareness personal growth group curriculum. All assessments completed by treatment and comparison groups and group leaders

were labeled with participant codes to aid in their anonymity. Seventy-four treatment group participants were eligible to participate in the study with a 100% response rate, but 87.83% of the data was usable with 65 participants completing all study assessments. Thirty-nine comparison group participants were eligible to participate in the study with a 94.87% response rate, or 37 participants completing some study assessments. However, 29 participants completed all assessment, resulting in a 74.36% usable response rate. Lastly, 10 group leader participants were eligible to participate in the study and there was a 100% response rate with all data collection instruments completed and usable for data analyses.

Participants' Descriptive Statistics

Treatment Group Participants

Sixty-five counselor education students participated in six multicultural self-awareness personal growth groups during the Fall 2011 semesters. Overall, women ($n = 54$; 83.1%) were more represented than men ($n = 11$; 16.9%). The ages of participants ranged from 21-50 years ($M = 25.58$, $SD = 5.71$). Additionally, the racial/ethnic identified reported by the participants was the following: Caucasian, 73.8% ($n = 48$); African American, 10.8% ($n = 7$); Hispanic, 7.7% ($n = 5$); Asian, 6.2% ($n = 4$); and Biracial/Other, 1.5% ($n = 1$). Participants represented diverse geographical locations with 56.9% ($n = 57$) born in the South, 16.9% ($n = 11$) born in the Northeast, 15.4% ($n = 10$) born in the Midwest, 9.2% ($n = 6$) born outside of the U.S., and 1.5% ($n = 1$) born in the West. Moreover, students indicated the type of environment they were raised in (e.g., urban, suburban, and rural) with 69.2% ($n = 45$) in a suburban environment, 20% ($n = 13$) rural, 9.2% urban ($n = 6$), and 1.5% ($n = 1$) more than one type of environment. Furthermore, participants indicated their level of cultural competence ($M = 2.12$, $SD = .84$) on a four-point

Likert Scale (e.g., “one” being very satisfied and “four” being very dissatisfied) where 13.8% ($n = 9$) were “very satisfied”, 70.8% ($n = 46$) identified as “somewhat satisfied,” 9.2% ($n = 6$) were “somewhat dissatisfied,” 1.5% ($n = 1$) was very dissatisfied, and 4.6% ($n = 3$) did not answer. Lastly, treatment group participants represented three major counseling specialties: (a) 47.7% ($n = 31$) mental health, (b) 26.2% ($n = 17$) school counseling, (c) 20% ($n = 13$) marriage and family, 3.1% ($n = 2$) dual track specialization and 3.1% ($n = 2$) Other.

Comparison Group Participants

Twenty-nine counselor education students were in the comparison group and did not participate in the interventions. There were 89.7% women ($n = 26$), 6.9% men ($n = 2$), and one participant (3.4%) who did not answer. The ages of participants ranged from 21-59 years ($M = 26.86$, $SD = 9.28$). Furthermore, the racial/ethnic identified reported by the participants was the following: Caucasian, 69% ($n = 20$); African American, 24.1% ($n = 7$); Hispanic, 3.4% ($n = 1$); and Biracial/Other, 3.4% ($n = 1$). Participants represented diverse geographical locations with 37.9% ($n = 11$) born in the Midwest, 34.5% ($n = 10$) born in the South, 24.1% ($n = 7$) born in the Northeast, and 3.4% ($n = 1$) born outside of the U.S. Moreover, students indicated the type of environment they were raised in (e.g., urban, suburban, and rural) with 72.4% ($n = 21$) in a suburban environment, 13.8% ($n = 4$) urban, 10.3% ($n = 3$) rural, and 3.4% ($n = 1$) more than one setting. Additionally, participants indicated their level of cultural competence ($M = 2.03$, $SD = .82$) on a four-point Likert Scale (e.g., “one” being very satisfied and “four” being very dissatisfied) where 20.7% ($n = 6$) were “very satisfied,” 62.1% ($n = 18$) identified as “somewhat satisfied,” 13.8% ($n = 4$) were “somewhat dissatisfied,” and 3.4% ($n = 1$) did not answer. Lastly, treatment group participants represented three major counseling specialties, including (a) 37.9%

($n = 11$) mental health, (b) 20.7% ($n = 6$) school counseling, (c) 17.2% ($n = 5$) marriage and family, (d) 17.2% ($n = 5$) dual track specialization, and (e) 6.9% ($n = 2$) Other.

Group Leader Participants

Ten doctoral counselor education students facilitated six multicultural self-awareness personal growth groups, where four groups were co-facilitated at the University of Central Florida and individual group leaders led the other two groups at Wayne State University and Lindsey Wilson College. The group leaders were 70% ($n = 7$) women and 30% ($n = 3$). Ages of the group leaders ranged from 25-33 years ($M = 28.90$, $SD = 2.56$). The reported racial/ethnic identified of the group leader participants were as follows: Caucasian, 60% ($n = 6$); African American, 30% ($n = 3$); and Hispanic, 10% ($n = 1$). Group leader participants represented diverse geographical locations with 40% ($n = 4$) born in the South, 20% ($n = 2$) born in the Northeast, 10% ($n = 1$) born in the Midwest, 10% ($n = 1$) born in the West, and 10% ($n = 1$) born outside of the U.S. Moreover, group leaders indicated the type of environment they were raised in (e.g., urban, suburban, and rural) with 70% ($n = 7$) in a suburban environment and 30% ($n = 3$) in a rural environment. Overall, the majority of the group leaders had at least two years of group counseling leadership experience (70%; $n = 7$), 20% ($n = 2$) had three to five years of experience, and 10% ($n = 1$) had more than five years of experience. Furthermore, participants indicated preferred theoretical orientation: (a) 50% ($n = 5$) Cognitive Behavioral, (b) 20% ($n = 2$) Eclectic, (c) 10% ($n = 1$) Adlerian, (d) 10% ($n = 1$) Solution-focused, and (e) 10% ($n = 1$) Psychoanalytic. Lastly, participants indicated their level of group leader competence ($M = 1.40$, $SD = .52$) on a four-point Likert Scale (e.g., “one” being very competent and “four” being very incompetent)

where 60% ($n = 6$) were “very competent” and 40% ($n = 4$) identified themselves as “somewhat competent.”

Ethnic Identity Development

The MEIM-R (Phinney & Ong, 2007) was used to obtain treatment group ($n = 65$), comparison group ($n = 29$), and group leader ($n = 10$) participants’ ethnic identity development scores on a five-point Likert Scale (e.g., 1 = *strongly disagree*). Treatment group participants’ mean scores were: (a) pre-test ($M = 3.44$, $SD = .79$, range = 1.5 – 5.0), (b) mid-test ($M = 3.56$, $SD = .73$, range = 1.83 – 5.00), and (c) post-test ($M = 3.60$, $SD = .81$, range = 1.00 – 5.00). Treatment group participants’ total scores were: (a) pre-test ($M = 20.66$, $SD = 4.73$, range = 9.00 – 30.00), (b) mid-test ($M = 21.34$, $SD = 4.40$, range = 11.00 – 30.00), and (c) post-test ($M = 21.63$, $SD = 4.85$, range = 6.00 – 30.00). Comparison group participants’ mean scores were (a) pre-test ($M = 3.82$, $SD = .88$, range = 1.00 – 5.00), and (b) post-test ($M = 3.71$, $SD = .67$, range = 2.17 – 4.83). Comparison group participants’ total scores were (a) pre-test ($M = 22.90$, $SD = 5.28$, range = 6.00 – 30.00), and (b) post-test ($M = 22.28$, $SD = 4.00$, range = 13.00 – 29.00). The group leaders’ mean score was 3.77 ($SD = .47$, range = 2.83 – 4.33). The group leaders’ total score was 22.60 ($SD = 2.80$, range = 17.00 – 26.00). The descriptive statistics for MEIM-R pre-test, mid-test, and post-test scores are presented in Table 1. The Cronbach’s reliability for the MEIM-R with these data was acceptable with overall alpha coefficient scores for pretest scores within the two subscales: (a) Exploration (.84) and (b) Commitment (.87). Likewise, the Cronbach’s reliability for the MEIM-R with these data was acceptable with overall alpha coefficient scores for posttest scores within the two subscales: (a) Exploration (.87) and (b) Commitment (.83).

Social-Cognitive Development

The WUSCT-Form 81 (Hy & Loevinger, 1996) was used to obtain treatment ($n = 65$), comparison group ($n = 29$), and group leader ($n = 10$) participants' social-cognitive development scores. The scoring consisted of each participant's assessment receiving an overall ego level (e.g., Self-Aware, E5) and a total protocol rating (TPR), which is the sum of each sentence stems ego levels. Therefore, treatment group participants' pre-test social cognitive maturity levels were Self-Aware (Level Score, $M = 5.65$, $SD = .60$, range = 4.00 – 7.00; TPR score, $M = 91.94$, $SD = 5.33$, range = 80.00 – 103.00). Mid-test levels were Self-Aware (Level score, $M = 5.46$, $SD = .75$, range = 3.00 – 7.00; TPR score, $M = 90.32$, $SD = 6.43$, range = 71.00 – 105.00). Lastly, post-test levels were Self-Aware (Level score, $M = 5.55$, $SD = .64$, range = 4.00 – 7.00; TPR score, $M = 91.18$, $SD = 6.36$, range = 77.00 – 106.00). Comparison group participants' pre-test social cognitive maturity levels were Self-Aware (Level score, $M = 5.14$, $SD = .83$, range 3.00 – 6.00; TPR score $M = 86.97$, $SD = 6.76$, range = 72.00 – 97.00). Post-test levels were Self-Aware (Level score, $M = 5.59$, $SD = .57$, range = 4.00 – 6.00; TPR score $M = 91.21$, $SD = 4.84$, range = 83.00 – 101.00). Lastly, social cognitive maturity levels of group leaders were Self-Aware (Level score, $M = 5.50$, $SD = .85$; range = 4.00 – 7.00; TPR score $M = 91.30$, $SD = 9.53$, range = 77.00 – 107.00). The descriptive statistics for the WUSCT pre-test, mid-test, and post-test scores are presented in Table 1.

Therapeutic Factors

The TFI-S (Joyce et al., 2011) was used to obtain treatment group participants' identification of group therapeutic factors on a seven-point Likert Scale (e.g., “1” is *strongly disagree* to “7” *strongly agree*). The measure of central tendency for group therapeutic factors

scores ($n = 63$) per subscale were: (a) Instillation of Hope ($M = 3.61$, $SD = .75$; range, 1.70 – 5.33), (b) Secure Emotional Expression ($M = 3.06$, $SD = .62$; range, 1.45 – 4.24), (c) Awareness of Relational Impact ($M = 2.77$, $SD = .53$; range, 1.50 – 3.88), and (d) Social Learning ($M = 3.22$, $SD = .57$; range, 1.94 – 4.34). The overall reliability of the TFI-S with these data was varied (e.g., high to low), with alpha coefficient scores of: (a) Instillation of Hope (.65), Secure Emotional Expression (.52), Awareness of Relational Impact (.88), and (d) Social Learning (.88).

Table 2. Ethnic Identity Development and Social-Cognitive Maturity Descriptive Statistics

Variables	Ethnic Identity Development (MEIM-R) Mean (Total)			Social-Cognitive Maturity (WUSCT-Form 81) Level (TPR)		
	Pre-test	Mid-test	Post-test	Pre-test	Mid-test	Post-Test
Treatment Group (N = 65)						
<i>M</i>	3.44 (20.66)	3.56 (21.34)	3.60 (21.63)	5.65 (91.94)	5.46 (90.32)	5.55 (91.18)
<i>SD</i>	.79 (4.73)	.73 (4.40)	.81 (4.85)	.60 (5.33)	.75 (6.43)	.64 (6.36)
Range	1.5-5.0 (9-30)	1.83-5.0 (11-30)	1.0-5.0 (6-30)	E4-E7 (80-103)	E3-E7 (71-105)	E4-E7 (77-106)
Comparison Group (N = 29)						
<i>M</i>	3.82 (22.90)		3.71(22.28)	5.14 (86.97)		5.59 (91.21)
<i>SD</i>	.88 (5.28)		.67 (4.00)	.833 (6.76)		.57 (4.84)
Range	1.0-5.0(6-30)		2.17-4.83 (13-29)	E3-E6 (72-97)		E4-E6 (83-101)
Group Leaders (N = 10)						
<i>M</i>	3.77 (22.60)			5.50 (91.30)		
<i>SD</i>	.47 (2.80)			.85 (9.53)		
Range	2.83-4.33(17-26)			E4-E7 (77-107)		

Note. MEIM-R = Multi-group Ethnic Identity-Revised Measure; WUSCT—Form 81 = Washington University Sentence Completion Test, short form; TPR = Total protocol rating; E = ego development scheme level

Data Analyses and Results for Research Hypotheses and Questions

Research Hypotheses 1

The first research hypothesis examined whether counselor education students enrolled in a 15-week *Introduction to Counseling* course that included a multicultural counseling personal growth group would score at higher levels of ethnic identity development (as measured by the MEIM-R; Phinney & Ong, 2007) and social-cognitive development (as measured by the WUSCT; Hy & Loevinger, 1996) compared to non-participant students. A multivariate analysis of variance (MANOVA) was initially performed on the data collected; however, no statistical significance results were identified. Upon review of the dataset, there was a small negative correlation ($r = -.10$) between the dependent variables (e.g., ethnic identity and social cognitive maturity). Pallant (2011) and Tabachnick and Fidell (2007) suggest that strong negative correlations and moderate correlations of dependent variables are suitable for multivariate analyses (e.g., $r = .3$ to $r = .7$); thus, univariate analyses were utilized.

Two independent t-tests were performed to investigate differences in ethnic identity and social-cognitive development scores, respectively, between participants of a multicultural self-awareness personal growth group and non-participants. The dependent variables were ethnic identity development (as measured by *Revised Multigroup Ethnic Identity Measure*, MEIM-R; Phinney & Ong, 2007) and (b) social-cognitive development (as measured by the *Washington University Sentence Completion Test*, WUSCT; Hy & Loevinger, 1996). The independent variable was group status, whether participants were in the treatment group and received the intervention (multicultural group experience) or in the comparison group. There was no statistically significant difference in ethnic identity between treatment groups ($M = 3.60$, $SD =$

.81, range 1.00 – 5.00) and comparison groups ($M = 3.71$, $SD = .67$, range 2.17 – 4.83; $t(92) = -.628$, $p = .53$, two-tailed). In addition, there was no statistically significant difference in ethnic identity development total scores between treatment groups ($M = 21.63$, $SD = 4.85$, range 3.00 – 30.00) and comparison groups ($M = 22.28$, $SD = 4.00$, range 13.00 – 29.00; $t(92) = -.627$, $p = .53$, two-tailed).

Similarly, there was no statistically significant difference in social-cognitive developmental levels between treatment groups (Level score, $M = 5.55$, $SD = .64$; range 4.00 – 7.00) and comparison groups (Level score, $M = 5.59$, $SD = .57$, range 4.00 – 6.00; $t(92) = -.235$, $p = .82$, two-tailed). In addition, there was no statistically significant difference in social-cognitive developmental TPR scores between treatment groups (TPR score, $M = 91.18$, $SD = 6.36$; range 77 - 106) and comparison groups (TPR score $M = 91.21$, $SD = 4.84$, range = 83.00 – 101.00; $t(92) = -.017$, $p = .99$, two-tailed). Therefore, treatment group participants' ethnic identity development and social-cognitive maturity scores did not differ as compared to the comparison group participants.

Research Hypothesis 2

The second research hypothesis examined whether treatment group participants would score at higher levels of ethnic identity development (as measured MEIM-R) and social-cognitive development (as measured WUSCT) at the three measurement points throughout the semester (e.g. pre-test, mid-semester, and end of the semester post-test). As the dependent variables (ethnic identity and social cognitive development) had small negative correlations, univariate analyses were calculated instead of multivariate analyses (Pallant, 2011; Tabachnick & Fidell, 2007).

For this reason, two one-way repeated measures analysis of variance (ANOVA) were used to calculate differences in ethnic identity and social-cognitive development for participants of the multicultural self-awareness personal growth groups. There was no statistically significant effect for time (pre-test, $M = 3.44$, $SD = .79$; mid-semester, $M = 3.56$, $SD = .73$; post-test, $M = 3.60$, $SD = .81$) on ethnic identity scores for treatment group participants, Wilk's Lambda = .96, $F(2, 63) = 1.42$, $p = .25$. In addition, there was no statistically significant effect for time (pre-test, $M = 20.66$, $SD = 4.73$; mid-semester, $M = 21.34$, $SD = 4.40$; post-test, $M = 21.63$, $SD = 4.85$) on ethnic identity development total scores for treatment group participants, Wilk's Lambda = .96, $F(2, 63) = 1.41$, $p = .25$. Therefore, participants of the intervention did not experience change in their ethnic identity development scores.

Likewise, there was no statistically significant effect for time (pre-test, $M = 5.65$, $SD = .60$; mid-semester, $M = 5.46$, $SD = .75$; post-test, $M = 5.55$, $SD = .64$) on social-cognitive maturity level scores for treatment group participants, Wilk's Lambda = .93, $F(2, 63) = 2.52$, $p = .09$. However, there was a statistically significant effect for time (pre-test, $M = 91.94$, $SD = 5.33$; mid-semester, $M = 90.32$, $SD = 6.43$; post-test, $M = 91.18$, $SD = 6.36$) on social-cognitive maturity TPR scores for treatment group participants, Wilk's Lambda = .90, $F(2, 63) = 3.39$, $p = .04$, $\eta^2 = .10$, with a moderate effect size $\eta^2 = .10$ (Sink & Stroh, 2006). Therefore, participants of the intervention did experience change in their total social-cognitive development scores, but not their mean level scores.

Additional analyses explored whether there were significant differences in the comparison group participants' ethnic identity development and social-cognitive maturity scores, employing a paired t-test. There was no statistically significant difference in ethnic identity

development mean scores between pre-test ($M = 3.82$, $SD = .88$, range 1.00 – 5.00) and posttest scores ($M = 3.71$, $SD = .67$, range 2.17 – 4.83; $t(28) = .53$, $p = .60$, two-tailed). Likewise, there was no statistically significant difference in ethnic identity development total scores between pre-test ($M = 22.90$, $SD = 5.25$, range 6.00 – 30.00) and posttest scores ($M = 22.28$, $SD = 4.00$, range 13.00 – 29.00; $t(28) = .54$, $p = .59$, two-tailed). However, there was a statistically significant difference in social-cognitive developmental levels between pre-test (Level score, $M = 5.14$, $SD = .83$; range 3.00 – 6.00) and posttest scores (Level score, $M = 5.59$, $SD = .57$, range 4.00 – 6.00; $t(28) = -2.55$, $p = .02$, two-tailed). Additionally, there was a statistically significant difference in social-cognitive developmental TPR mean scores between pre-test (TPR score, $M = 86.97$, $SD = 6.76$; range 72.00 – 97.00) and posttest scores (TPR score, $M = 91.21$, $SD = 4.84$, range 83.00 – 101.00; $t(28) = -2.96$, $p = .01$, two-tailed). Therefore, the comparison group participants ethnic identity development scores did not change; however, their social-cognitive maturity scores increased.

Research Question 1

The first research question examined if counseling students' levels of social-cognitive maturity prior to an *Introduction to Counseling* course would predict their ethnic identity development scores at the completion of the course. A multiple linear regression (MLR) was performed to explore whether pre-test social-cognitive development level scores predicted post-test ethnic identity development scores of treatment and comparison group participants, respectively. For treatment group participants, the total variance, explaining .3% of the variance, $F(1, 63) = .16$, $p = .69$ demonstrated no statistical significance. For comparison group participants, the total variance explaining .4% of the variance, $F(1, 28) = .11$, $p = .74$

demonstrated no statistical significance. Therefore, pre-test social cognitive maturity scores did not predict post-test ethnic identity scores of treatment and comparison group participants, respectively.

A multiple linear regression (MLR) explored whether pre-test social-cognitive development TPR scores predicted post-test ethnic identity development total scores of treatment and comparison group participants, respectively. For treatment group participants, the total variance, explaining .6% of the variance, $F(1, 63) = .39, p = .54$ demonstrated no statistical significance. For comparison group participants, the total variance explaining 6.2% of the variance, $F(1, 28) = 1.78, p = .19$ demonstrated no statistical significance.

Research Question 2

The second research question examined which group therapeutic factors correlated with the treatment group participants' ethnic identity development and social-cognitive maturity scores (as measured by the TFI-S, Joyce et al., 2011). A Pearson Product Correlation was performed to measure the relationship between group therapeutic factors and ethnic identity scores and social-cognitive development levels, respectively. There was a moderate positive correlation between the four subscales of the TFI and ethnic identity development: (a) Instillation of Hope, $n = 63, r = .43, p = .00$ (18.5% of the variance explained); (b) Secure Emotional Expression, $n = 63, r = .39, p = .00$ (15.2% of the variance explained); (c) Awareness of Relational Impact, $n = 63, r = .47, p = .00$ (22.1% of the variance explained); and (d) Social Learning, $n = 63, r = .46, p = .00$ (21.2% of the variance explained).

Moreover, there were no statistically significant correlations identified between social-cognitive maturity and group therapeutic factors: (a) Instillation of Hope, $n = 63, r = -.03, p =$

.80; (b) Secure Emotional Expression, $n = 63$, $r = .18$, $p = .15$; (c) Awareness of Relational Impact, $n = 63$, $r = .06$, $p = .63$; and (d) Social Learning, $n = 63$, $r = .10$, $p = .46$. Thus, there were moderate positive correlations identified between treatment group participants' ethnic identity developments scores and their group therapeutic factors scores for these data (higher group therapeutic factors scores correlated with levels of higher ethnic identity development).

Research Question 3

The third research question examined the relationship between group leaders' level of ethnic identity development and social-cognitive development and treatment group members' ethnic identity, social-cognitive development scores, and group therapeutic factors. Due to the small sample size of group leaders ($N = 10$), the intended statistical analysis of a Pearson Product correlation could not be performed.

Research Question 4

The fourth research question investigated the relationship between participants' reported demographic variables (e.g. age, ethnicity, and urban/suburban/rural, level of multicultural competence), ethnic identity and social-cognitive development scores. A Pearson Product Correlation was performed to measure the relationship between treatment and comparison group participants' reported level of multicultural competence and their ethnic identity and social-cognitive development scores. A two-way between groups analysis of variance (ANOVA) was performed to measure the mean differences of ethnic identity and social cognitive maturity scores, respectively, on the following independent variables with three levels: (a) age (e.g., Group 1: 20-29, Group 2: 30-39, Group 3: 40-60), (b) ethnicity (e.g., African American, Caucasian, Hispanic, and Asian) and (c) environment raised (e.g., urban, suburban, and rural).

The variable *age* was recoded dividing age into three groups (e.g., Group 1). Group 3 has an age range of 40-60 as there was only one participant in the 40-49 range and three in the 50-59 range; therefore, one category was created in order to perform Post Hoc tests on the variable (Pallant, 2010).

A Pearson Product Correlation analysis identified no relationship between group participants' reported level of cultural competence and ethnic identity scores, $r = -.09, p = .37$. A Pearson Product Correlation analysis identified no relationship between group participants' reported level of cultural competence and total ethnic identity scores, $r = -.09, p = .37$. In addition, there was no statistically significant interaction effect between age groups, ethnicity, or environment raised with the two-way between groups analysis of variance (ANOVA), $F(1, 73) = .70, p = .40$. There was no statistically significant main effect for the following factors on ethnic identity scores: (a) age groups, $F(2, 73) = .27, p = .76$; (b) ethnicity, $F(4, 73) = 1.10, p = .37$; and (c) environment raised, $F(3, 73) = .39, p = .76$. Therefore, no relationships and/or differences were identified between / among the participants' demographic variables (age, ethnicity, the environment they were raised in, reported level of cultural competence) and their ethnic identity development scores.

A Pearson Product Correlation analysis identified no relationship between group participants' reported level of cultural competence and their social-cognitive maturity scores, $r = .06, p = .55$. Additionally, no relationship between group participants' reported level of cultural competence and their social-cognitive maturity TPR scores, $r = .05, p = .63$. Furthermore, there was no statistically significant interaction effect between age groups, ethnicity, or environment raised with the two-way between groups analysis of variance (ANOVA), $F(1, 73) = 1.52, p =$

.22. There was no statistically significant main effect for the following factors on social-cognitive maturity scores: (a) age groups, $F(2, 73) = 1.86, p = .16$; (b) ethnicity $F(4, 73) = .20, p = .94$; and (c) environment raised, $F(3, 73) = .29, p = .83$. Therefore, no relationships and/or differences were identified between / among the participants' demographic variables (age, ethnicity, the environment they were raised in, reported level of cultural competence) and their social-cognitive development scores.

Chapter Summary

Chapter 4 detailed the statistical analysis results for the investigation. Key findings included difference because of time between treatment and comparison group participants in social cognitive TPR scores; but not in mean/total ethnic identity development scores or social-cognitive maturity level scores. Furthermore, positive correlations were identified between ethnic identity development scores and the four subscales of the TFI (e.g., Instillation of Hope, Secure Emotional Expression, Awareness of Relational Impact, and Social Learning). Lastly, there were no significant relationship and differences identified between / among the participants' demographic variables (age, ethnicity, the environment they were raised in, reported level of cultural competence) and their ethnic identity and social-cognitive development scores.

CHAPTER FIVE: DISCUSSION

The discussion chapter provides a brief review of the study methodology, the results, and a comparison of the findings to the research reviewed in Chapter Two. In addition, the chapter details the investigated research hypotheses and questions, and provides appropriate explanations for study results. Moreover, this chapter reviews the limitations of the study (e.g., research design, sampling, and instrumentation), offers recommendations for future research, and presents study implications for counselor education and pedagogy in graduate education. To conclude, a summary and conclusion of the study is presented.

Summary of the Study

Theoretical Constructs

Three main constructs guided this study and provided the theoretical foundation for the investigation: (a) ethnic identity development, (b) social-cognitive development, and (c) group therapeutic factors. *Ethnic identity development* is the progression of an individuals' relationship to their cultural identity, which is representative of an exploration and commitment to their ethnicity (e.g., maintenance of behaviors, attitudes, traditions, and values of a culture; Phinney, 1992). Phinney's *Ethnic Identity Model* (1990) posits that individuals understand and embrace their ethnicity within three developmental stages: (a) unexamined ethnic identity, (b) ethnic identity search/moratorium, and (c) ethnic identity achievement. The unexamined ethnic identity stage refers to a lack of self-exploration of ethnic identity. Ethnic identity search/moratorium is the beginning of an individuals' ethnic identity search due to a crisis or experience resulting in cognitive dissonance. Finally, the ethnic identity achievement phase consists of self-understanding, acceptance and fulfillment in ones' ethnic identity (Phinney, 1990).

Social-cognitive development is a developmental process characterized by an individuals' integration of their cognitions, interpersonal development, and character development, which is an influential factor in their interpersonal relationships with others (Loevinger, 1976). In addition, social-cognitive development is a "holistic construct" (Manners & Durkin, 2000, p. 542) of the ego and is considered the center of an individual's personality and is the paradigm in which individuals view themselves and others (e.g., Loevinger, 1976, 1998). Nine levels represent the hierarchical progression of social-cognitive development (e.g., infancy, impulsive, self-protective, conformist, self-aware, conscientious, individualistic, autonomous, and integrated; Loevinger, 1998). The *infancy level* is the first stage of development recognized by Loevinger; however, not within the scope of the theory (Loevinger, 1976). The *impulsive level* is characterized by self-absorbed thoughts and behavior, along with a dependence on others. Individuals in the *self-protective level* externalize blame while protecting themselves. The *conformist level* focuses on acceptance by others, rigid thinking, and maintaining the 'status quo.' The fifth level, *self-aware* is the beginning of differentiation and cognitive complexity where individuals begin to reflect on existentialist-related concerns (e.g., life and death). The *conscientious level* is representative of increased self-reflection and awareness and the individualistic level focuses on independence and accepting the individuality of others. Individuals in the *autonomous level* of development value interdependent relationships, embrace others' independence, and accept ambiguity. Finally, the *integrated level* consists of an individual who is self-actualized, self-motivated, and introspective of their capacity for growth.

Group therapeutic factors are positive manifestations of group experiences that engage group members in the group process and facilitate intrapersonal and interpersonal development

(Yalom, 1995). Although researchers have theorized group curative factors (e.g., Corsini & Rosenberg, 1955), Yalom's 11 curative factors have been universally accepted within group work literature, which include: (a) instillation of hope, (b) altruism, (c) universality, (d) imparting information, (e) development of socializing techniques, (f) corrective reenactment of the primary family group, (g) imitative behavior, (h) interpersonal learning, (i) cohesiveness, (j) catharsis, and (k) existential factors. Thus, the three constructs (e.g., ethnic identity development, social-cognitive development, and group therapeutic factors) formed the theoretical underpinnings of this study.

Participants

Within this quasi-experimental investigation, there were 65 treatment group participants, 29 comparison group participants, and 10 group leaders that completed all the data collection instruments. Sixty-five counselor education students participated in six multicultural self-awareness personal growth groups during the Fall 2011 semesters. Overall, women ($n = 54$; 83.1%) were more represented than men ($n = 11$; 16.9%) and the average reported age was 25.58 ($SD = 5.71$; range = 21 - 50). Additionally, the racial/ethnic identified reported by the participants was the following: Caucasian, 73.8% ($n = 48$); African American, 10.8% ($n = 7$); Hispanic, 7.7% ($n = 5$); Asian, 6.2% ($n = 4$); and Other, 1.5% ($n = 1$).

Twenty-nine counselor education students were in the comparison group and did not participate in the interventions. There were 89.7% women ($n = 26$), 6.9% men ($n = 2$), and one participant (3.4%) who did not answer. The average reported age was 26.86 ($SD = 9.28$; range = 21 - 59) and participants reported diverse racial/ethnic backgrounds were: Caucasian, 69% ($n = 20$); African American, 24.1% ($n = 7$); Hispanic, 3.4% ($n = 1$); and Biracial, 3.4% ($n = 1$). Both

the treatment and comparison groups' demographic characteristics were congruent with previous research with counselor education students. Specifically, counseling students tend to be majority Caucasian representing roughly 70% - 80% of the sample and female who comprise 80% - 86% of the sampled students (e.g., Pack-Brown, 1999; Lambie et al., 2009; Watt et al., 2002). In addition, in a similar study (Rowell & Benshoff, 2009); the mean-age was consistent with the mean-age of the participants in the current study.

Ten doctoral counselor education students facilitated six multicultural self-awareness personal growth groups, where four groups were co-facilitated at the University of Central Florida (Orlando, FL) and one group leader each led the other two groups at Wayne State University (Detroit, MI) and Lindsey Wilson College (Columbia, KY). The group leaders were 70% ($n = 7$) women and 30% ($n = 3$) with an average reported age of 28.90 ($SD = 2.56$; range = 25 - 33). In addition, the reported racial/ethnic identified of the group leader participants were as follows: Caucasian, 60% ($n = 6$); African American, 30% ($n = 3$); and Hispanic, 10% ($n = 1$).

Data collection

IRB-approval was obtained prior to data collection at the four study institutions (University of Central Florida, Stetson University, Wayne State University, and Lindsey Wilson College). The researcher provided informed consent to study participants and administered pre-assessments to three of the four institutions on the first day of class. Study participants at the fourth institution (e.g., Lindsey Wilson College) received informed consent on their first day class in the semester from a doctoral student that was trained to facilitate the study intervention. All study participants (e.g., treatment group, comparison group, and group leaders) were asked to complete study assessments. Specifically, students in the treatment group who volunteered to

participate completed the data collection instruments at three measurement points (beginning of the semester, mid-semester, and at the end of the semester). At the pre-assessment, the treatment participants received (a) a demographic questionnaire, (b) the MEIM-R (Phinney & Ong, 2007), and (c) the WUSCT (Loevinger & Hy, 1996). At both the mid-assessment and post-assessment, the treatment group participants were administered the MEIM-R (Phinney & Ong, 2007), WUSCT (Loevinger & Hy, 1996), and the TFI-S (Joyce et al., 2011).

Comparison group participants, on the other hand, who volunteered to participate completed pre-and post-assessments at the beginning of the semester and at the end of the semester, which included (a) demographic questionnaire, (b) the MEIM-R (Phinney & Ong, 2007), and (c) the WUSCT (Loevinger & Hy, 1996). Furthermore, the 10 group leaders completed three data collection instruments (demographic questionnaire, MEIM-R, and WUSCT) at the beginning of the semester following the completion of training of the multicultural self-awareness personal growth group curriculum.

Discussion

Data Collection Instrument Descriptive Statistics

Ethnic Identity Development

The MEIM-R (Phinney & Ong, 2007) was used to obtain treatment ($n = 65$), comparison group ($n = 29$), and group leader ($n = 10$) participants' ethnic identity development scores on a five-point Likert Scale (e.g., 1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*). Treatment group participants' mean scores were: (a) pre-test ($M = 3.44$, $SD = .79$; range = 1.50 - 5.00), (b) mid-test ($M = 3.56$, $SD = .73$; range = 1.83 - 5.00), and (c) post-test ($M = 3.60$, $SD = .81$; range = 1.00 - 5.00). Treatment group participants' total MEIM-R scores

were: (a) pre-test ($M = 20.66$, $SD = 4.73$, range = 9.00 – 30.00), (b) mid-test ($M = 21.34$, $SD = 4.40$, range = 11.00 – 30.00), and (c) post-test ($M = 21.63$, $SD = 4.85$, range = 6.00 – 30.00). Comparison group participants' means MEIM-R scores were (a) pre-test ($M = 3.82$, $SD = .88$; range = 1.00 - 5.00) and (b) post-test ($M = 3.71$, $SD = .67$; range = 2.17 - 4.83). Comparison group participants' total MEIM-R scores were (a) pre-test ($M = 22.90$, $SD = 5.28$, range = 6.00 – 30.00), and (b) post-test ($M = 22.28$, $SD = 4.00$, range = 13.00 – 29.00). The group leaders' mean MEIM-R score was 3.77 ($SD = .47$; range = 2.83 - 4.33). The group leaders' total MEIM-R score was 22.60 ($SD = 2.80$, range = 17.00 – 26.00).

The descriptive statistics for the participants' MEIM-R scores were consistent with research (Rowell & Benschhoff, 2008) exploring ethnic identity development in counselors-in-training by comparing students ($n = 85$) in a multicultural class with a personal growth group (treatment group) and students ($n = 98$) in a multicultural class without a personal growth group (comparison group). Specifically, graduate students in treatment groups had pretest mean MEIM-R scores of 3.36 and posttest mean MEIM-R scores of 3.71 for treatment group participants (Rowell & Benschhoff, 2008). Scores in this range (e.g., 3.36 to 3.71) indicate responses between “neutral” and “agree” regarding affiliation with an individuals' ethnic identity. Therefore, mean ethnic identity development scores in the present study demonstrated that students scored at above average levels of ethnic identity development.

Comparison group participants had higher levels of pre-test ethnic identity ($M = 3.82$, $SD = .88$) compared to treatment group participants ($M = 3.44$, $SD = .79$). However, comparison group participants experienced a decrease in their post-test ethnic identity scores ($M = 3.71$, $SD = .67$), while treatment group participants increased their post-test ethnic identity scores ($M = 3.60$,

$SD = .81$). Rowell and Benschhoff (2008) reported lower post-test ethnic identity development scores from control group participants ($M = 3.31$, $SD = 0.58$). The reasons for higher pre-test ethnic identity development scores from control group participants in the current study are unknown; however, factors such as lived experiences, exploration, commitment and attachment, and ethnic behaviors prior to beginning the course may have influenced students' ethnic identity development scores (Phinney & Ong, 2007).

In addition, the Cronbach's reliability for the MEIM-R with these data was acceptable with overall alpha coefficient scores for pretest scores within the two subscales: (a) Exploration (.84) and (b) Commitment (.87). Likewise, the Cronbach's reliability for the MEIM-R with these data was acceptable with overall alpha coefficient scores for posttest scores within the two subscales: (a) Exploration (.87) and (b) Commitment (.83). The Cronbach alpha scores of the present study were consistent with previous research (e.g., Phinney & Ong, 2006, 2007; Rowell & Benschhoff, 2008).

Social-Cognitive Development

The WUSCT-Form 81 (Hy & Loevinger, 1996) was used to obtain treatment ($n = 65$), comparison group ($n = 29$), and group leader ($n = 10$) participants' social-cognitive development scores. The scoring consisted of each participant's assessment receiving an overall ego level (e.g., E5, Self-Aware) and a total protocol rating (TPR), which is the sum of each sentence stems' ego levels. Therefore, treatment group participants' pre-test social-cognitive maturity levels were Self-Aware (E5; Level score, $M = 5.65$, $SD = .60$, range = 4.00 – 7.00; TPR score, $M = 91.94$, $SD = 5.33$, range = 80.00 – 103.00). Mid-test levels were Self-Aware (E5; Level score, $M = 5.46$, $SD = .75$; TPR = 90.32, $SD = 6.43$, range = 71.00 – 105.00). Finally, post-test levels

were Self-Aware (E5; Level score, $M = 5.55$, $SD = .64$, range = 4.00 – 7.00; TPR score, $M = 91.18$, $SD = 6.36$, range = 77.00 – 106.00). Comparison group participants' pre-test social-cognitive maturity levels were Self-Aware (E5; Level score, $M = 5.14$, $SD = .83$; range 3.00 – 6.00; TPR score $M = 86.97$, $SD = 6.76$, range = 72.00 – 97.00). Post-test WUSCT scores were Self-Aware (E5; Level score, $M = 5.59$, $SD = .57$; range = 4.00 – 6.00; TPR score $M = 91.21$, $SD = 4.84$, range = 83.00 – 101.00). Finally, social-cognitive maturity levels were Self-Aware for group leaders (E5 Level score, $M = 5.50$, $SD = .85$; range = 4.00 – 7.00; TPR score, $M = 91.30$, $SD = 9.53$, range = 77.00 – 107.00).

Ego levels of *Self-Aware* (E5) in the treatment and comparison group participants at the pre-and posttest for the current study were consistent with research identifying that most college-educated adults stabilize by early adulthood at or below the Self-Aware ego level (Loevinger et al., 1985; Manners et al., 2004; Novy, 1993). Additionally, Zinn (1995) asserted the Self-Aware (E5) level of ego development is the minimal level of development for counselors working with clients. Empirical research further supported the findings of the present study where counselors-in-training have mean ego levels of Self-Aware (E5; e.g., Cannon & Frank, 2009; Lambie et al., 2010, Watt et al., 2002). In the current study, the graduate counseling students social-cognitive maturity ranged from Self-Protective (E3) - Individualistic (E7); therefore, counselor education programs can continue to support students with lower or more advanced levels of social-cognitive maturity with curricula activities such as semester-long group experiences (e.g., Cannon & Frank, 2009).

Therapeutic Factors

The TFI-S (Joyce et al., 2011) was used to obtain treatment group participants' identification of group therapeutic factors on a seven-point Likert Scale (e.g., "1" is *strongly disagree* to "7" *strongly agree*). The measures of central tendency for group therapeutic factors scores ($n = 63$) per subscale were: (a) Instillation of Hope ($M = 3.61$, $SD = .75$; range, 1.70 – 5.33), (b) Secure Emotional Expression ($M = 3.06$, $SD = .62$; range, 1.45 – 4.24), (c) Awareness of Relational Impact ($M = 2.77$, $SD = .53$; range, 1.50 – 3.88), and (d) Social Learning ($M = 3.22$, $SD = .57$; range, 1.94 – 4.34). Mean scores across the four subscales range from "below average" to "average", indicating that group participants were able to identify an average or below average number of therapeutic factors (e.g., instillation of hope) during their multicultural personal growth group experience. In other words, students found the group sessions to be "somewhat therapeutic" as evidenced by predominately average TFI-S scores.

In addition, the overall reliability of the TFI-S with these data varied (e.g., high to low), with alpha coefficient scores of the subscales: (a) Instillation of Hope (.65), Secure Emotional Expression (.52), Awareness of Relational Impact (.88), and (d) Social Learning (.88). The Cronbach's alphas for the TFI-S in the present study were somewhat consistent with Joyce et al. (2011) that found internal consistencies of the four subscales ranging from 0.71 to 0.91. The present study had lower Cronbach's alpha scores for Secure Emotional Expression subscale, which was inconsistent with Joyce et al. (2011).

Research Hypotheses and Questions

Research Hypothesis 1

The first research hypothesis examined whether counselor education students enrolled in a 15-week *Introduction to Counseling* course that included a multicultural counseling personal growth group would score at higher levels of ethnic identity development (as measured by the MEIM-R; Phinney & Ong, 2007) and social-cognitive maturity (as measured by the WUSCT; Hy & Loevinger, 1996) as compared to non-participant students. Multivariate analyses of variance (MANOVA) were performed on the data collected; however, no statistical significance results were identified. Upon review of the dataset, there was a small negative correlation ($r = -.10, p = .33$) between the dependent variables (e.g., ethnic identity development and social-cognitive maturity). Therefore, univariate analyses were utilized as highly negatively correlations and moderate correlations of dependent variables are more suitable for multivariate analyses (e.g., $r = .3$ to $r = .7$; Pallant, 2010; Tabachnick & Fidell, 2007).

Consequentially, two independent t-tests were applied to dependent variables of ethnic identity development and social-cognitive maturity. There was no statistically significant difference in ethnic identity development scores between treatment groups ($M = 3.60, SD = .81$, range 1.00 – 5.00) and comparison groups ($M = 3.71, SD = .67$, range 2.17 – 4.83; $t(92) = -.628, p = .53$, two-tailed). In addition, there was no statistically significant difference in total MEIM-R scores between treatment groups ($M = 21.63, SD = 4.85$, range 3.00 – 30.00) and comparison groups ($M = 22.28, SD = 4.00$, range 13.00 – 29.00; $t(92) = -.627, p = .53$, two-tailed).

Findings from the present study were inconsistent with Rowell and Benschhoff's (2008) results with a similar sample and research design. Specifically, Rowell and Benschhoff (2008) found a statistically significant effect of participation in a personal growth group ($p < .05$)

between participants and non-participants where ethnic identity development scores were greater from pretest ($M = 3.36, SD = 0.72$) to posttest ($M = 3.71, SD = 1.56$) for group participants as compared to non-group participants pretest and posttest scores ($M = 3.31, SD = 0.58$). No other studies were found that investigated changes in ethnic identity development scores (MEIM-R) of counselors-in-training because of participating in group intervention experiences.

Based on the current study findings and Rowell and Benschhoff's (2008) findings, there were discrepancies regarding the influence of a multicultural personal growth group experience on participants' ethnic identity development scores. Both studies implemented six group experiences that lasted one hour, with the current study having a standardized group curriculum for group leaders to follow in the group sessions. Nonetheless, the current study did not find any statistically significant differences in ethnic identity scores between participants and non-participants of the multicultural self-awareness personal growth groups.

Possible explanations for the inconsistencies in findings may be higher pre-test ethnic identity scores in the present study ($M = 3.60$) compared to the Rowell and Benschhoff (2008) study ($M = 3.31$). Therefore, participants' scores in the current study may have experienced a ceiling effect ("participants score at or near the high end of the possible range;" Gay, Mills, & Airsaian, 2009, p. 341), where the counselor education students score at high levels of ethnic identity development before the treatment; limiting their ability to change (Vogt & Johnson, 2011). Additionally, there were differences in the sample size between treatment and comparison groups in the studies. Moreover, the strength of the group curriculum (e.g., having more intense activities to elicit group member introspection into their ethnic identity). Furthermore, intervention groups in the current study were in six consecutive weeks, whereas group

experiences in the Rowell and Benshoff (2008) study appeared to be varied over the course of the semester (The authors did not clarify the frequency of personal growth groups for each individual institution.). Additionally, after a review of course syllabi, comparison group participants at one university had exposure to themes such as: (a) post-modernism, (b) social construction, (c) feminist theory, and (d) power and privilege, which may have influenced the findings. Lastly, a lack of change in ethnic identity scores could be explained by treatment group participants' average to below average identification of group therapeutic factors. Thus, group members who did not benefit therapeutically from the group experience had no change in ethnic identity scores (which was supported by findings from Research Question Two). However, the current study supports the reliability of the instrument (MEIM: Phinney & Ong, 2007) with consistent ethnic identity scores of study participants.

In addition, the study findings identified no statistically significant differences in social-cognitive developmental levels between treatment groups (Level score, $M = 5.55$, $SD = .64$; range 4.00 – 7.00) and comparison groups (Level score, $M = 5.59$, $SD = .57$; range 4.00 – 6.00; $t(92) = -.235$, $p = .82$, two-tailed). Moreover, there was no statistically significant difference in social-cognitive developmental TPR scores between treatment groups (TPR score, $M = 91.18$, $SD = 6.36$; range 77 - 106) and comparison groups (TPR score, $M = 91.21$, $SD = 4.84$, range = 83.00 – 101.00; $t(92) = -.017$, $p = .99$, two-tailed).

These findings were inconsistent with Cannon and Frank's (2009) results that identified a statistically significant difference in post-test WUSCT mean scores between participants of an intervention group ($N = 20$) and two comparison groups: (a) Group 1 ($n = 19$) and Group 2 ($n = 20$). Treatment group participants completed a 15-week Deliberate Psychological Education

(DPE) intervention with a multicultural focus, while comparison group participants completed the DPE without the multicultural focus. Findings supported a difference between treatment group participants ($M = 6.1, SD = .57$) and comparison groups (e.g., Group 1; $M = 5.0, SD = .67$ and Group 2; $M = 5.4, SD = .67$). Moreover, there was significant main effect on the WUSCT scores, $F(2, 51) = 5.77, p = .036$; eta squared = .30. Differences in findings between the current study and Cannon and Frank's (2009) may be attributable to higher pre-WUSCT scores ($M = 5.65$) and lower post-WUSCT scores ($M = 5.55$) in the current study. Therefore, treatment group participants may have experienced a ceiling effect ("participants score at or near the high end of the possible range;" Gay, et al., 2009, p. 341), where the counselor education students score at high levels of social-cognitive development before the treatment; limiting their ability to change (Vogt & Johnson, 2011). Additional consistencies may be related to the duration of the group intervention. For the present study, the multicultural self-awareness personal growth groups were six-weeks compared to a 15-week intervention, which may have influenced post-WUSCT scores. Sample differences (e.g., demographics) and the time of the intervention in the program could have influenced study results. The current study surveyed first-year, first semester graduate counselor education students while Cannon and Frank's (2009) surveyed counselor education internship students based on their group experience; therefore, the students' time in their counselor preparation program and outside experiences (participating in their counseling internship experience) may have influenced their level of social-cognitive development. No other studies were found that investigated changes in social-cognitive maturity scores of counselors-in-training as a result of a group intervention experience.

Research Hypothesis 2

The second research hypothesis examined whether treatment group participants would score at higher levels of ethnic identity development (as measured MEIM-R) and social-cognitive maturity (as measured by the WUSCT) at the three measurement points throughout the semester (e.g. pre-test, mid-semester, and end of the semester post-test). Two one-way repeated measures analysis of variance (ANOVA) were calculated for ethnic identity and social-cognitive development, respectively. There was no statistically significant effect for time (pre-test, $M = 3.44$, $SD = .79$, range = 1.50 – 5.00; mid-semester, $M = 3.56$, $SD = .73$, range = 1.83 - 5.00; post-test, $M = 3.60$, $SD = .81$, range = 1.00 – 5.00) on ethnic identity development scores for treatment group participants, Wilk's Lambda = .96, $F(2, 63) = 1.42$, $p = .25$. In addition, there was no statistically significant effect for time (pre-test, $M = 20.66$, $SD = 4.73$; mid-semester, $M = 21.34$, $SD = 4.40$; post-test, $M = 21.63$, $SD = 4.85$) on total MEIM-R scores for treatment group participants, Wilk's Lambda = .96, $F(2, 63) = 1.41$, $p = .25$. For the additional analyses of the data, there were no significant differences in the comparison group between pre-test ethnic identity scores or total ethnic identity scores.

The present study results were consistent with Johnson and Lambie's study (2012) that investigated first-year graduate counselor education students ($N = 20$) and their levels of ethnic identity development and social-cognitive maturity as a result of completing in a six-week multicultural personal growth group. The study participants' ethnic identity development mean scores did not change from the pre-test ($M = 3.61$, $SD = .89$, range = 1.70 – 5.00) to the posttest ($M = 3.71$, $SD = .79$, range = 2.00 – 5.00), $t(19) = -.864$, $p = .40$. Additionally, the participants' social-maturity mean scores did not change from the pre-test (Level score, $M = 5.00$, $SD = .79$;

range 3.00 – 6.00) to the posttest (Level score, $M = 5.05$, $SD = .89$; range 3.00 – 7.00); $t(19) = -.237$, $p = .815$. Consistent findings may be attributed to similar sample demographic (e.g., majority Caucasian females; Pack-Brown, 1999; Lambie et al., 2009; Watt et al., 2002) and employed research methodologies.

Findings of the current study were inconsistent with Rowell and Benshoff's (2008) study which identified a statistically significant increase in mean differences between pretest and posttest ethnic identity scores, $t(84) = -1.97$, $p < .05$, $\eta^2 = .20$ (pre-test, $M = 3.36$, $SD = .72$; post-test, $M = 3.71$, $SD = 1.56$). Possible explanations for discrepancies between the current study and Rowell and Benshoff's (2008) findings may be higher pre-test ethnic identity scores in the current study ($M = 3.44$) which may have resulted in a ceiling effect ("participants score at or near the high end of the possible range;" Gay, et al., 2009, p. 341). Moreover, there are differences in sample sizes and demographics of study participants between the two studies. Additionally, the strength of the group curriculum (e.g., having more intense activities to elicit group member introspection into their ethnic identity) and timing of the group (e.g., being implemented the first six weeks of the semester) compared to over the course of the semester for Rowell and Benshoff's (2008) study may influence study results. Furthermore, the current study implemented the groups as part of *Introduction to Counseling* courses, while Rowell and Benshoff (2008) utilized *Multicultural Counseling* courses which may have been a confounding factor and influencing differences in ethnic identity development scores. Nonetheless, the reliability of the instrument (MEIM; Phinney & Ong, 2007) was supported with the current study in finding consistent ethnic identity development scores of study participants.

Similarly, there was no statistically significant effect for time (e.g., pre-test, $M = 5.65$, $SD = .60$, range = E4 – E7; mid-semester, $M = 5.46$, $SD = .75$, range = E3 – E7; post-test, $M = 5.55$, $SD = .64$, range = E4 – E7) on social-cognitive maturity level scores for the treatment group participants, Wilk's Lambda = .93, $F(2, 63) = 2.52$, $p = .09$ in the current study. However, there was a statistically significant effect for time (pre-test, $M = 91.94$, $SD = 5.33$, range = 80 - 103; mid-semester, $M = 90.32$, $SD = 6.43$, range = 71 - 105; post-test, $M = 91.18$, $SD = 6.36$, range = 77 - 106) on social-cognitive maturity TPR scores for treatment group participants, Wilk's Lambda = .90, $F(2, 63) = 3.39$, $p = .04$, $\eta^2 = .10$. Therefore, participants of the intervention did experience change in their total social-cognitive development scores, but not their mean WUSCT scores.

Yet additional analyses with the comparison group revealed statistically significant differences in social-cognitive development level scores between pre-test (Level score, $M = 5.14$, $SD = .83$; range 3.00 – 6.00) and posttest scores (Level score, $M = 5.59$, $SD = .57$, range 4.00 – 6.00; $t(28) = -2.55$, $p = .02$, two-tailed). Likewise, there was a statistically significant difference in social-cognitive development TPR scores between pretest (TPR score, $M = 86.97$, $SD = 6.76$; range 72.00 – 97.00) and posttest scores (TPR score, $M = 91.21$, $SD = 4.84$, range 83.00 – 101.00; $t(28) = -2.96$, $p = .01$, two-tailed). These findings may be related to comparison group participants scoring lower in the WUSCT pretest ($M = 5.14$) compared to the treatment group ($M = 5.65$) and then yielding higher post scores in the comparison group ($M = 5.59$) compared to the treatment group ($M = 5.55$). Therefore, there was more variance in scores of the comparison group, which supports the theoretical hypothesis that social-cognitive maturity may increase in adults with a college education.

Cannon and Frank (2009) examined social-cognitive maturity of graduate student-interns who participated in a DPE group with a multicultural focus and those that completed a DPE group without a multicultural focus. Their findings identified a statistically significant main effect for time on social-cognitive maturity of graduate student interns, $F(2, 51) = 19.52, p = .00, \eta^2 = .42$. However, there was no significant interaction of group and time. These findings were similar to results from the current study when investigating TPR social-cognitive maturity scores, possibly due to more variance when using total scores. However, Cannon and Frank's (2009) study was inconsistent with the current study in terms of ego level scores of group participants.

Possible explanations for the inconsistency with Cannon and Frank's (2009) study are higher pre-WUSCT scores ($M = 5.65$) and lower post-WUSCT scores ($M = 5.55$) in the current study; therefore, ceiling effect ("participants score at or near the high end of the possible range;" Gay, et al., 2009, p. 341). Moreover, the present study's intervention was *Introduction to Counseling* courses with a six-week multicultural self-awareness group. Additionally, participants in the Cannon and Frank (2009) study maintained weekly journals of their internship experience and participated in guided reflection which could have influenced their social cognitive maturity scores over the course of the semester. Furthermore, participants in Cannon and Frank's (2009) study completed the 36-item WUSCT instrument; whereas the current study utilized the abbreviated 18-item WUSCT form. Lastly, differences in the sample size and demographics could have contributed to different study results. Therefore, the students' time in their counselor preparation program and outside experiences (participating in a counseling internship experience) may have influenced their level of social-cognitive development.

Research Questions

Research Question 1

The first research question examined if counseling students' levels of social-cognitive maturity prior to an *Introduction to Counseling* course would predict their ethnic identity development scores at the completion of the course. A linear multiple regression (MLR) identified no statistically significance results for study participants: (a) treatment group participants, $F(1, 63) = .16, p = .69$; with a total variance of .3% and (b) comparison group participants and $F(1, 28) = .11, p = .74$; explaining .4% of the variance. In addition, a MLR explored whether pre-test WUSCT TPR scores predicted post-test total MEIM-R scores of treatment and comparison group participants, respectively. For treatment group participants, the total variance, explaining .6% of the variance, $F(1, 63) = .39, p = .54$, demonstrating no relationship. For comparison group participants, the total variance explaining 6.2% of the variance, $F(1, 28) = 1.78, p = .19$, demonstrated no relationship between WUSCT and MEIM-R scores. Therefore, pre-test social-cognitive maturity mean and TPR scores did not predict post-test ethnic identity scores (mean and total MEIM-R scores) of treatment and comparison group participants.

Although, no studies were found that examined the relationship between social-cognitive maturity and ethnic identity development for counselors-in-training, Watt et al. (2002) found correlations between social-cognitive maturity and racial identity of Caucasian students, but not non-Caucasian students. Specifically, positive relationships were found between ego development and the following stages of white racial identity development: (a) Pseudo-Independence ($r = .44, p = .014$) and (b) Autonomy ($r = .53, p = .002$). There was a negative

correlation between Reintegration and social-cognitive maturity ($r = -.41, p = .03$). Findings from Watt et al.'s (2002) study provide insight into a possible theoretical relationship between ethnic identity development and social-cognitive maturity. The lack of correlation between social-cognitive maturity and ethnic identity development may be a result of a small sample size and difference in constructs (ethnic identity vs. racial identity).

Research Question 2

The second research question examined which group therapeutic factors (as measured by the TFI-S, Joyce et al., 2011) correlated with the treatment group participants' ethnic identity development and social-cognitive maturity scores. Pearson Product Correlations identified a moderate, positive correlation between the four subscales of the TFI and ethnic identity development: (a) Instillation of Hope, $r = .43, n = 63, p < .01$ (18.5% of the variance explained); (b) Secure Emotional Expression, $r = .39, n = 63, p < .01$ (15.2% of the variance explained); (c) Awareness of Relational Impact, $r = .47, n = 63, p < .01$ (22.1% of the variance explained); and (d) Social Learning, $r = .46, n = 63, p < .01$ (21.2% of the variance explained). Therefore, as students' ethnic identity development scores increased, the presence of group therapeutic factors increased in the multicultural self-awareness personal growth groups. However, no statistically significant correlations were found between social-cognitive development and group therapeutic factors: (a) Instillation of Hope, $n = 63, r = -.03, p = .80$; (b) Secure Emotional Expression, $n = 63, r = .18, p = .15$; (c) Awareness of Relational Impact, $n = 63, r = .06, p = .63$; and (d) Social Learning, $n = 63, r = .10, p = .46$. Therefore, the presence of therapeutic factors supported increased levels ethnic identity development, but did not correlate with WUSCT scores.

Findings from the present study were consistent with Rowell and Benschhoff's (2008) findings that identified a relationship between influential group events using the Group Counseling Helpful Impacts Scale (GCHIS; Kivlighan et al., 1996) and ethnic identity development scores. The four subscales of the GCHIS included: (a) Emotional Awareness-Insight, (b) Relationship Climate, (c) Other vs. Self-Focus and (d) Problem Definition-Change (Kivlighan et al., 1996). Rowell and Benschhoff used a two-way repeated measures ANOVA and found a significant effect on ethnic identity development scores on the six group sessions, $F(5) = 3.59, p = .004, \eta^2 = .22$ and the four subscales of GCHIS, $F(3) = 4.81, p = .003, \eta^2 = .26$. Thus, participants of the multicultural group experience also identified *impactful* moments in the group as measured by the four subscales of the GCHIS (Kivlighan et al., 1996).

The instruments used in the current study (TFI-S; Joyce et al., 2011) and Rowell and Benschhoff's (2008) study (GCHIS; Kivlighan et al., 1996) are distinct; however, the subscales are similar. Both instruments investigate group members' self-reflection (e.g., Secure Emotional Expression, TFI, Joyce et al., 2011; and Emotional awareness-insight; Kivlighan et al., 1996) and interpersonal dynamics (e.g., Awareness of Relational Impact, TFI, Joyce et al., 2011; and Relationship Climate; Kivlighan et al., 1996). Therefore, results from Rowell and Benschhoff's (2008) investigation supported a relationship between ethnic identity development and group factors. In addition, members of the multicultural personal growth groups were able to benefit from helpful moments during the group experience. Therefore, the therapeutic factors experienced during a personal growth group may influence counselor education students' levels of ethnic identity development.

Research Question 3

The third research question examined the relationship between group leaders' level of ethnic identity development and social-cognitive development and treatment group members' ethnic identity, social-cognitive development scores, and group therapeutic factors. Due to the small sample size of group leaders ($N = 10$), the intended statistical analysis of a Pearson Product correlation could not be performed. In a similar study, Rowell and Benshoff (2008) explored whether group leaders and course instructors' ($N = 28$) ethnicity and gender would predict ethnic identity scores of graduate students in a multicultural group experience. They tested a regression model, which was supported and predicted ethnic identity scores, $F(4, 180) = 3.28, p < .0001$. Specifically, instructor gender ($t = 3.45, p < .001$), group leader ethnicity ($t = 60.40, p < .0001$), and group leaders' gender ($t = 61.25, p < .0001$) predicted group members' ethnic identity development scores (Rowell & Benshoff, 2008). Therefore, group leaders and course instructors' ethnicity and gender may influence graduate counseling students' ethnic identity development scores within multicultural personal growth groups.

Research Question 4

The fourth research question investigated the relationship between the participants' demographic variables (e.g. age, ethnicity, and urban/suburban/rural, level of multicultural competence), ethnic identity development, and social-cognitive maturity of study participants. The present study identified no statistically significant relationships between group participants' reported level of cultural competence and their ethnic identity development means scores, $r = -.09, p = .37$ and total MEIM-R scores, $r = -.09, p = .37$.

The findings of the present study were consistent with Johnson and Lambie's (2012) investigation where there was no correlation between ethnic identity development scores with students reported demographic data. Consistent findings may be attributed to similar sample demographic (e.g., majority Caucasian females; Pack-Brown, 1999; Lambie et al., 2009; Watt et al., 2002) and employed research methodology. Nevertheless, the findings of no relationship between reported level of cultural competence and MEIM-R scores were inconsistent with Chae's (2006) study which surveyed ($N = 388$) individuals from the American Psychological Association (APA), American Counseling Association (ACA), and students in graduate counselor education and counseling psychology programs. Their study utilized hierarchical regression and found that social desirability, race, multicultural training (e.g., number of multicultural courses/workshops), ethnic identity (as measured by the *Multigroup Ethnic Identity Measure*; Phinney, 1992), and color-blind racial attitudes significantly contributed to cultural competence. Specifically, ethnic identity (the fourth step) was significantly related to multicultural competence, $F(1, 327) = 30.19, p < .001, R^2 = .10$.

Differences between the present study and Chae's (2006) study findings may be attributable to instruments utilized and differences sample sizes. In the current study, participants were asked to complete a demographic questionnaire that included one question where students were asked to identify their level of multicultural competence on a Likert Scale (e.g., 1 = very satisfied with multicultural competence). In Chae's (2006) participants completed the 32-item *Multicultural Counseling Knowledge and Awareness Scale* (MCKAS; Ponterotto et al., 2002), which may have provided a more comprehensive exploration of the construct multicultural competence.

In a similar vein, Vinson and Neimeyer (2003) surveyed ($N = 44$) doctoral counseling psychology students in a two-year follow-up study on their cultural competence, racial identity and social desirability. Their results indicated no statistically significant relationships between non-White individuals and their racial identity and multicultural competence. However, positive and negative correlations were noted for White individuals and their reported multicultural competence (e.g., awareness, knowledge, and skills) and subscales of racial identity. Therefore, relationships were found between racial identity and multicultural competence for Caucasian students, but not non-Caucasian students.

Discrepancies between the present study and Vinson and Neimeyer's (2003) may relate differences in sample size. Vinson and Neimeyer (2003) sampled doctoral level psychology where the current study surveyed masters-level counselor education students. In addition, instruments utilized in the both studies were different based on dissimilar constructs explored. Vinson and Neimeyer (2003) investigated the construct of racial identity; which is similar to ethnic identity, but different (Ponterotto et al., 2010). Additionally, in order to measure cultural competence study participants completed the 45-item *Multicultural Counseling Awareness Scale* (MCAS; Ponterotto, Sanchez, & Magids, 1991). As noted, participants were asked to complete a demographic questionnaire that included one question where students were asked to identify their level of multicultural competence on a Likert Scale (e.g., 1 = very satisfied with multicultural competence). As a result, reported cultural competence of study participants in the current study may not have been assessed adequately.

Additionally, the present study identified no statistically significant interaction effect between age groups, ethnicity, or environment raised on post-ethnic identity scores with the two-

way between groups ANOVA, $F(1, 73) = .70, p = .40$. There was no statistically significant main effect for the following factors on ethnic identity development scores: (a) age groups, $F(2, 73) = .27, p = .76$; (b) ethnicity, $F(4, 73) = 1.10, p = .37$; and (c) environment raised, $F(3, 73) = .39, p = .76$. These findings were mixed compared to a similar study that investigated whether group participants' demographic variables predicted ethnic identity development scores (Rowell & Benschhoff, 2008). Rowell and Benschhoff (2008) concluded that ethnicity did not predict ethnic identity development scores, $t = 1.37, p < .17$; however, age did predict MEIM-R scores, $t = 3.24, p < .001$.

Moreover, findings from the current study were inconsistent with additional research on students' ethnicity and ethnic identity development scores (e.g., Branch et al., 2000; Chae, 2000; Holcomb-McCoy & Meyers, 1999). Chae (2000) surveyed 150 individuals ranging from ages 16-25 at three schools / universities and found a statistically significant influence of ethnic group membership [Wilks' $\lambda, F(24, 392) = 2.96, p < .0001$] on ethnic identity development scores. Although, MEIM scores in the present study were higher (e.g., $M = 3.44$ for treatment group participants and $M = 3.82$ for comparison group participants), Chae (2000) found a statistically significant difference in participants' ethnic group membership on ethnic identity development, $F(3, 142) = 12.44, p < .001$. Post hoc tests revealed Caucasian had significantly lower ethnic identity development scores ($M = 2.9$) compared to African Americans ($M = 3.4$) and Latino Americans ($M = 3.2$), but not Asian Americans ($M = 2.8$). Differences in the present study and Chae's (2000) study may be attributable to the reliability and validity of the ethnic identity measure (MEIM; Phinney & Ong, 2007).

In addition, the present study is similar to Branch et al.'s (2000) study where they investigated study participants' age and ethnic group interaction by age with ethnic identity development scores and no statistically significant differences were identified. However, unlike the present study, there was a statistically significant difference in ethnic identity development scores among ethnic groups, $F(4, 243) = 10.88, p < .001$ with African Americans ($M = 3.40$) having the highest mean score, Other ($M = 3.21$), Latino/Hispanic ($M = 3.08$), Asian American ($M = 2.94$), then lastly Euro American ($M = 2.73$). Tukey paired comparisons resulted in statistically significant differences in Latino/Hispanic ($p < .001$), African American ($p < .001$), and Other ($p < .001$) individuals compared to Euro Americans; and African Americans and Asian Americans were significant at ($p < .05$). The incongruence between the current study findings and Branch et al. (2000) may be related to differences in the samples.

Subsequent findings from the current study identified no statistically significant correlations between group participants' reported level of cultural competence and their social-cognitive maturity level scores, $r = .06, p = .55$ and WUSCT TPR scores, $r = .05, p = .63$. The present study findings are consistent with Cannon and Frank (2009) had consistent findings where they compared participants' ego development and multicultural competence during internship. Treatment group participants completed a 15-week DPE intervention with a multicultural focus, while two comparison groups completed the DPE without the multicultural focus. The authors found no significant difference between study participants in their social cognitive maturity scores, $F(2, 52) = 4.57, p > .01$ and multicultural competence: (a) Knowledge, $F(2, 52) = 1.39, p > .01$ and (b) Awareness, $F(2, 52) = 1.15, p > .01$. The findings in the current study and Cannon and Frank's (2009) study demonstrate a lack of relationship

between social-cognitive maturity and multicultural competence, which may be a result of the students scoring at higher levels of social-cognitive development prior to the study intervention.

Furthermore, there was no statistically significant interaction effect between age groups, ethnicity, or environment raised with the two-way between groups analysis of variance (ANOVA), $F(1, 73) = 1.52, p = .22$. There was no statistically significant main effect for the following factors on social-cognitive maturity scores: (a) age groups, $F(2, 73) = 1.86, p = .16$; (b) ethnicity $F(4, 73) = .20, p = .94$; and (c) environment raised, $F(3, 73) = .29, p = .83$. Therefore, no relationships and/or differences were identified between / among the participants' demographic variables (age, ethnicity, the environment they were raised in, reported level of cultural competence) and their social-cognitive development scores.

The present study findings are somewhat consistent with Lambie et al.'s (2010) study which surveyed school counselors ($N = 186$) and their ego development and ethical decision making and ethical and legal counseling knowledge. Correlations between study participants' ethnicity and social-cognitive scores were not statistically significant which is consistent with the current study. However, Lambie et al. (2010) did find a statistically significant relationship between participants' age and social-cognitive maturity scores. Discrepancies with the current study and Lambie et al.'s (2010) study may be a result of differences in the sample size and in the mean age of study participants. Lambie et al.'s (2010) study administered more assessments compared to the current study. Furthermore, the present study, the mean age was 25.58 ($SD = 5.71$; range 21 - 50 years) for treatment group participants and 26.86 ($SD = 9.28$; range 21 - 59 years) for comparison group participants; while 46.12 was the mean age ($SD = 11.40$; range 24-68 years) in the Lambie et al. (2010) study (increased variance in participants' age). Therefore,

as Lambie and colleagues concluded, social-cognitive development may increase with counselors' age and life experience.

Yet, the present study's findings were inconsistent with Johnson and Lambie's (2012) study where a positive relationship was identified between post social-maturity scores and students' reported cultural competence ($r = .50, p = .04$; 25% of the variance explained) after a multicultural personal growth group. Inconsistencies between the two studies may be a result of the variance in identified cultural competence scores in the Johnson and Lambie (2012) study (e.g., 10% identified themselves as being very dissatisfied compared to 1.5% in the current study).

Limitations of the Study

Research Design

There are noted limitations of the present study that can be explored to strengthen future research in this field. One limitation is the research design of the study (e.g., quasi-experimental research design) where there may have been threats to the internal and external validity of the study. The following threats to internal validity were present: (a) subject attrition, (b) implementation threat of curriculum (treatment fidelity), and (c) maturation. Of the 75 treatment group participants that were solicited to for the study, 87.83%, or 65 participants completed all study assessments. Similarly, 39 comparison participants were recruited, but 74.36% or 29 participants completed all study assessments. Thus, there was subject attrition in the treatment and comparison group where participants did not complete all study instruments at the measurement points throughout the semester.

Furthermore, implementation of the multicultural self-awareness personal growth groups is also a potential threat to the internal validity of the present study. The study could not control for the therapeutic factors that were present which could have influenced graduate students' ethnic identity development and social-cognitive maturity scores. Additionally, treatment fidelity of the group curriculum could not be controlled although all group leaders participated in training of the group curriculum. As each group leader has their own personalities, theoretical orientation, and leadership style, it is difficult to control for these factors that might have influenced the group process and dynamic of the personal growth groups.

The study could not control for a ceiling effect (“participants score at or near the high end of the possible range;” Gay, et al., 2009, p. 341) that might have occurred with students in their scores of ethnic identity development or social-cognitive maturity. Students in the current study had higher pre-test ethnic identity development and social-cognitive maturity scores; therefore, that could have influenced post-test scores. Additionally, the study could not control for student maturation. As mentioned previously, ethnic identity development and social-cognitive development may be difficult to measure as graduate counseling students may have already achieved higher levels of development (e.g., Lambie, 2007). In the present study, counseling graduate students had “average” to “above average” mean ethnic identity development scores and mean social-cognitive maturity levels (e.g., E5:Self Aware) which is consistent in the literature (Zinn, 1995). Consequently, correlational research may be limited and there may be limited variance. Moreover, as each group is unique (differing group dynamics and processes) groups may have had varying levels of therapeutic factors present, which could have influenced study findings.

Additionally, there might have been threats to external validity within the research design, for instance, smaller sample sizes may have limited generalizability (Fraenkel et al., 2011). The researcher solicited 15 institutions from personal contacts and four CACREP-accredited counselor education programs agreed to participate. These institutions were from geographically diverse areas (e.g., Midwest and Southeast) of the U.S., yet majority of the participants sampled were raised in suburban environments in the South. Additionally, the total sample size of counselor education student students ($N = 94$; treatment and comparison group), the majority of the participants were Caucasian, female students with a mean age of 26 years old, which is consistent with previous research (Pack-Brown, 1999; Lambie et al., 2009; Rowell & Benschhoff, 2008, Watt et al., 2002). Therefore, the sample obtained was from a specific demographic, which provides limited generalizability to CACREP-accredited institutions across the country.

Sampling

Sampling procedures for the study consisted of a purposive sample, which is defined as a researcher creating criteria for a desired sample, along with researchers having previous knowledge of the desired population for a research study (Fraenkel et al., 2012). Nevertheless, one of the primary limitations of purposive samples is research bias (Fraenkel et al., 2012). In the current study, researcher bias may have been prevalent with the researcher selecting specific CACREP-accredited institutions based on the desired criteria. The pre-selection of participant characteristics for the current study may have limited generalizability of study findings; as a result the sample size and sample demographics were majority Caucasian females, which was consistent with the counselor education population demographics (Pack-Brown, 1999; Lambie et

al., 2009; Watt et al., 2002). Additionally, the researcher sought permission from faculty to request participation from their students, which could have contributed to researcher bias.

Instrumentation

Likewise, there are inherent limitations present with study instruments. Specifically, in this study, participants completed the following assessments: (a) the *Multigroup Ethnic Identity Measure* (MEIM; Phinney & Ong, 2007), (b) *Washington University Sentence Completion Test* (WUSCT; Loevinger & Hy, 1996), and (c) the *Therapeutic Factors Inventory* (TFI; Joyce et al., 2011). All of the instruments were self-report; therefore, there might be some bias with participant responses that may influence study results. Furthermore, the instruments were administered multiple times during the semester, which could have led to testing fatigue of the study participants. Lastly, all data collection instruments have some measurement of error even with psychometrically sound qualities (e.g., reliability and validity).

Recommendations for Future Research

Given the noted limitations, there is room to expand the empirical research on graduate students in counselor education and their ethnic identity development, social-cognitive maturity, and group therapeutic factors. Overall, the findings supported that a therapeutic environment facilitates ethnic identity development in counselors-in-training. The TFI-S (Joyce et al., 2011) assessed four subscales of therapeutic factors (Instillation of Hope, Secure Emotional Expression, Awareness of Relational Impact, and Social Learning); however, did not specifically measure cohesion. Therefore, additional research may examine the influence of group cohesion on graduate students' learning and development.

Similarly, the group leaders' influence on group therapeutic factors needs further examination. The current study intended to explore the relationship of group leaders' ethnic identity development and social-cognitive maturity with group members' ethnic identity development and social-cognitive maturity. However, the data did not allow for correlations, due to the small sample size of group leaders. Nonetheless, an examination of the relationship between group leaders' factors (e.g., theoretical orientation) and their group participants may offer fodder for counselor education and pedagogy. In addition, future research may want to control for group leaders' factors to investigate differences in multicultural self-awareness groups based on which group leaders are facilitating certain groups by completing an analysis of co-variance (ANCOVA).

In regards to research design, the current study incorporated comparison groups that received some treatment but not the multicultural self-awareness groups. Therefore, future research may want to compare treatment and control groups (no treatment provided) to explore differences in ethnic identity development and social-cognitive maturity. Moreover, future research can focus on soliciting more participants for the treatment and comparison groups to allow for generalizability of study findings. Additionally, future studies may want to integrate incentives for completion of study assessments in order to prevent subject attrition. As noted, all group leaders attended a group leader training on the curriculum; however, direct observation of the group process could be helpful in ensuring treatment fidelity.

In addition, in order to measure differences in participants' ethnic identity, social-cognitive development, and identification of group therapeutic factors, the curriculum for the multicultural group experiences may need to be modified. Improving the curriculum for

multicultural self-awareness groups, can include but is not limited to, the duration of the groups and strength of the curriculum activities. Therefore, a review of group activities may be beneficial to explore creating more opportunities for student introspection and cognitive dissonance, which may result in increases in ethnic identity and social cognitive development.

Furthermore, all of the instruments in the study were self-report which have inherent limitations (e.g., Hawthorne effect; Fraenkel et al., 2011). The constructs of ethnic identity and social-cognitive development may be appropriate for self-report; however, the group process could be measured by trained observers, for instance in sociometry (e.g., Kerlinger & Lee, 2000).

Additionally, collecting qualitative data in the form of focus groups with group participants may be another avenue in improving the group curriculum. Focus group methodology seeks to obtain perspectives from group members regarding their experiences, perceptions and beliefs about a particular topic (Kitzinger & Barbour, 1999; Kress & Shoffner, 2007). Phenomenological studies may also be appropriate to explore the group experience from group members' and group leaders' perspectives in that these qualitative studies explore the "meaning for several individuals of their lived experiences of a concept or a phenomenon" (Creswell, 2007, p. 57).

Implications for Counselor Education and the Scholarship of Teaching and Learning

Findings from the current study yielded mixed results for the two main research hypotheses guiding the study: (a) there were no changes in graduate students' ethnic identity or social-cognitive maturity scores between treatment and comparison group participants and (b) treatment group participants did not experience change in ethnic identity scores or social cognitive mean scores. However, social-cognitive TPR scores did change for treatment group

participants during the semester. Additionally, social-cognitive maturity mean and TPR scores changed for the comparison group participants. These findings, along with the four research questions, provide relevant implications for the scholarship of teaching in learning (SoTL) in counselor education programs. Namely, a positive correlation was found between group therapeutic factors (e.g., Instillation of Hope) and group participants' ethnic identity scores. Therefore, faculty members in counselor education programs can help to foster ethnic identity development in graduate students by integrating therapeutic personal growth groups as part of the curricula. These group experiences may create cognitive dissonance in counselors-in-training and help them to reflect on their cultural identity; which may influence their cultural competence with future clients (e.g., Chao, 2006; Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994; Vinson & Neimeyer, 2000; 2003).

Although the study focused on first-semester counseling students in an *Introductory to Counseling* course, the integration of a multicultural self-awareness group experience would be appropriate for the curricula in *Multicultural Counseling* courses. Group experiences with a standardized curriculum within the Multicultural Counseling course may further increase students' ethnic identity development and influence their social-cognitive maturity. The inclusion of growth groups would also allow students to benefit from therapeutic factors in the group setting, such as catharsis, instillation of hope, and social learning.

Lastly, non- counselor education faculty can benefit from the findings of this study regarding ethnic identity development and group therapeutic factors in their respective departments. Faculty members in education departments (e.g., teacher education) can enhance their students' ethnic identity development by assessing the pedagogical environment and

modifying it to be more therapeutic. Faculty can create educational environments that promote student cohesion, cathartic experiences and universality through classroom activities and discussions to enhance students' personal and professional development (e.g., ethnic identity development).

Summary of the Study

Although statistically significant findings were limited in the current study, valuable lessons can be gleaned from this investigation. The study adds to the empirical research of pedagogy in counselor education, graduate students' ethnic identity and social cognitive development. The study also provides areas for future research which can continue to inform researchers and counselor educators. Additionally, counselor education programs may want to consider implementing multicultural self-awareness personal growth groups in introductory counseling courses to promote student awareness and reflection. Implications for graduate students can include an opportunity to participate in an early group experience which could possibly influence their ethnic identity and social cognitive development. Moreover, the group experience can stimulate group therapeutic factors (e.g., cohesiveness and instillation of hope) which may be pertinent to beginning counselors-in-training.

Conclusion

This chapter synthesized the study results from the current investigation with existing research in the field. There were mixed results correlating the present study findings with the research; however, it appears some limitations in the study (e.g., research design, sample size, intervention) could have influenced potential study findings. Nonetheless, this study contributes to the existing literature on multicultural counseling and pedagogy in counselor education

programs. Additionally, the study provides a continued investigation on group therapeutic factors on counselors'-in-training ethnic identity development and social-cognitive maturity.

**APPENDIX A:
UNIVERSITY OF CENTRAL FLORIDA IRB APPROVAL**



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Jennifer M. Johnson**

Date: **July 29, 2011**

Dear Researcher:

On July 29, 2011, the IRB approved the following modifications until 07/28/2012 inclusive:

Type of Review: UCF Initial Review Submission Form
Expedited Review Category #7 This approval includes a
Waiver of Written Documentation of Consent
Project Title: Counselor Education Students' Levels of Ethnic Identity and
Social-Cognitive Development: Effects of a Multicultural
Counseling Group Experience
Investigator: Jennifer M Johnson
IRB Number: SBE-11-07765
Funding Agency: Association for Specialists in Group Work(ASGW)
Grant Title: Dissertation Research Grant
Research ID: N/A

The Continuing Review Application must be submitted 30days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <https://iris.research.ucf.edu>.

If continuing review approval is not granted before the expiration date of 07/28/2012, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a copy of the consent form(s).

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Kendra Dimond Campbell, MA, JD, UCF IRB Interim Chair, this letter is signed by:

Signature applied by Janice Turchin on 07/29/2011 01:19:44 PM EDT

**APPENDIX B:
STETSON UNIVERSITY IRB APPROVAL**



Department of Management
& International Business
School of Business Administration
421 N. Woodland Blvd., Unit 8398
DeLand, FL 32723
Phone: (386) 822-7430
Fax: (386) 740-3620

August 22, 2011

Jennifer M. Johnson, M.A., SCL (MI)
Counselor Education Doctoral Candidate
University of Central Florida
5635 Elmhurst circle #109
Oviedo Florida 32765

Dear Ms. Johnson,

The Stetson University Institutional Review Board for Human Participants has approved your study titled "Counselor Education Students' Levels of Ethnic Identity and Social-Cognitive Development: Effects of a Multicultural Counseling Group Experience."

Thank you for working with the IRB and best wishes for a successful study.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert W. Boozer", written in a cursive style.

Robert W. Boozer, Chair (2010/11)
Stetson University Institutional Review Board for Human Participants
Professor of Management & International Business

**APPENDIX C:
LINDSEY WILSON COLLEGE IRB APPROVAL**

September 12, 2011

Lindsey Wilson College
210 Lindsey Wilson College
Columbia, Kentucky 42728
(270) 384-8231

Jennifer M. Johnson
University of Central Florida
(248) 495-0684

Re: **Research at Lindsey Wilson College**

Dear Ms. Johnson,

This letter serves as your permission to conduct research with students at Lindsey Wilson College in Columbia, Kentucky. The project is entitled: *The effects of a multicultural personal growth groups and group dynamics on counseling students' ethnic identity development and ego development*. Specifically, you have permission to work with members of the School of Professional Counseling in general (Dr. Jennifer Williams in particular) in assessing Lindsey Wilson College students. You have permission to conduct this research during the Fall, 2011 and Spring, 2012 semesters. You have permission to use 84 students as you requested and to use the following instruments: *Multigroup Ethnic Identity Measure*, the *Washington University Sentence Completion Test*, and the *Therapeutic Factors Inventory*.

Jennifer, you must meet the requirements of the IRB at your institutions. This letter only grants you permission to conduct research at Lindsey Wilson College.

Sincerely,

Daniel W. Phillips III, Ph.D., Chair
Institutional Review Board (IRB)

**APPENDIX D:
WAYNE STATE UNIVERSITY IRB APPROVAL**

NOTICE OF EXPEDITED APPROVAL

To: Jennifer Johnson
Theoretical & Behavior Foundations

From: Dr. Scott Millis
Chairperson, Behavioral Institutional Review Board (B3)

Date: September 01, 2011

RE: IRB #: 086011B3E
Protocol Title: Counselor Education Students' Levels of Ethnic Identity and Social-Cognitive Development: Effects of a Multicultural Counseling Group Experience
Funding Source:
Protocol #: 1108010043

Expiration Date: August 31, 2012

Risk Level / Category: Research not involving greater than minimal risk

The above-referenced protocol and items listed below (if applicable) were **APPROVED** following *Expedited Review* Category (#7)* by the Chairperson/designee for the Wayne State University Institutional Review Board (B3) for the period of 09/01/2011 through 08/31/2012. This approval does not replace any departmental or other approvals that may be required.

- Revised Protocol Summary Form (received in the IRB Office 08/27/2011)
- Dissertation Proposal (received in the IRB Office 08/29/2011)
- Counselor Consent Form (revision date: 8/26/11)
- Control Group Consent Form (revision date: 8/26/11)
- Treatment Group Consent Form (revision date: 8/26/11)
- Research Instruments

-
- Federal regulations require that all research be reviewed at least annually. You may receive a "Continuation Renewal Reminder" approximately two months prior to the expiration date; however, it is the Principal Investigator's responsibility to obtain review and continued approval **before** the expiration date. Data collected during a period of lapsed approval is unapproved research and can never be reported or published as research data.
 - All changes or amendments to the above-referenced protocol require review and approval by the IRB **BEFORE** implementation.
 - Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the IRB Administration Office Policy (<http://www.irb.wayne.edu/policies-human-research.php>).

NOTE:

1. Upon notification of an impending regulatory site visit, hold notification, and/or external audit the IRB Administration Office must be contacted immediately.
2. Forms should be downloaded from the IRB website at **each** use.

*Based on the Expedited Review List, revised November 1998

**APPENDIX E:
INFORMED CONSENT FOR TREATMENT GROUP PARTICIPANTS**



Counselor Education Students' Levels of Ethnic Identity and Social-Cognitive Development: Effects of a Multicultural Counseling Group Experience

Informed Consent

Principal Investigator(s): Jennifer M. Johnson, M.A.

Faculty Supervisor: Glenn W. Lambie, Ph.D.

Sponsor: Association for Specialists in Group Work (ASGW)

Investigational Site(s): University of Central Florida, Counselor Education Department
Wayne State University Detroit, MI, Counselor Education
Department
Lindsey Wilson College of Professional Counseling
Stetson University- Counselor Education

Introduction: Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study, which will include about 128 students at both UCF and Wayne State University. You have been asked to take part in this research study because you are currently a graduate student in the Counselor Education department. You must be 18 years of age or older to be included in the research study.

The person doing this research is Jennifer M. Johnson, a third year doctoral student candidate at UCF in the Counselor Education department. Because the researcher is a graduate student she is being guided by Dr. Glenn Lambie, a UCF faculty supervisor in the Department of Educational and Human Sciences.

What you should know about a research study:

- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this study is to implement multicultural self-awareness personal growth groups in Introduction to Counseling courses at the University of Central Florida, Wayne State University, and Lindsey Wilson College of Professional Counseling with Masters-level students. The study will seek to examine the influence of therapeutic factors in a group setting on graduate students' levels of ethnic identity development and social-cognitive development as a result of participating in a multicultural self-awareness personal growth group in an Introduction to Counseling course.

What you will be asked to do in the study: You will be asked to participate in a multicultural self-awareness personal growth group as part of an introductory to counseling courses in the Fall semester. The groups will last approximately 60 minutes and will consist of six sessions. Additionally, the groups will contain 6-8 other graduate students in counselor education. These groups will be facilitated by Master-level clinicians using a standardized curriculum. Because the personal growth group is a counseling-type group, you will be asked to share personal experiences with group members and the group facilitator. Whether you choose to share personal experience is up to you.

Participants of the study will be asked to complete three separate assessments at three times during the Fall 2011 semester: (a) beginning of the semester, (b) at the end of the six-week multicultural self-awareness personal growth group, and (c) at the end of the semester. Furthermore, participants will be asked to complete a demographic form. These assessments will be administered during class time and should take approximately 30 minutes to complete. Your decision to complete the assessments based on your experience in the multicultural self-awareness personal growth group will not affect your grade or academic standing in the counselor education program at your respective institution.

Location: The multicultural self-awareness personal growth groups will be held on the University of Central Florida Campus, the campus of Wayne State University, and the campus of Lindsey Wilson College. The time and specific location on campus will be agreed upon by the participant and researchers.

Time required: We expect that you will be in this research study for one hour each time the multicultural personal growth meets throughout the semester for a total of six hours as part of an introductory counseling course. Furthermore, time to complete assessments at the three points during the semester will take approximately 30 minutes. Therefore, the overall time required for participation in the study is approximately eight hours.

Audio or video taping:

You may be audio taped and/or videotaped during this study. If you do not want to be audio taped, you will not be able to be in the study. Discuss this with the researcher or a research team member. If you are audio taped, the tape will be kept in a locked, safe place. The tape will be erased or destroyed when the study is completed.

Funding for this study: This research study is being paid for by a dissertation grant received by the Association for Specialists in Group Work (ASGW).

Risks: There are no reasonably foreseeable risks or discomforts involved in taking part in this study.

Benefits: Possible benefits include increased participant understanding of their ethnic identity development, social-cognitive development, and therapeutic factors that exist as a result of group dynamics in the multicultural self-awareness personal growth group.

Compensation or payment: There is no compensation or payment for participation in this study. It is possible, however, that extra credit may be offered for your participation, but this benefit is at the discretion of your instructor. If you choose not to participate, you may notify your instructor and ask for an alternative assignment of equal effort for equal credit. There will be no penalty.

Confidentiality: Your participation in this study is confidential and anonymous. All information that is collected will be stored in locked cabinets in the primary investigator's office. The only document that will contain your name is this consent form, which will be separate from the rest of the materials. The information obtained from this research project may be used in

future research and published. However, your right to privacy will be retained. No individuals will be identifiable from the data. The computer in which the interviews will be stored is password protected and only the primary investigator will have access.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt you, please contact Jennifer M. Johnson, Graduate Student, Department of Education and Human Services, (248) 495- 00684 or by email jennifermj@knights.ucf.edu or Dr. Glenn Lambie, Faculty Supervisor, Department of Education and Human Services at (407) 823- 4967 or by email at glambie@mail.ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

Your signature below indicates your permission to take part in this research.

Name of participant

Signature of participant

Date

**APPENDIX F:
INFORMED CONSENT FOR COMPARISON GROUP PARTICIPANTS**



Counselor Education Students' Levels of Ethnic Identity and Social-Cognitive Development: Effects of a Multicultural Counseling Group Experience
Informed Consent

Principal Investigator(s): Jennifer M. Johnson, M.A.

Faculty Supervisor: Glenn W. Lambie, Ph.D.

Sponsor: Association for Specialists in Group Work (ASGW)

Investigational Site(s): University of Central Florida, Counselor Education Department
Wayne State University Detroit, MI, Counselor Education Department
Lindsey Wilson College of Professional Counseling
Stetson University- Counselor Education

Introduction: Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study, which will include about 128 students at both UCF and Wayne State University. You have been asked to take part in this research study because you are currently a graduate student in the School Psychology department. You must be 18 years of age or older to be included in the research study.

The person doing this research is Jennifer M. Johnson, a third year doctoral student candidate at UCF in the Counselor Education department. Because the researcher is a graduate student she is being guided by Dr. Glenn Lambie, a UCF faculty supervisor in the Department of Educational and Human Sciences.

What you should know about a research study:

- Someone will explain this research study to you.

- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this study is to implement multicultural self-awareness personal growth groups in Introduction to Counseling courses at the University of Central Florida, Wayne State University, and Lindsey Wilson College for Professional Counseling with Masters-level students. The study will seek to examine the influence of therapeutic factors in a group setting on graduate students' levels of ethnic identity development and social-cognitive development as a result of participating in a multicultural self-awareness personal growth group in an Introduction to Counseling course.

What you will be asked to do in the study: You will be asked to complete two assessments at two separate points in the Fall 2011 semester: (a) beginning of the semester and (b) at the end of the semester. Additionally, you will be asked to fill out a demographic form. These assessments will be administered during class time and should take approximately 30 minutes to complete. Your decision to complete the assessments will not affect your grade or academic standing in the program at your respective institution.

Location: The completion of the assessments will be held at your respective institution. The time and specific location on campus will be agreed upon by the participant and researchers.

Time required: We expect that you will be in this research study for 30 minutes each time you complete the assessments at the two points during the semester. Therefore, the total time required is approximately 60 minutes.

Funding for this study: This research study is being paid for by a dissertation grant received by the Association for Specialists in Group Work (ASGW).

Risks: There are no reasonably foreseeable risks or discomforts involved in taking part in this study.

Benefits: We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include learning about the research process.

Compensation or payment: There is no compensation or payment for participation in this study. It is possible, however, that extra credit may be offered for your participation, but this benefit is at the discretion of your instructor. If you choose not to participate, you may notify your instructor and ask for an alternative assignment of equal effort for equal credit. There will be no penalty.

Confidentiality: Your participation in this study is confidential and anonymous. All information that is collected will be stored in locked cabinets in the primary investigator's office. The only document that will contain your name is this consent form, which will be separate from the rest of the materials. The information obtained from this research project may be used in future research and published. However, your right to privacy will be retained. No individuals will be identifiable from the data. The computer in which the interviews will be stored is password protected and only the primary investigator will have access.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt you, please contact Jennifer M. Johnson, Graduate Student, Department of Education and Human Services, (248) 495- 00684 or by email jennifermj@knights.ucf.edu or Dr. Glenn Lambie, Faculty Supervisor, Department of Education and Human Services at (407) 823- 4967 or by email at glambie@mail.ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

Your signature below indicates your permission to take part in this research.

Name of participant

Signature of participant

Date

**APPENDIX G:
GROUP FACILITATOR CONSENT FORM**



Counselor Education Students' Levels of Ethnic Identity and Social-Cognitive Development: Effects of a Multicultural Counseling Group Experience

Informed Consent- Group Facilitators

Principal Investigator(s):	Jennifer M. Johnson, M.A.
Faculty Supervisor:	Glenn W. Lambie, Ph.D.
Sponsor:	Association for Specialists in Group Work (ASGW)
Investigational Site(s):	University of Central Florida, Counselor Education Department Wayne State University Detroit, MI, Counselor Education Department Lindsey Wilson College of Professional Counseling Stetson University, Counselor Education

Introduction: Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study, which will include about 128 students at both UCF and Wayne State University. You have been asked to take part in this research study because you are currently a graduate student in the Counselor Education department. You must be 18 years of age or older to be included in the research study.

The person doing this research is Jennifer M. Johnson, a third year doctoral student candidate at UCF in the Counselor Education department. Because the researcher is a graduate student she is being guided by Dr. Glenn Lambie, a UCF faculty supervisor in the Department of Educational and Human Sciences.

What you should know about a research study:

- Someone will explain this research study to you.

- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this study is to implement multicultural self-awareness personal growth groups in Introduction to Counseling courses at the University of Central Florida, Wayne State University, and Lindsey Wilson College with Masters-level students. The study will seek to examine the influence of therapeutic factors in a group setting on graduate students' levels of ethnic identity development and social-cognitive development as a result of participating in a multicultural self-awareness personal growth group in an Introduction to Counseling course.

What you will be asked to do in the study: As the multicultural self-awareness personal growth groups are part of the curriculum in the Introduction to Counseling course, you will be asked to complete the following assessments prior to the beginning of the study: (a) *Group Leader Questionnaire*, (b) *Multigroup Ethnic Identity Measure*, and (c) *Washington University Sentence Completion Test*.

The *Group Leader Questionnaire* which will consist of approximately 11 questions requesting demographic information (e.g., age, gender, ethnicity, etc.), as well as questions about your counseling theoretical orientation and overall level of efficacy as a group leader. The *Multigroup Ethnic Identity Measure-Revised* contains 10-item about your ethnicity and activities that you may participate in as part of your cultural background. The *Washington University Sentence Completion Test* contains 18-items where you complete the sentence stems that provide insight into your worldview.

These assessments will be administered one time at the beginning of the semester and should take approximately 30 minutes to complete. Your decision to complete the assessments is voluntary.

Location: The multicultural self-awareness personal growth groups will be held on the University of Central Florida Campus, campus of Wayne State University, and Lindsey Wilson

College. The time and specific location on campus will be agreed upon by the participant and researchers.

Time required: We expect that you will be in this research study for one hour each time the multicultural personal growth meets throughout the semester for a total of six hours as part of an introductory counseling course. Furthermore, time to complete assessments will take approximately 30 minutes. Therefore, the overall time required for participation in the study is approximately 6 ½ hours.

Funding for this study: This research study is being paid for by a dissertation grant received by the Association for Specialists in Group Work (ASGW).

Risks: There are no reasonably foreseeable risks or discomforts involved in taking part in this study.

Benefits: Possible benefits as a participant in the study include learning about the research process.

Compensation or payment: There is no compensation or payment for participation in this study. If you choose not to participate in the study by not completing the assessments there is no penalty.

You can withdraw from the study at any time by not completing the assessments that will be administered throughout the semester. If you decide to withdraw from the study there is no penalty.

Confidentiality: Your participation in this study is confidential and anonymous. All information that is collected will be stored in locked cabinets in the primary investigator's office. The only document that will contain your name is this consent form, which will be separate from the rest of the materials. The information obtained from this research project may be used in future research and published. However, your right to privacy will be retained. No individuals will be identifiable from the data. The computer in which the interviews will be stored is password protected and only the primary investigator will have access.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt you, please contact Jennifer M. Johnson, Graduate Student, Department of Education and Human Services, (248) 495- 00684 or by email

jennifermj@knights.ucf.edu or Dr. Glenn Lambie, Faculty Supervisor, Department of Education and Human Services at (407) 823- 4967 or by email at glambie@mail.ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

Your signature below indicates your permission to take part in this research.

Name of participant

Signature of participant

Date

**APPENDIX H:
GROUP PARTICIPANT DEMOGRAPHIC FORM**

Participant Code: _____

Group Participant Demographic Form

Age: _____

Gender: ___ Male ___ Female

Please indicate your ethnicity or race:

___ American Indian ___ African American/Black (non-Hispanic)
___ Pacific Islander ___ Asian
___ Hispanic/Latino ___ Biracial
___ Caucasian ___ Other (Please Specify) _____

Religious/ Spiritual Affiliation: _____

Geographic Region (place of birth):

___ Northeast ___ Midwest ___ South ___ West

If outside of the U.S. please specify the country: _____

Please specify the type of environment you were raised in:

___ Urban ___ Suburban ___ Rural

Current counseling/ psychology specialization track:

___ Mental Health ___ Marriage and Family Therapy
___ School ___ Other (please specify) _____

Have you completed a multicultural/diversity training in the past? If so, please explain.

How satisfied do you feel with your level of cultural competence?

- Very satisfied (e.g. aware of various cultures, including own, and knowledgeable about culturally responsive counseling skills)
- Somewhat satisfied (e.g. aware of some cultures, including own, and somewhat knowledgeable about culturally responsive counseling skills)

- Somewhat dissatisfied (e.g. hardly aware of others cultures, including own, and not as knowledgeable about culturally responsive counseling skills)
- Very dissatisfied (e.g. not aware of cultures, including own, and not knowledgeable at all about culturally responsive counseling skills)

If you are interested in participating in a focus group or individual interviews based on your experience in the multicultural personal growth group, *please leave your email address and phone number. DO NOT INCLUDE YOUR NAME.*

Geographic Regions and Corresponding U.S. States

Northeast:

1. Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania, New Jersey

Midwest:

2. Wisconsin, Michigan, Illinois, Indiana, Ohio, Missouri, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa

South:

3. Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Mississippi, Alabama, Oklahoma, Texas, Arkansas, Louisiana

West

4. Idaho, Montana, Wyoming, Nevada, Utah, Colorado, Arizona, New Mexico, Alaska, Washington, Oregon, California, Hawaii

U.S. Census Bureau, 2010

**APPENDIX I:
GROUP FACILITATOR QUESTIONNAIRE**

Participant Code: _____

Group Leader Questionnaire Sheet

Age: _____

Gender: ___ Male ___ Female

Please indicate your ethnicity or race:

___ American Indian ___ African American/Black (non-Hispanic)
___ Pacific Islander ___ Asian
___ Hispanic/Latino ___ Biracial
___ Caucasian ___ Other (Please Specify) _____

Religious/ Spiritual Affiliation: _____

Geographic Region (place of birth):

___ Northeast ___ Midwest ___ South ___ West
If outside of the U.S. please specify the country: _____

Please specify the type of environment you were raised in:

___ Urban ___ Suburban ___ Rural

Current specialization track:

___ Mental Health ___ Marriage and Family Therapy
___ School ___ Other

Years of experience as a group leader (e.g., post-Masters experience facilitating counseling groups):

___ 0-2 years
___ 3-5 years
___ More than 5 years

Highest degree completed:

___ M.A/M.S Counseling ___ M.A/M.S Psychology ___ M.S.W. Social Work
___ Ph.D. in Counselor Education ___ Ph.D. Clinical Psychology
___ Other (please specify) _____

Theoretical orientation (please select one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Person-centered | <input type="checkbox"/> Gestalt | <input type="checkbox"/> REBT |
| <input type="checkbox"/> Adlerian | <input type="checkbox"/> Existential | <input type="checkbox"/> Behaviorist |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Cognitive-behavioral | <input type="checkbox"/> Psychoanalytic |
| <input type="checkbox"/> Family/Systems | <input type="checkbox"/> Solution-focused | <input type="checkbox"/> Eclectic/ Integrative |
| <input type="checkbox"/> Other | | |

Overall, how would you rate yourself as a group leader?

- Very competent (e.g., able to facilitate a therapeutic environment where group members experience personal growth and development)
- Somewhat competent (e.g., somewhat able to facilitate a therapeutic environment where group members experience personal growth and development)
- Somewhat incompetent (e.g., hardly able to facilitate a therapeutic environment where group members experience personal growth and development)
- Very incompetent (e.g., not able to facilitate a therapeutic environment where group members experience personal growth and development)

**APPENDIX J:
MULTIGROUP ETHNIC IDENTITY MEASURE-REVISED**

Participant Code _____

The Revised Multigroup Ethnic Identity Measure (MEIM-R)

In this country, people come from different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from.

The following questions are about your ethnic group affiliation, ethnicity and how you feel and react to it.

Please fill in the following statement:

In terms of ethnic group, I consider myself to be _____.

Use the numbers below to indicate how much you agree or disagree with each statement.

(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree

1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs. _____

2- I have a strong sense of belonging to my own ethnic group. _____

3- I understand pretty well what my ethnic group membership means to me. _____

4- I have often done things that will help me understand my ethnic background better. _____

5- I have often talked to other people in order to learn more about my ethnic group. _____

6- I feel a strong attachment towards my own ethnic group. _____

7- My ethnicity is (use the numbers below) _____

Asian or Asian American

1. Asian Indian
2. Chinese

3. Filipino
4. Japanese
5. Korean
6. Vietnamese
7. Cambodian
8. Hmong
9. Laotian
10. Thai
11. Other Asian

Black or African American

12. African American
13. African
14. Caribbean
15. Other Black

Hispanic or Latino

16. Mexican
17. Cuban
18. Puerto Rican
19. Central American
20. South American
21. Other Hispanic or Latino

Native American

22. Native American or American Indian
23. Alaskan Native
24. Other Native American

Pacific Native

25. Native Hawaiian
26. Guamanian or Chamorro
27. Samoan
28. Other Pacific Islander

White

29. Anglo, European American
30. British

- 31. Italian
- 32. German
- 33. Irish
- 34. Russian
- 35. French
- 36. Other White

Mixed; Parents are from two different groups

- 37. Biracial or multiracial

Other (write in): _____

8- My father's ethnicity is (use numbers above): _____

9- My mother's ethnicity is (use numbers above): _____

**APPENDIX K:
WASHINGTON UNIVERSITY SENTENCE COMPLETION TEST- SHORT
FORM (FEMALE)**

Participant Code: _____

Washington University Sentence Completion Test Form (Short-Female Form)
(WUSCT: Hy & Loevinger, 1996)

Directions: Please complete the following sentences.

1. When a child will not join in group activities _____
2. Raising a family _____
3. When I am criticized _____
4. A man's job _____
5. Being with other people _____
6. The thing I like about myself is _____
7. My mother and I _____
8. What gets me into trouble is _____
9. Education _____
10. When people are helpless _____
11. Women are lucky because _____
12. A good father _____
13. A girl has a right to _____
14. When they talked about sex, I _____
15. A wife should _____

16. I feel sorry _____

17. A man feels good when _____

18. Rules are _____

**APPENDIX L:
WASHINGTON UNIVERSITY SENTENCE COMPLETION TEST- SHORT
FORM (MALE)**

Participant Code: _____

Washington University Sentence Completion Test Form (Short-Male Form)
(WUSCT: Hy & Loevinger, 1996)

Directions: Please complete the following sentences.

1. When a child will not join in group activities _____
2. Raising a family _____
3. When I am criticized _____
4. A man's job _____
5. Being with other people _____
6. The thing I like about myself is _____
7. My mother and I _____
8. What gets me into trouble is _____
9. Education _____
10. When people are helpless _____
11. Women are lucky because _____
12. A good father _____
13. A girl has a right to _____
14. When they talked about sex, I _____
15. A wife should _____

16. I feel sorry _____

17. A man feels good when _____

18. Rules are _____

**APPENDIX M:
THERAPEUTIC FACTORS INVENTORY-SHORT FORM**

Participant Code _____

Therapeutic Factors Inventory-S

© R. MacNair-Semands, A. Joyce, J., G. Tasca, J. Ogrodniczuk, & K. Lese-Fowler (2010)

Please rate the following statements as they apply to your experience in your group by circling the corresponding number, using the following scale:

1= Strongly Disagree to 7= Strongly Agree

- | | | | | | | | | |
|-----|--|---|---|---|---|---|---|---|
| 1. | Because I've got a lot in common with other group members, I'm starting to think that I may have something in common with people outside group too. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | Things seem more hopeful since joining group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | I feel a sense of belonging in this group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | I find myself thinking about my family a surprising amount in group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | It's okay for me to be angry in group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | In group I've really seen the social impact my family has had on my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | My group is kind of like a little piece of the larger world I live in: I see the same patterns, and working them out in group helps me work them out in my outside life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | Group helps me feel more positive about my future. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | It touches me that people in group are caring toward each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | In group sometimes I learn by watching and later imitating what happens. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | In group, the members are more alike than different from each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | It's surprising, but despite needing support from my group, I've also learned to be more self-sufficient. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. | This group inspires me about the future. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. | Even though we have differences, our group feels secure to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. | By getting honest feedback from members and facilitators, I've learned a lot about my impact on other people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. | This group helps empower me to make a difference in my own life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. | I get to vent my feelings in group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. | Group has shown me the importance of other people in my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. | I can "let it all out" in my group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**APPENDIX N:
CURRICULUM OF MULTICULTURAL SELF-AWARENESS PERSONAL
GROWTH GROUP**

Curriculum for Self-Awareness Multicultural Personal Growth

Groups in the Introduction to Counseling Course

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Multicultural Counseling Competencies (Arredondo et al., 1996)

Competency #1: Counselor awareness of own cultural values and biases

Competency #2: Counselor awareness of client's worldview

Competency #3: Culturally appropriate intervention strategies

*Each competency has three domains: (a) beliefs and attitudes, (b) knowledge, and (c) skills

Focus of the Curriculum: Counselor awareness (counselors-in-training) of own cultural values and biases in the attitudes and beliefs domain

1. Attitudes and Beliefs

- a. Culturally skilled counselors believe that cultural self-awareness and sensitivity to one's own cultural heritage is essential.
- b. Culturally skilled counselors are aware of how their own cultural background and experiences have influenced attitudes, values, and biases about psychological processes.
- c. Culturally skilled counselors are able to recognize the limits of their multicultural competency and expertise.
- d. Culturally skilled counselors recognize their sources of discomfort with differences that exist between themselves and clients in terms of race, ethnicity, and culture.

Group Session 1

Introduction and Discussion

Purpose: To introduce the personal growth group (PGG) to group members, introductions of leader/members, discuss group procedures (e.g. length of the group, duration, etc.). The group will also discuss the importance of confidentiality, establish group rules, and complete an ice-breaker. (CACREP II.G.2.b)

Objectives:

1. Group leaders and members will be able to introduce themselves to each other
2. The group will be able to establish group rules
3. Group members will be able to begin the discussion of cultural self-awareness through an ice-breaker activity

Procedure:

1. Group leaders should introduce themselves (e.g. background, experience, etc.) and talk about the purpose of the group which is to explore the multicultural competency of counselor self-awareness of own cultural values and biases which will be facilitated through group activities.
2. Some students may be unfamiliar with growth groups or counseling groups so it may be helpful to briefly explain how groups “function,” for example, *“The group is a time where we can share our thoughts and feelings in a nonjudgmental environment. Many emotions may be expressed that cause comfort or discomfort which is normal.”* Discuss confidentiality at this time, length of the group (60 minutes) duration of the group (6 weeks) and group rules.
3. Exercise #1: Have the group brainstorm group rules and ways to hold the group accountable to each rule. Also, discuss some challenges in implementing the rules in the group. See Appendix B and C for sample ground rules and probing questions. *Put group rules on the dry erase board or poster board paper for everyone to see.*

4. Exercise #2: Have group members pair up and introduce themselves to their partner. Each person should ask the below information to their partner. (*Group leaders: if there are an odd number of group members, you can participate*).
 - a. Name
 - b. Specialization or Track
 - c. Identify the cultural group they belong to and describe how it influences who you are today
 - d. How might your cultural background influence your work as a future counselor?
5. After a couple of minutes ask each pair to introduce each other to the group. Encourage questions and discussion.
6. Thank each of the group members for sharing.
7. *Homework:* Ask the group members to bring in a tangible object that represents their family, ethnicity or culture that they are willing to discuss with the group the following week. Some examples could be an heirloom that has been passed down the family line, etc.

Group Session 2

Cultural Show and Tell

Purpose: To facilitate the activity “Cultural Show and Tell” and allow enough “air time” for each group member to self-disclose. In order not to rush this activity, utilize the entire session for the activity and adequate time to process with the group. (CACREP II.G.2.a, II.G.2.b)

Objectives:

1. Group members will be able to identify an object that represents their cultural background and discuss their rationale for picking that object
2. Group members will be able to discuss the beliefs and attitudes of their cultural group and delineate how it is similar or dissimilar from their beliefs and attitudes
3. Group members will be able to hear different perspectives of ethnic identity development from other group members

Procedure:

1. Group leader welcomes group members back and asks a group member to summarize last week’s session.
2. Group leader introduces the “Cultural Show and Tell” activity by discussing how each group member has a cultural background (whether they embrace it or not) and this group is an opportunity to explore it in a safe, non-judgmental environment.
3. Group leader can share the cultural artifact first to model for the group and “break the ice” and then ask group members to share theirs. *Group members may give short answers to challenge them in a supportive way.* The below questions/statements can be used as a guide:
 - a. Discuss the significance of this cultural artifact to you
 - b. What did you learn about yourself, your family, culture as a result of this activity?
 - i. How are your beliefs and attitudes shaped by your culture in terms of your worldview and how you treat others that are different from you?

4. At the end of the activity, the group leader facilitates ending process questions by asking group members:
 - a. What was it like listening to each other's "show and tell" stories?
 - b. What kinds of feelings came up for you?
 - c. How do you think your cultural background influences future work as a counselor?

5. Thank each of the group members for sharing.

Group Session 3

Challenging Beliefs and Attitudes

Purpose: To discuss the origin of our beliefs and attitudes about multicultural themes utilizing an activity from the DOTS Training at the University of Central Florida. (CACREP II.G.2.a, II.G.2.e)

Objectives:

1. Group members will be able to discuss the relationship of their cultural group with other cultural groups
2. Group members will be able to identify attitudes, beliefs, and values of their cultural background
3. Group members will have the opportunity to share and learn from one another

Procedure:

1. Group leaders should follow-up with group members regarding last week's "Cultural Show and Tell" activity and process more if needed. Remind group members there will be 3 more sessions left.
2. Begin the discussion "Challenging beliefs and attitudes" by mentioning that each culture has characteristics of strength and limitations. The road to cultural self-awareness requires that we examine both sides.
3. Exercise# 1: Have the group pair up with different group members from Session 1 and discuss the following: *(Use dry erase board or poster paper to list questions)*
 - a. What has been the relationship (positive and negative) of members of your ethnic group with other ethnicities historically, educationally, institutionally?
 - b. What are specific attitudes, beliefs, and values from your cultural background and cultural learning that support behaviors that demonstrate respect and valuing of differences?
 - c. What are specific attitudes, beliefs, and values from your cultural background and cultural learning that impede or hinder respect and valuing of differences?
 - d. Which attitudes, beliefs, and values do you embrace? (whether they are supportive or provide a hindrance to others)

4. After some time, come back as a group and ask pairs to summarize what they discussed.
5. Ending process questions:
 - a. What are some reactions to what you have heard?
 - b. What are some feelings that came up for you?
6. Thank each of the group members for sharing.

Group Session 4

DOTS: Understanding Your “Hidden” Biases Part I

Purpose: To continue the discussion of the origin of the students’ beliefs and attitudes on diversity utilizing an activity from the DOTS training at the University of Central Florida. Remind group members that next week will be the last personal growth group, but there still will be a focus group the following week. (CACREP II.G.2.a, II.G.2.b, II.G.2.e)

Objectives:

1. Group members will learn about the Cycle of Socialization. (See Appendix B)
2. Group members will explore spoken and unspoken messages about diversity through the DOTS activity.

Procedure:

1. Welcome group members back and ask if there is any unfinished business from last week. Process if necessary.
2. Begin the discussion explaining that today is the first part of a two-part activity. The activity focuses on how the socialization process that help to form our beliefs, attitudes, and values.
3. Briefly review the Cycle of Socialization
4. Exercise #2: The DOTS activity will help to explore specific spoken and unspoken messages that we may have received from our socialization (e.g. family, friends/peers, K-12 school, and the media).
5. Hang up three flip chart pieces of paper around the room with statements written on them. (See the statements below).
 - a. Belief in God according to Christianity is the only way to heaven
 - b. Men are more competent than women.

- c. If you work hard enough, you will be successful in America, regardless of your race/ethnicity
6. Give each group member a set of red, blue, green, orange dots and instruct each group member to place dots on the sheet of paper according to whether family, friends, school or media promoted the following beliefs on a continuum of True and False, whether through saying it or implying it. *(It is helpful to write down the “key” for the colors on the board or nearby).*
 - a. Red dot = People who raised you
 - b. Blue dot = Friends and peers
 - c. Green dot = K-12 school years
 - d. Orange dot = Media

*Remind group members to place the stickers based on their upbringing **NOT** their current situation.

7. After each person has an opportunity to place their dots on the flip chart process the activity with the group
 - a. Explain why you placed the dot where you did on the continuum of True – False
 - b. What were some of the messages that you received about these statements?
8. Thank each of the group members for sharing.

Group Session 5

DOTS: Understanding Your “Hidden” Biases Part II

Purpose: To continue the discussion of the origin of the students’ beliefs and attitudes on diversity utilizing an activity from the DOTS training at the University of Central Florida. Remind group members that next week will be the last personal growth group, but there still will be a focus group the following week. (CACREP II.G.2.a, II.G.2.b, II.G.2.e)

Objectives:

1. Group members will learn about the Cycle of Socialization. (See Appendix B)
Remind the group next week is the last week.
2. Group members will explore spoken and unspoken messages about diversity through the DOTS activity.

Procedure:

1. Welcome group members back and ask if there is any unfinished business from last week. Process if necessary. Remind group members that next week will be the last session.
2. Hang up three flip chart pieces of paper around the room with statements written on them.
 - a. People with disabilities or mental disorders should be “hidden” from society.
 - b. Homosexuals are bad people.
 - c. If you are poor it’s because you are lazy.
3. Give each group member a set of red, blue, green, orange dots and instruct each group member to place dots on the sheet of paper according to whether family, friends, school or media promoted the following beliefs on a continuum of True and False, whether through saying it or implying it)
 - a. Red dot = People who raised you
 - b. Blue dot = Friends and peers
 - c. Green dot = K-12 school years

d. Orange dot = Media

*Remind group members to place the stickers based on their upbringing **NOT** their current situation.

4. After each person has an opportunity to place their dots on the flip chart process with the group each statement in the following order:
5. Processing questions to ask during the discussion are: (Utilize the Cycle of Socialization handout to facilitate this discussion)
 - a. Explain why you placed the dot where you did on the continuum of True – False
 - b. What were some of the messages that you received about these statements?
6. Thank each of the group members for sharing. Remind them again that next week is the last group and to begin reflecting on their experience.

Group Session 6

Closing activity

Purpose: To allow group members to identify their own circles of multiculturalism and explore personal experience with being stereotyped and discriminated against. Additionally, the purpose is to bring closure to the personal growth groups and the group members' experience. Remind group participants of the focus group next week, which will be led by another group facilitator. (CACREP II.G.2.a, II.G.2.e)

Objectives:

1. Group members will be able to reflect on the group experience and influence in their lives
2. Group members will be able to identify their level of cultural self-awareness and other-awareness
3. Group members will be able to discuss how they can continue to be self-aware.

Procedure:

1. Welcome group members back and ask if there is any unfinished business from last week. Process if necessary.
2. Ask a couple of group members to summarize the past weeks.
3. As a group use the following processing questions to end the group experience:
 - a. What are your thoughts and feelings about this being the last session?
 - b. What have you learned about yourself through this process of exploring your cultural background?
 - c. On a scale of 0-10 (*10 being highly self-aware*), how self-aware do you feel about your attitudes, values, and beliefs towards those who are different from you?
 - i. What are some ways that you can continue the journey of being culturally self-aware and aware of others as you train to be a counselor?
 - d. How can you take what you have learned about yourself beyond this group?

4. Final Activity: Have each group member express one positive aspect of their cultural heritage and a strength that helps them when relating to people who are different from them.
5. Provide a closing statement about the group and encourage them to continue on their journey of wellness by exploring their ethnic identity.

Appendix A

Sample Ground Rules for the Multicultural Personal Growth Group

1. Listen actively -- respect others when they are talking.
2. Speak from your own experience instead of generalizing ("I" instead of "they," "we," and "you").
3. Do not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks -- focus on ideas.
4. Participate to the fullest of your ability -- community growth depends on the inclusion of every individual voice.
5. Instead of invalidating somebody else's story with your own spin on her or his experience, share your own story and experience.
6. The goal is not to agree -- it is to gain a deeper understanding.
7. Be conscious of body language and nonverbal responses -- they can be as disrespectful as words.

Derived from Critical Multicultural Pavilion

<http://www.edchange.org/multicultural/activities/groundrules.html>

Respect

One of the ground rules established (most likely) is respecting each other. Respecting one another is important, especially when discussing cultural themes.

Process Questions:

1. What does it mean for you to show respect?
2. What does it mean for you to be shown respect?
3. Where do people's notions of "respect" come from?

4. Who do these notions of respect serve and protect?
5. Is it respectful in every culture to make eye contact with whomever is speaking?
6. What if somebody's ideas are oppressive (or marginalize others)--should we still respect them?

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