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Competent Counseling for Middle Eastern American Clients: Implications for Trainees

by

Sepideh S. Soheilian

Presented to the Graduate and Research Committee

of Lehigh University

in Candidacy for the Degree of

Doctor of Philosophy

in

Counseling Psychology

Lehigh University

Bethlehem, PA

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2011

Approved and recommended for acceptance as a dissertation in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

____
Date

____
Dr. Arpana G. Inman
Dissertation Chair, Associate Professor
Education & Human Services
Lehigh University

Committee Members:

____
Dr. Grace I. L. Caskie
Associate Professor
Education & Human Services
Lehigh University

____
Dr. Tina Richardson
Associate Professor
Education & Human Services
Lehigh University

____
Dr. Deborah Gardner
Staff Psychologist, Lehigh University Counseling & Psychological Services

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Abstract

Middle Eastern Americans (MEA) live in a hostile environment fueled by the discriminating influence of sociopolitical forces, creating negative stereotypes for this community. Such an environment both affects the mental health of MEA clients and has implications for the provision of culturally competent counseling interventions to this community, especially because mental health professionals are not immune from bias. Yet empirical research on Middle Eastern Americans and counseling competence remains neglected. Cross cultural research suggests that counselor awareness, knowledge, and skills (i.e., multicultural competence), empathy, and self-efficacy are salient characteristics for working with culturally diverse clients. Given the unique cultural experiences of MEA individuals, it becomes important for clinicians to attend to these variables in counseling. Furthermore, previous research suggests that a difference exists between White trainees and trainees of color on multicultural competence measures. This study used a between-groups factorial MANOVA to determine whether group differences on measures of multicultural competence, empathy, and multicultural counseling self-efficacy towards MEA clients were moderated by trainee race. Two hundred and fifty six participants from Master's and Doctoral Programs in counseling filled out these measures in response to three different clinical vignettes with varying degrees of MEA characteristics. MANOVA results revealed a significant main effect for trainee race, but no significant interaction effect of trainee race and vignette. Follow up analyses revealed that trainees of color reported higher multicultural competence and multicultural counseling self-efficacy than White trainees. Implications and limitations of the findings will be discussed.

CHAPTER I

Introduction

The rapidly changing demographics of the U.S. towards an increasingly multicultural society have challenged counseling psychologists to provide services to greater numbers of racial and ethnic minority clients. As such, the American Psychological Association (APA) has provided guidelines that urge psychologists to adhere to minimum practices that are appropriate for working with diverse clients (APA, 2003). The APA refers to these guidelines as multicultural competence. In addition to multicultural competence, empathy and counselor self-efficacy have also been noted as important counselor characteristics for working with clients from diverse cultural backgrounds (Constantine, 2000; Sue & Sue, 2008). Additionally, studies that have investigated counselor multicultural competence with diverse client populations have revealed differences between White trainees and trainees of color on subscales of multicultural competence (e.g., multicultural awareness and multicultural knowledge) (Ponterotto et al., 1996; Pope-Davis, Dings, & Ottavi, 1995; Pope-Davis, Reynolds, Dings, & Neilson, 1995; Sodowsky, 1996; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). One cultural group for which there is limited counseling competence literature is with Middle Eastern American clients (sometimes referred to as Arab Americans in the literature). Historically, the United States government and media have negatively portrayed Middle Eastern Americans. Today, these powerful sociopolitical forces continue to influence negative biases and stereotypes towards Middle Eastern Americans, which have resulted in greater anxiety, depression, and acculturation stress for this population (Amer, 2005). Mental health professionals are not immune to the negative stereotypes associated with Middle Eastern Americans. Furthermore, although theoretically based guidelines exist for counseling Middle Eastern Americans (Jackson & Nassar-McMillan,

2006), empirical research in this area is limited. Thus, the purpose of this study was to determine if there were group differences between White counselor trainees and trainees of color on measures of multicultural competence, empathy, and multicultural counseling self-efficacy towards Middle Eastern American clients. Specifically, using a 2 X 3 between-groups MANOVA design, three case vignettes were used that represented Middle Eastern American clients. Vignette 1 and Vignette 2 presented a client with the same name, but with a different picture. Vignette 2 and Vignette 3 presented a client with a different name, and the same picture. The vignettes were implemented to determine whether the differences on measures of multicultural competence, empathy, and multicultural counseling self-efficacy between the vignettes were moderated by trainee race.

Middle Eastern Americans

An inclusive definition of Middle Eastern Americans is that it describes a group of individuals who are descendants of countries in both Asia and North Africa that comprise the Middle East. Thus, Middle Eastern Americans are defined as descendants of countries located in the Middle East, which includes: Bahrain, Egypt, Iran, Afghanistan, Iraq, Israel, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Somalia, Syria, Turkey, United Arab Emirates, and Yemen (Soheilian & Inman, 2009). The 2000 US Census reports a population of 1.2 million people with Middle Eastern (or Arab) ancestry living in the US. However, the Arab American Institute (2008) reports a population of 3.5 million Arab Americans, which suggests that this population is growing. Population figures from Arab American organizations such as the Arab American Institute are a more reliable source for Arab American population estimates because they describe demographic information from people who self-identify as Arab American and represent Arab ethnicities from countries such as Lebanon, Iraq, Morocco, Egypt, Palestine,

and Syria. Categorizations used in the US Census, on the other hand, make it complex to produce the precise number of Middle Eastern Americans because the US Census classifies Middle Eastern Americans as White (Census, 2000). Because they are categorized as White, the ethnic diversity of Middle Eastern or Arab Americans is ignored on the US Census. Grouping Middle Eastern Americans with other groups identified as White obliterates the rich, diverse cultures of Middle Eastern Americans and may result in fewer attempts to research and provide culturally appropriate assessments and/or interventions for this population.

Middle Eastern Americans, as a group, have gained much attention in recent years due to the changing political climate. Between September 11, 2001 and November 20, 2001, the American-Arab Anti Discrimination Committee (ADC) confirmed reports of 520 violent incidences reported against Arab Americans (Erickson & Al-Timimi, 2004). After 9/11, policies set forth by President George W. Bush's administration targeted Middle Eastern communities by profiling Muslim and Arab immigrant men and detaining them for weeks or months without reason (Bozorgmehr & Bakalian, 2008). Additionally, post 9/11, thousands of Arab Americans experienced airline passenger profiling, vandalism of mosques, physical violence, and increased discrimination (Moradi & Hassan, 2004).

Even before the September 11, 2001 terrorist attacks, the media has contributed equally to presenting Middle Eastern Americans in a negative light. For instance, the popular media (e.g., television shows with a focus on Middle Eastern characters) have perpetuated several stereotypes of Arab Americans. Specifically, Arab Americans have been shown as ridiculously wealthy; barbaric and without culture; and terrorists (Shaheen, 1984). Relatedly, Zogby (2001) found that, when asked to identify what role an Arab American would play in a movie, teenagers most often chose the role of terrorist or a convenience store clerk. Between September 11, 2001,

and October 11, 2002 (ADC, 2003), Arab Americans reported over 800 cases of employment discrimination; over 80 cases of illegal removal from aircrafts; over 700 violent incidences; and numerous instances of denial of services and housing discrimination. The ADC reported that, in comparison to previous reports (ADC, 2001), the frequency and severity of these acts of discrimination is unprecedented (ADC, 2003). Further, the most current report on hate crimes and discrimination against Arab Americans suggests that serious incidents of discrimination are currently occurring at a greater rate and frequency than during both the late 1990s and 2000 (ADC, 2008). The recent history of events like 9/11, the discriminating influence of the media, political figures, and government policies, as well as the increased discrimination, racism, and violence against Middle Eastern Americans has contributed to a hostile environment for this community.

Like all other American residents, mental health professionals in the US are exposed to the negative stereotypes associated with Middle Eastern Americans. Due to the negative stereotypes associated with Middle Eastern Americans, mental health professionals need to examine their own feelings and attitudes towards this population. This self-exploration can serve as an avenue for mental health professionals to begin to recognize how their potential biases or stereotypes can impact counselor multicultural competence, empathy, and self-efficacy with Middle Eastern Americans. Hence, this current study not only prompts the mental health field to examine their attitudes towards Middle Eastern Americans, but by doing so, it expands and diversifies the multicultural competence literature. Specifically, this study focused on counselor variables of multicultural competence, empathy, and multicultural counseling self-efficacy for working with Middle Eastern American clients and revealed whether or not trainee race moderated the differences in these variables between the vignettes.

Multicultural Counseling Competency with Middle Eastern Americans

Empirical literature with a focus on multicultural counseling competency with Middle Eastern Americans is virtually non-existent. Thus, I turn to the general multicultural counseling literature to provide a framework for this current study. Sue and Sue (2008) outline three major competency areas for counselors that contribute to the development of counselor multicultural competence: knowledge (e.g., understanding the worldview of others), awareness (e.g., counselor's understanding of own biases and stereotypes towards other groups), and skills (e.g., counselor's ability to incorporate culturally appropriate interventions with the client). Demonstrating multicultural competence with clients can strengthen the working alliance and can lead to an overall positive therapy experience (Constantine & Ladany, 2000, 2001; Constantine, 2001, 2002; Feurtes & Brobst, 2002; Fuertes et al., 2006; Inman, 2006; Ladany, Inman, Constantine, & Hofheinz, 1997).

Research on multicultural competence has revealed that therapist multicultural competence is significantly related to client satisfaction (Constantine, 2002; Feurtes & Brobst, 2002; Fuertes et al., 2006). Constantine (2002) found that racial and ethnic minority clients' counselor ratings of multicultural counseling competence explained significant variance in satisfaction ratings of their counselors. Similarly, Fuertes and Brobst (2002) found that, for ethnic minority clients, counselor multicultural competence explained a large and significant amount of variance for client satisfaction in counseling. Relatedly, Fuertes et al. (2006) found that therapist multicultural competence is significantly associated with clients' ratings of the working alliance, perceptions of therapist empathy, and their satisfaction with treatment. Clearly, multicultural competence plays an important role in a client's therapy experience. Therefore,

expanding the multicultural competence research to include counseling competencies with Middle Eastern Americans is a valuable addition to the counseling psychology literature.

A majority of studies assessing multicultural competence indicate that counselors of color score significantly higher than White counselors across a number of subscales that measured counselor awareness, knowledge, and skills with diverse clients (Chao, Wei, Good, &, Flores 2011; Ponterotto et al., 1996; Pope-Davis, Dings, & Ottavi, 1995; Pope-Davis, Reynolds, Dings, & Neilson, 1995; Sodowsky, 1996; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). For example, in their initial scale development of the Multicultural Awareness Scale, Ponterotto and colleagues found that Trainees of color scored significantly higher than White trainees on the Knowledge and Skills subscales. Similarly, Pope-Davis, Dings, and Ottavi (1995) found a significant difference between White counselors and non-Whites, with non-Whites reporting higher scores on the knowledge and skills subscales of a multicultural competence measures. In the same year, Pope-Davis, Reynolds, Dings, and Neilson (1995) found that ethnic minority graduate students demonstrated higher self-perceived multicultural competence than White students on the multicultural knowledge, awareness, and relationship subscales of a multicultural competence measure. Relatedly, during the initial development of the Multicultural Counseling Inventory, Sodowsky (1996) reported that American racial and ethnic minority counselors as well as international counselors reported higher scores than White counselors on all of the subscales of the inventory (i.e., multicultural counseling skills, multicultural awareness, multicultural counseling relationship, and multicultural counseling knowledge). These studies clearly demonstrate group differences between White trainees and trainees of color on at least one, if not multiple, subscale measures of multicultural competence.

The purpose of the current study was to identify if differences in counselor multicultural competence between the case vignettes was moderated by trainee race. Specifically, the Cross Cultural Counseling Inventory-Revised (CCCI–R; LaFromboise, Coleman, & Hernandez, 1991) measure, designed to measure competence in the areas of cultural awareness, knowledge, and skills was used in this study.

Empathy and Counseling Competence with Middle Eastern Americans

Definitions of empathy have existed since the late 19th century (Duan & Hill, 1996). In a review of empathy research, Duan and Hill (1996) reported substantial debate has occurred regarding the definition and nature of empathy. For instance, some theorists proposed that empathy was primarily an emotional response that involved concern for others (Allport, 1961). In contrast, other theorists suggested that empathy was primarily a cognitive function that involved an intellectual understanding of others (Barrett-Lennard, 1962). Conversely, Davis (1996) proposed a multidimensional model of empathy that involved a combination of both cognitive and affective components of empathy. He described cognitive empathy as perspective taking, the ability to adopt the viewpoint of others, and the ability to imagine the feelings of others. Davis (1983) described affective empathy as empathic concern for others or other oriented feelings of concern or sympathy. To assess trainee empathy, the current study used Davis' Interpersonal Reactivity Index (1980), which is a comprehensive measure of empathy that assesses both cognitive and affective empathy.

Empathy is one of the top five personal characteristics of mental health counselors (Pope & Kline, 1999). It is considered to be a key factor of the counseling process (Bohart, 2002; McLeod, 1999) and has been found to be significantly and positively correlated with client change (Duan & Hill, 1996). Moreover, a meta-analysis conducted by Greenberg, Elliott,

Watson, and Bohart (2001) revealed that, regardless of theoretical orientation or type of intervention, empathy accounts for approximately 10% of client outcome. Specifically, results from the meta-analysis suggested that both the client and observer perceptions of therapist empathy were related to client outcome. Additionally, a more recent meta-analysis by Elliott, Bohart, Watson, and Greenberg (2011) found that empathy is a moderately strong predictor of therapist outcome.

As such, the multicultural competency literature has examined the role of counselor empathy with culturally diverse populations. The terms cultural empathy (Ridley & Lingle, 1996; Trimble, 2010) ethnocultural empathy (Wang, Davidson, Yakushko, Savoy, Tan, & Bleier, 2003), and inclusive cultural empathy (Pedersen & Pope, 2010) have been used to depict a counselor's understanding of the experiences of racially and ethnically diverse clients and encourage mutual understanding of diverse individuals on both a cognitive and affective level (Wang et al., 2003). Literature has revealed that counselor empathy contributes significantly to a therapist's multicultural competence (Constantine, 2000). For instance, Constantine (2002) found that both cognitive and affective empathy were significant predictors of perceived multicultural competence. Similarly, Constantine (2001a) reported that higher levels of actual multicultural competence are associated with higher levels of multicultural training and affective empathy. Relatedly, Fuertes and Brobst (2002) reported that client ratings of counselor multicultural competence have a high, positive correlation with empathy. The literature shows a clear connection between empathy and multicultural competence. Yet, the literature concerning the cultural contexts of empathy with racially and ethnically diverse clients remains scarce (Miville, Carlozzi, Gushue, Schara, & Ueda, 2006).

The minimal research that does exist suggests that empathy serves an important function in the relationship between a counselor and client, increasing client satisfaction with therapy (Greenberg et al., 2001) and is thus a salient factor in cross cultural counseling (Constantine & Ladany, 2000; Klineberg, 1983; Patterson, 1996; Sue & Sue, 2008). Given that the therapeutic relationship is an essential component of cross cultural counseling (Constantine & Ladany, 2001; Sue & Sue, 2008), Fuertes et al. (2006) investigated the relationship between empathy, multicultural competence, and the therapeutic relationship as measured through the working alliance. Fuertes et al. (2006) found that the therapeutic working alliance, therapist multicultural competence, and perceived therapist empathy were all significant predictors of satisfaction for both therapist and clients. Nonetheless, more research is needed that investigates counselor empathy towards specific cultural groups.

Hornstein (1978) suggested that there is a probability that empathic concern will be significantly greater from one individual toward another if both people share a common group membership. Relatedly, Johnson et al. (2002) found that when they compared criminal case vignettes that portrayed White defendants in one condition, and Black defendants in another, White students exhibited greater levels of empathy for the cases with the White defendant. Results from their study indicated that racial group membership of the defendant in the criminal case influenced the relationship between the race of the participant, and the participant’s empathic response to the defendant in the case. Similarly, outside of the counseling literature, research in the biology field suggests that in-group racial status moderates the direction and magnitude of empathic responses to in-group and out-group members (Avenanti, Sirigu, & Aglioti, 2010; Chaio & Mathur, 2010; Xu, Zuo, Wang, & Han, 2009).

Although research suggests that an individual's race can influence a person's empathic response to certain stimuli, a gap still remains in the field of counseling psychology that specifically addresses counselor empathy with respect to diverse cultural clientele. In particular, counselor empathy toward Middle Eastern American clients has not been empirically investigated in the literature. Thus the second purpose of this study measured counselor empathy toward counseling Middle Eastern Americans. Specifically, this study investigated if the differences in empathy variables between the case vignettes were moderated by trainee race.

Multicultural Counselor Self-Efficacy with Middle Eastern Americans

Using Bandura's (1986, 1997) social cognitive theory, Lent, Hoffman, Hill, Treistman, Mount, and Singley (2006) defined counseling self-efficacy (CSE) as trainees' beliefs about their ability to perform behaviors specifically with regard to their counseling roles. Within this context, counselor self-efficacy is considered to be closer to the trait-end of a trait-state continuum in that it represents perceptions of counseling capabilities accumulated over clients across time (Lent et al., 2006). As such, theoretically, CSE has been deemed to play a salient role relative to trainees' clinical performance (i.e., cognitive, affective, and behavioral responses while interacting with clients; Larson, 1998).

Yet, a review of the counseling self-efficacy literature suggests that counselor self-efficacy is a fluid counselor trait (Johnson, Baker, Kopola, Kiselica, & Thompson, 1992) and is not linked to counseling performance (Johnson et al., 1992; Sharpley & Ridgway, 1993). The literature also fails to demonstrate evidence of a strong positive relationship between counselor variables (e.g., counselor personality, aptitude, achievement, and social desirability) and counselor self-efficacy (Daniels, 1997; Larson et al., 1992). However, outside of counselor variables, changes in the counselor's training do increase counselor self-efficacy (Johnson et al.,

1992). Nonetheless, counseling self-efficacy has not been found to predict actual counseling skills (Sharpley & Ridgway, 1993). Furthermore, after a thorough review of the literature, it is apparent that most of the counseling self-efficacy research has focused on the construct of general counseling self-efficacy, which refers to CSE as an overall confidence to perform counseling skills across time, regardless of a specific type of client (e.g., specific cultural population) or area of counseling expertise.

Yet, recent attention to multicultural competencies has encouraged researchers to investigate the influence of counselor demographic variables on counseling self-efficacy. Specifically, Daniels (1997) found in his preliminary analyses that counseling self-efficacy did not differ by gender. Relatedly, Larson and colleagues (1992) found in their preliminary analyses that Asian Americans and White trainees did not differ in counseling self-efficacy. However, it is salient to note that because both studies reflected unequal distributions in the groups, there may not have been enough power to detect a group difference. According to Cohen (1992) for a medium effect size of .80 and alpha of .05, each group must contain 64 participants to determine a difference between the two groups. In the Daniels (1997) study, the participant sample contained a total sample size of 45 participants (39 women and 6 men); no effect size was reported but an alpha of .05 was used to determine a group difference. In the Larson et al. (1992) study, the effect size was not reported however they used an alpha of .05 and the groups contained 163 White participants and 30 Asian American participants.

Although previous research has failed to determine a strong link between counselor culture and counselor self-efficacy, more recent literature has revealed a strong association between counselor self-efficacy and counselor multicultural competence (Constantine, 2001). Constantine found that trainees' general counseling self-efficacy beliefs about their abilities to

work efficiently with clients are related to their perceptions of their abilities to work with culturally diverse clientele. Hence, Constantine's findings support the theory that counselors, both trainees and professionals, often see themselves as more or less effective with particular clients (e.g., culturally diverse clients), client types, or client issues (Lent et al., 2006). Consequently, counselors' confidence in being effective with certain clientele is based partly on their personal experiences, which serve to inform counseling self-efficacy beliefs (Bandura, 1997).

The counseling self-efficacy beliefs of counselors may drive them toward a specific area of expertise, client type, and/or clinical setting over time, which allows them to focus on the clientele with whom they believe they do their best work. For example, trainees of color may have higher counseling self-efficacy CSE when working with clients of color perhaps due to the increased exposure that persons of color have to cross-cultural situations (Bandura, 1977). Ladany and colleagues (1997) found that trainees of color reported greater multicultural competence than White trainees when working with clients of color. Perhaps the greater multicultural competence of trainees of color is influenced by their multicultural counseling self-efficacy for working with clients of color.

In light of the above, and drawing on Bandura's social cognitive theory (1986, 1997) and the multicultural competence literature, Sheu and Lent (2007) were the first researchers to not only define multicultural counseling self-efficacy (i.e., therapist's self- efficacy regarding their perceived ability to provide individual therapy to clients who are racially different from the therapist) but also the only researchers to attempt to develop a multicultural counseling self-efficacy scale. Sheu and Lent developed a multicultural counseling self-efficacy scale because they wanted a way to measure counselors' *beliefs* about their ability to provide culturally

competent counseling to racially diverse clients. The creation of this scale is a major contribution to both the self-efficacy and multicultural competence literature.

Apart from this one study, to date, little research has focused on investigating multicultural counseling self-efficacy of counselors with respect to clients representative of a specific ethnicity or race. In particular, no studies have empirically measured the CSE of counselors with respect to working with Middle Eastern American clients. Given that increased interaction with minority clients (Sodowsky et al., 1998) and exposure to cross-cultural situations (Bandura, 1977) may contribute to higher rates of self-efficacy, a third purpose of this study was to compare the multicultural counseling self-efficacy of White trainees and trainees of color in regards to counseling Middle Eastern American clients. Specifically, this study determined if the differences in multicultural counseling self-efficacy between the vignettes was moderated by trainee race.

Rationale for Study

Recent events such as 9/11, the discriminating influence of the media, political figures, and government policies, and the increased prejudice against Middle Eastern Americans have contributed to an unfriendly, unreceptive atmosphere for this community (Bozorghmehr & Bakalian, 2009; Shaheen, 1984; Zogby, 2001). Many Americans have negative stereotypes of Middle Eastern Americans, and mental health professionals are not immune to these beliefs. Thus, it becomes the responsibility of mental health professionals to examine their own attitudes towards this population. Self-exploration of attitudes, beliefs, and biases towards this group is a step towards developing multicultural counseling competence (Sue & Sue, 2008).

Although the counseling psychology literature has produced guidelines and recommendations for developing competencies for working with diverse cultural groups, specific

competencies for working with Middle Eastern American clients in particular have not yet been elucidated. A few theoretically-based guidelines exist for counseling Middle Eastern Americans; however, empirical research assessing counselor competencies in working with this population is non-existent. As the population of Middle Eastern Americans in the US continues to increase (Arab American Institute, 2008), more people within this unique cultural group are faced with the daily challenges of life in a harsh sociopolitical climate that has negatively impacted their mental health (Amer, 2005). Thus, it is imperative to explore and investigate counseling competencies with this population.

Counselor multicultural competence, empathy, and multicultural counseling self-efficacy are all counselor attributes that are salient for working with clients from diverse cultural backgrounds (Constantine & Ladany, 2001; Sue & Sue, 2008). Specifically, this study used three clinical case vignettes, with increasing degrees to which the client appeared to be Middle Eastern American. These vignettes were used to determine if differences in multicultural competence, empathy, and multicultural counseling self-efficacy between the vignettes were moderated by trainee race.

Purpose, Research Questions, and Hypotheses

The current study utilized clinical case vignettes (see Appendix A) to explore the differences between White Trainees and trainees of color in counselor multicultural competence, empathy, and multicultural counseling self-efficacy for working with Middle Eastern Americans who varied from *least* to *most* MEA characteristics. The use of case vignettes was adapted from previous studies that incorporated clinical vignettes to assess multicultural case conceptualization ability of trainees of color and White trainees for working with a client of color (Constantine &

Ladany, 2000; Inman, 2006; Ladany et al., 1997). Three research questions were addressed in the current study:

1. Will the differences in multicultural competence, empathy, and multicultural counseling self-efficacy between the vignettes be moderated by trainee race?

   Hypothesis 1: Yes, the differences in the dependent variables of multicultural competence, empathy, and multicultural counseling self-efficacy between the vignettes will be moderated by the race of the trainee. As the case vignettes illustrate a client who appears more Middle Eastern American, the difference between White trainees and trainees of color will become larger with trainees of color consistently higher than White trainees on measures of multicultural competence, empathy, and multicultural counseling self-efficacy.

2. While holding the name of the client constant in the vignettes and changing the client's physical appearance, will the differences in counselor multicultural competence, empathy, and multicultural counseling self-efficacy be moderated by trainee race? In other words, while keeping the name as Sara, but changing the physical appearance from not wearing a full head covering to wearing a full head covering, will trainee race moderate the difference in multicultural competence, empathy, and multicultural counseling self-efficacy between Vignette 1 and Vignette 2?

   Hypothesis 2: Trainee race will moderate the differences between multicultural competence, empathy, and multicultural counseling self-efficacy between Vignette 1 and Vignette 2, with Trainees of color consistently higher than White trainees on the dependent variable measures.

3. While holding the client image constant in the vignettes and changing the client's name, will the differences in counselor multicultural competence, empathy, and multicultural counseling self-efficacy be moderated by trainee race? In other words, while keeping the image of the same woman with a full head covering, but changing the name from Sara to Fatima, will trainee race moderate the difference in multicultural competence, empathy, and multicultural counseling self-efficacy between Vignette 2 and Vignette 3?

   Hypothesis 2: Trainee race will moderate the differences between multicultural competence, empathy, and multicultural counseling self-efficacy between Vignette 2 and Vignette 3, with Trainees of color consistently higher than White trainees on the dependent variable measures.

CHAPTER II

Literature Review

Middle Eastern Americans (MEA) are comprised of culturally unique individuals who face a variety of challenges and barriers while living in America. Especially with the current political climate and war on terrorism, the lack of sensitivity and empathy towards Middle Eastern Americans from the general, U.S. population is on the rise. Given that counselors comprise the general U.S. population, they too, are exposed to, and influenced by the societal hostility towards MEA. Living in an environment that constantly fuels negative stereotypes and biases towards this population surely affects counselors' perceptions, beliefs, and attitudes towards MEA. Because multicultural counseling competence implies that counselors assess their own attitudes and perceptions about culturally diverse individuals (Constantine & Ladany, 2001; Sue & Sue, 2008), exploring multicultural counseling competencies for MEA is an important area of growth for the counseling psychology literature.

A thorough review of the literature demonstrates that no empirical research has investigated what constitutes multicultural counseling competence with Middle Eastern Americans. However, cross cultural literature suggests that counselor empathy is a key ingredient in cross cultural counseling that helps to build a strong therapeutic relationship (Constantine & Ladany, 2001) and is related to client's ratings of therapist multicultural competence (Fuertes & Brobst, 2002, 2006) and client satisfaction with therapy (Fuertes et al., 2006). Furthermore, therapist multicultural competence is also related to therapist's self- efficacy beliefs about their abilities to work with culturally diverse clientele (Constantie, 2001; Constantine & Ladany, 2001). Thus, this study assessed counselor competence towards Middle

Eastern American clients by examining their multicultural counseling competency, counselor empathy, and multicultural counseling self-efficacy towards this population.

Counselor multicultural competence, empathy, and counseling self-efficacy are all essential counselor attributes for working with clients from diverse cultural backgrounds (Constantine & Ladany, 2001; Sue & Sue, 2008). A facet of this study was to explore whether or not differences in the abovementioned therapist characteristics were influenced by counselor race. Thus, the purpose of this study was to identify whether differences in therapist multicultural competence, empathy, and multicultural counseling self-efficacy between case vignettes that presented a Middle Eastern American client were moderated by trainee race. This chapter provides further information about Middle Eastern Americans, and reviews the theoretical literature on multicultural counseling competency with regard to Middle Eastern Americans. Due to the limited multicultural counseling competency research with this population, this chapter reviews the multicultural counseling competency literature as a whole. Next, the recent literature on empathy will be explored, followed by a review of the counseling self-efficacy research. The literature review presented in this chapter will provide a strong rationale for the current study as well as afford implications for the potential outcome of the study.

Middle Eastern Americans

A thorough review of the literature reveals that the terms Middle Eastern American and Arab American are used interchangeably to describe descendants from the Middle East. Due to the scarce literature that solely focuses on Middle Eastern Americans as well as the multiple definitions for Middle Eastern American, I will also use these terms interchangeably throughout this paper. However, I will provide some information on the general differences between the terms Arab American and Middle Eastern American.

Historically, the term Arab has been used as an ethnicity whereas the term Middle East is a region on a map. However, more recently, the term Middle Eastern has been used to describe an ethnicity (Marvasti & McKinney, 2004). Some Arabs may consider themselves to be from the Middle Eastern region whereas Middle Eastern Americans do not necessarily identify as Arab. Furthermore, sometimes the language that is spoken by the majority of the country is used to determine if it is an Arab country. For example, people have been classified as Arab if they come from an Arab speaking country (e.g., Saudi Arabia, Lebanon, Jordan). A country whose native language is something other than Arabic (e.g., Farsi, Turkish) is more easily classified as Middle Eastern. However, it is important to note that not all Middle Eastern Americans self-identify as Arab American nor do all Arab Americans self-identify as Middle Eastern American.

In forming a definition for Middle Eastern American, literature has revealed numerous representations including maps and narratives of what countries comprised the Middle East. Some definitions and maps identified solely countries in Asia as part of the Middle East, while others included North African countries. For this study, I will define Middle Eastern American as someone whose country of origin includes countries from both Asia and North Africa to comprise a more inclusive definition of the Middle East (Soheilian & Inman, 2009). This comprehensive definition of the Middle East encompasses countries that have both historically and currently comprised the Middle East. Thus, Middle Eastern Americans are defined as descendents of countries located in the Middle East, which includes: Bahrain, Egypt, Iran, Afghanistan, Iraq, Israel, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Somalia, Syria, Turkey, United Arab Emirates, and Yemen (Soheilian & Inman, 2009).

Middle Eastern American Counseling Competence

Middle Eastern Americans experience unique challenges that clinicians should be aware of and integrate into their practice when working with these clients (Soheilian & Inman, 2009). Specifically, Middle Eastern Americans live in a hostile environment in which they experience discrimination as a result of their ethnicity, and/or religious affiliation with Islam (Bozorgmehr & Bakalian, 2008; Forstenlechner & Al-Waqfi, 2010). In an effort to avoid being the target of hostility, numerous Arab Americans have felt cautious regarding qualities that may draw negative attention to them such as their wardrobe or their names (Sue & Sue, 2008). Discriminatory behaviors against Muslims, who make up about 50% of MEA are often directed at factors of difference such as wardrobe, ways of life, traditions, and religious practices (Forstenlechner & Al-Waqfi, 2010). For example, for women, if they previously wore headscarves, they discontinued this practice or they abstained from going out into the public domain (Sue & Sue, 2008). Amer (2005) noted that following the World Trade Center attacks, Arab Americans reported greater anxiety, depression, and acculturation stress. The combination of living in a toxic environment in conjunction with the barriers to help seeking such as the stigma of seeking mental health counseling for Middle Eastern Americans (Soheilian & Inman, 2009) indicates a need for effective, culturally competent counseling interventions for this population. Unfortunately, there is a lack of empirical literature concerning multicultural competence with Middle Eastern American clients (Sabbah, Dinsmore, & Hof, 2009); thus the multicultural competence literature will be used to inform this study.

General Multicultural Counseling Competence

Multicultural competence is the degree to which an individual's knowledge, awareness, and skills, reflect a multicultural perspective with which to understand multiple world views

(Sue, Arredondo, & McDavis, 1992). Sue and Sue (2008) define cultural competence as an aspiration that is an active, continuing, and developmental process. Constantine and Ladany (2001) expanded the definition of multicultural competence to include six dimensions of multicultural counseling competence: 1) self-awareness, 2) general knowledge of multicultural issues, 3) understanding of unique client variables, 4) counseling working alliance, 5) multicultural counseling self-efficacy, and 6) multicultural counseling skills.

According to Constantine and Ladany (2001) the first dimension of multicultural competence is the notion of self-awareness, which is the counselor's ability to understand his or her own multiple cultural identities (i.e., the counselor should be aware of the socially oppressed and/or privileged groups to which he or she belongs). Furthermore, the counselor should be aware of his or her stage on respective identity models such as racial and/or ethnic identity to better help clients who struggle with identity issues. Beyond counselor awareness, the counselor must demonstrate the second dimension of multicultural competence which implies that counselors must have a general knowledge of multicultural issues concerning the client. However, general knowledge of multicultural issues is not enough because each client is unique in his or her presenting issue. Thus, the third dimension of multicultural competence demands that the counselor understand the unique psychological and social challenges the client experiences as a result of living in a multicultural society.

Constantine and Ladany's (2001) fourth dimension of multicultural competence focuses on the therapeutic relationship, (also referred to as the working alliance) between the client and the therapist. The counseling working alliance, first proposed by Bordin (1979) is essential to ensure the client and therapist are in agreement on the goals and tasks of therapy, while creating an emotional therapeutic bond with one another through empathic interactions. The working

alliance is an essential aspect of multicultural competence when the therapist wishes to act as an advocate for his or her client to ensure that the client is empowered and has a voice for what is being advocated (Goodman et al., 2004). Thus, the working alliance builds a foundation for which multicultural competence can take place (Fuertes et al., 2006).

In addition to the working alliance, Ladany and Constantine (2001) include the constructs of multicultural counseling self-efficacy and multicultural counseling skills in the fifth and sixth dimensions of their conceptualization of multicultural competence. The authors define multicultural counseling self-efficacy as the counselor's self-confidence in the ability to perform the multicultural counseling skills. Multicultural counseling skills are the counselors' actual ability to perform culturally appropriate assessments and interventions. Overall, a counselor's multicultural competence allows him or her to value pluralism and cultural equality by exploring culturally diverse groups through multiple lenses.

In keeping with this emphasis, a number of studies have looked at both White and trainee of color multicultural counseling competence. In a study that investigated the multicultural counseling competence of graduate students in counseling and clinical psychology programs, Pope-Davis, Reynolds, Dings, and Neilson (1995) reported differences between White trainees and trainees of Color on certain subscales of multicultural competence. Specifically, the authors found that trainee ethnicity was significantly correlated with scores on the Knowledge subscale for clinical psychology students and with scores on the Awareness and Relationship subscales for both clinical and counseling psychology students. In both of these instances, being a student of color was related to having a higher level of self-perceived multicultural competence. These findings suggest that the varied experiences of the White trainees and the trainees of color are in fact related to their self-perceived multicultural counseling competencies.

Relatedly, Pope-Davis and Ottavi's (1994) investigation of the relationship between demographic variables and self-reported multicultural competencies between White trainees and trainees of color at university counseling centers revealed important group differences. Counselors completed a series of questions that assessed multicultural awareness, knowledge, skills, and relationships. Multivariate analyses indicated that Asian American and Hispanic counselors reported more multicultural knowledge than did White counselors. Results further indicated that African American, Asian American, and Hispanic counselors reported higher competence in the areas of multicultural awareness and relationships than did White counselors. These results serves as a basis to further investigate racial and ethnic differences in multicultural counseling competence.

Similarly, Sodowsky, Kuo-Jackson, Richardson, and Corey, (1998) investigated self-reported multicultural counseling competencies of a racially diverse group of university counseling center staff. The authors found that counselor race had a significant relationship with participants' self-reported multicultural counseling competencies. Specifically, they found that self-identified Hispanic Americans had a significantly higher multicultural competency full-scale score than Whites, who also had the lowest full-scale score among all four racial groups (White, African American, Asian, and Hispanic). In general, the minority groups had overall higher scores than the White counselors respectively on the following subscales of the multicultural competence measures: Multicultural Awareness, Multicultural Relationship, and Multicultural Knowledge.

Relatedly, Pope-Davis, Dings, and Ottavi (1995) also found that minority counselors reported higher scores on measure of multicultural competence than White counselors. Pope-Davis and colleagues investigated the relationship of several demographic and educational

variables to multicultural counseling competencies of a group of counselors who were members of the Iowa Psychological Association. The authors found differences in multicultural competence between men and women, with women scoring higher than men on multicultural knowledge, awareness, and skills. Pope-Davis and colleagues (1995) also found a significant difference between White counselors and non-Whites, with non-Whites scoring higher on the knowledge and skills subscales of multicultural competence. A similar study conducted by Vinson and Neimeyer (2003) revealed that Whites scored significantly lower than Non-Whites on the Knowledge/skills subscale of multicultural competence. These findings replicated earlier findings by the same authors (Vinson & Neimeyer, 2000). Findings from all these studies suggest that there are indeed racial group differences on counselor multicultural competence.

Similarly, Chao (2006) conducted a study that investigated the relationship between multicultural counseling competence and counselor race, multicultural training, ethnic identity, and color-blind racial attitudes of graduate students in counselor education and counseling psychology programs. Through the use of hierarchical regression models, the author found that at the second step of the model, when added to social desirability, counselor race was found to contribute significantly to the variance in multicultural competence of counselors. Chao also found that Black, Latino, and Native American counselors in comparison with White counselors were significantly different on scores of multicultural competence.

In a more recent study, Chao et al. (2011) examined if multicultural training moderated racial/ethnic differences on multicultural competence in a pool of 370 psychology trainees. Results from their study revealed a significant interaction effect of race/ethnicity (i.e., White trainee vs. ethnic minority trainee) and multicultural training on the multicultural awareness subscale of a multicultural competence measure. Specifically, at lower levels of training,

racial/ethnic minority trainees had significantly higher multicultural awareness than White trainees.

Relatedly, Ladany et al. (1997) found that, when assessing supervisees' case conceptualization ability and self-reported multicultural competence, trainees of color reported greater multicultural counseling competence than White trainees when working with clients of color. In this study, Ladany and colleagues (1997) had given the participants a case vignette of an African American female client and asked to imagine that they were the client's therapist. Although significant differences were found between trainees of color and White trainees on self-reported measures of multicultural competence, there was not a significant difference between these groups on actual multicultural case conceptualization of the client, which was an alternative method the authors used to measure multicultural competence. Despite these mixed findings, a majority of the studies reveal that there are in fact significant differences between White trainees and trainees of color on measures of multicultural competence.

Limitations of Multicultural Counseling Competence Research

The review of the literature on multicultural counseling competence highlights the importance of investigating demographic variables that contribute to multicultural competence, especially the counselor variables of race and ethnicity. The literature also suggests that there are significant differences between White clinicians and clinicians of color on both self-report measures and observer ratings of multicultural competence. However, further research on multicultural competence is needed to improve, and speak to the limitations of current and past research. First, to date, there is no empirical examination of counselor multicultural competence with respect to counseling Middle Eastern American clients. Next, the studies that have investigated multicultural competence thus far have either focused on a specific field of

counseling (e.g., counseling psychology programs) or consisted of participants in the study from only one area of the United States. For example, all the participants in the Pope-Davis et al., (1995) study were recruited from the Iowa State Psychological Association. Additionally, with the exception of Ladany et al. (1997), many of the studies did not measure multicultural competence with respect to a particular client, or client population. Lastly, the purpose and design of most of the studies was not geared towards looking at group differences between White trainees and trainees of color on multicultural counseling competence. A strength of this current study is that it focused on differences between White trainees and trainees of color on multicultural counseling competence with Middle Eastern Americans through the use of self-reports of multicultural counseling competence. Furthermore, the current study asked participants to imagine themselves as a therapist for a specific client and report their multicultural counseling competence with respect to that client. Additionally, a main purpose of this study was to investigate if the difference between reported multicultural competence was moderated by trainee race.

Empathy and Counseling Competence

Empathy is an important concept for psychotherapists and has been found to play a key role in counseling competence (McLeod, 1999; Pope & Kline, 1999). Psychoanalytic theorists view empathy as a psychoanalytic cure (Kohut, 1977) while humanistic theorists believe that empathy is necessary and sufficient for client change (Rogers, 1959). As such, it is not surprising that empathy is the basis for how and why therapy is effective. Rogers (1975) described empathy as a deep understanding of the client that comes out of experiencing the client's implicit feelings and being able to understand the client's worldview and perspective. Similarly, Davis (1983) conceptualized empathy as being made up of both affective and cognitive components.

Relatedly, Bohart et al. (2002) indicated that empathy is effective because it creates a positive relationship, builds a corrective emotional experience, promotes deeper client exploration, and is supportive of the client's efforts towards active self-healing. Fuertes, Bartolomeo, and Nichols (2001) also indicated that using and communicating empathy to clients is salient in order to acquire general counseling competence. Additionally, Greenberg et al. (2001) conducted a meta-analysis that included 47 studies between 1961 -2000. Their review of the literature revealed that as a whole, empathy accounted for 10% of client outcome, which proposes that overall empathy accounts for greater variance in client outcome as opposed to specific client interventions.

Although there is both theoretical and empirical support for the importance of empathy as a key ingredient for client change, the significance or relevance of empathy in light of an increasingly diverse society has received sparse theoretical or empirical attention (Miville et al., 2006). Although some scholars have suggested the cultural considerations of empathy (Duane & Hill, 1996; McLeod, 1999), little theory and research exists concerning the relevance of empathy across cultures (Miville et al., 2006). Sue and Sue (2008) indicated that understanding the worldview of the client is a key component of cross cultural counseling; however, empirical research investigating counselor empathy towards diverse cultures is needed to support their theory. One group in particular for which there is currently no research investigating empathy and counseling is Middle Eastern Americans. Thus, one aspect of this study was to investigate counselor empathy towards Middle Eastern American clients.

Empathy and Middle Eastern American Counseling Competence. To date, no empirical literature has examined the role of empathy in counseling Middle Eastern Americans. However, there are some theories that expand the empathy research to include empathy towards people from culturally diverse groups. The terms cultural empathy (Ridley & Lingle, 1996),

ethnocultural empathy (Wang et al., 2003), and inclusive cultural empathy (Pedersen & Pope, 2010) have been used in the counseling psychology literature to provide a better understanding of the role of empathy in therapy with diverse cultural groups. Ridley and Lingle (1996) defined cultural empathy as the counselor's learned ability to understand the experiences of clients from other cultures. Ethnocultural empathy has been defined by scholars as empathy toward racially and ethnically diverse people who are different from one's own ethnocultural group (Wang et al., 2003). Pedersen and Pope (2010) defined inclusive cultural empathy as empathy that develops from understanding the full range of similarities and differences between two people. Due to the lack of both empirical and theoretical research on cultural empathy towards Middle Eastern Americans, the multicultural counseling competency literature provides a foundation for understanding of the importance of the role of empathy when counseling the culturally diverse.

Empathy and Multicultural Counseling Competence. Research has explored the role of empathy in multicultural counseling competence. Although empathy is considered to be a core competency across various forms of counseling, cultural empathy is essential towards developing multicultural counseling competence (Constantine, 2001a). Moreover, it is apparent that Davis' multi-construct conceptual model of empathy (1983) relates well to the construct of multicultural competence. Specifically, Davis proposed a multidimensional model of empathy that involved a combination of both affective and cognitive components of empathy. He described the cognitive components as perspective taking, the ability to adopt the viewpoint of others, and the ability to imagine the feelings of others. He described affective empathy as empathic concern for others or other oriented feelings of concern or sympathy (Davis, 1983). Davis' inclusive definition of empathy has been incorporated in the multicultural literature by numerous investigators

(Constantine, 2000, 2001a, 2001b; Fuertes & Brobst, 2002; Fuertes, et al., 2006; Miville et al., 2006).

In a study that explored the contributions of affective and cognitive empathy in predicting counselors' ability to conceptualize clients from a multicultural perspective, Constantine (2001a) found that therapists who reported higher levels of affective empathy attitudes were rated by clients as being better able to conceptualize client mental health issues in a culturally competent manner. In an earlier investigation of counselors and counselor trainees, Constantine (2000) found that affective empathy attitudes were positively correlated with self-reported multicultural counseling competence. In a similar study with school counselor trainees, Constantine (2001b) found that empathy scores as a whole contributed significant variance to school counselor trainees' self-reports of multicultural counseling competence, with affective empathy scores making a unique, positive contribution. Relatedly, Miville et al. (2006) found that both affective and cognitive empathy were both positively related to being aware of and accepting of similarities and differences among people, which is an aspect of multicultural counseling competence. Additional studies that have investigated the relationship between empathy and client reports of counselor multicultural competence revealed that counselor empathy is positively correlated with client ratings of counselor multicultural competence (Fuertes & Brobst, 2002; Fuertes et al., 2006).

In a study that investigated perceptions of therapist multicultural competence and empathy, Fuertes and Brobst (2002) found that perceptions of counselor multicultural competence correlated strongly with perceptions of counselor empathy. A later study by Fuertes et al. (2006) further suggested a strong association between client ratings of therapist multicultural competence, ratings of the working alliance, therapist empathy, and satisfaction

with therapy. Both of these studies highlight the importance of empathy within a therapeutic relationship and the role that empathy plays in a therapist being perceived as multiculturally competent.

Empathy and Race

When considering relationships between individuals from different cultural groups, there is a likelihood that empathic concern will be significantly higher if the individual exhibiting empathy and the person that the empathy is targeted towards share common group membership (Hornstein, 1978). Johnson et al. (2006) investigated differences in empathy and decision making for a group of White university students. Participants in the study were asked to read a passage that involved either a White or Black defendant in a criminal case. When compared to the case for the Black defendant condition, participants who read the criminal case for the White defendant reported greater empathy for the defendant, made attributions that were more situational, and assigned more lenient punishments for the defendant. Results from their study indicated that racial group membership of the defendant in the criminal case influenced the relationship between the race of the participant, and the participant's empathic response to the defendant in the case.

Similarly, outside of the counseling literature, research in the biology field suggests that in-group racial status moderates the direction and magnitude of empathic responses to in-group and out-group members (Avenanti, Sirigu, & Aglioti, 2010; Chaio & Mathur, 2010; Xu, Zuo, Wang, & Han, 2009). Chaio and Mathur (2010) found that when participants were shown a picture of a hand being penetrated by a needle, neural empathic responses were greater for those individuals who were shown a picture of the hand of the same race, but not for those in different races. In a similar study, Avenanti et al. (2010) found that both Black and White participants

showed greater empathy when watching a needle penetrate a hand, but only when the hand was a person of the same race, indicating an in-group bias in that the participant's race influenced the relationship between the picture of the hand being penetrated by the needle and the participant's empathic neural response to the picture. Another recent neuroimaging study found that White and Asian participants show increased empathic neural responses when perceiving a needle penetrating a same-race face, but decreased empathic responses when perceiving a needle penetrating an "other-race" face (Xu et al., 2009). The results of all of these studies suggest that an individual's race influences the relationship between a picture portraying pain and the empathic neural response to that stimulus Thus, a strength of this study is that it is the first study that investigated if differences in counselor trainee empathy between vignettes were moderated by trainee race.

Limitations of Empathy Research. The review of literature on empathy highlights the importance of empathy in providing competent counseling with all racial and ethnic groups and provides empirical support for the contributions of empathy in overall multicultural counseling competency. However, the abovementioned studies are not without limitations. First, this research is not generalizable to MEA. Next, the studies examined empathy of counselors within a narrow range of clinical fields (i.e., participants were representative of solely one field of counseling). Additionally, the studies did not investigate racial and ethnic group differences on measures of empathy. The current study examined counselor empathy toward a specific cultural group, but the participant sample included participants from a broad range of clinical fields and incorporated the most comprehensive measure of empathy available at the time. More importantly, this study investigated group differences in empathy between White trainees and

trainees of color and determined if the differences in empathy between clinical case vignettes that presented MEA clients were moderated by trainee race.

Counselor Self-Efficacy

Described as an extension of Bandura's social cognitive theory (1997), counseling self-efficacy is a counselor's beliefs about his or her ability to negotiate specific clinical situations (Larson & Daniels, 1998). Counseling self-efficacy beliefs have been defined in numerous ways, particularly as perceived capabilities to enact defined skills and routine session management tasks, or to negotiate more challenging clinical situations (Lent et al., 2006). Larson (1998) noted that counseling self-efficacy is assumed to affect aspects of trainee's clinical functioning such as the nature of their affective, cognitive, and behavioral reactions while engaged in therapeutic counseling. For example, counselors with stronger counseling self-efficacy beliefs may be more likely than those with weaker counseling self–efficacy beliefs to generate more helpful counseling responses in session. Relatedly, Larson and Daniels noted that counselor self-efficacy has been shown to correlate positively with counselor satisfaction relative to the counseling role.

A review of the counseling self-efficacy literature reveals that in general, there is a minimal relationship between counselor self-efficacy and counselor personality, aptitude, achievement, and social desirability (Larson et al., 1992). In addition, the counseling self-efficacy of trainees and professionals does not seem to differ by gender (Daniels, 1997). When examining racial group differences in counseling self-efficacy, Larson et al. (1992) found no significant group differences between Asian American trainees and White trainees. Overall, these studies would suggest that there is not a strong relationship between counselor variables and counselor self-efficacy. As such, research turned to investigating the relationship between counselor self-efficacy and performance.

A study by Johnson, Baker, Kopola, Kiselica, and Thompson (1989) was one of the first studies that assessed changes in self-efficacy and the relationship between counselor self-efficacy and counseling performance of 50 graduate students. By obtaining a pretest and posttest measure of self-efficacy, Johnson and colleagues (1989) found that self-efficacy of the participants increased after training; however there was a weak relationship between self-efficacy and skills performance. This study suggests that self-efficacy is a malleable counselor trait and can be enhanced through training; however there is no clear link between self-efficacy and counseling performance.

Similarly, Sharpley and Ridgway (1993) investigated self-efficacy as a predictor of counseling skills performance in a graduate counseling class of 31 trainees. Three measures of self-efficacy were taken at the beginning, middle, and end of a micro-counseling skills training program that was taught over the course of six weeks. Contrary to their hypotheses, the authors found that self-efficacy did not predict counseling skills. Like the previous study, this study failed to provide sufficient evidence for a link between counselor-self-efficacy and counselor performance.

Counseling Self-Efficacy and Multiculturalism. More recently, there have been some developments in the area of counseling self-efficacy and multiculturalism. Constantine (2001) investigated the relationship between general counseling self-efficacy and multicultural competence of 91 counseling trainees in a master's degree program. After accounting for the variance contributed by previous multicultural training and multicultural supervision, trainees' general counseling self-efficacy beliefs were significantly positively related to their self-reports of multicultural competence. Findings from Constantine's study suggest that trainees' counseling

self-efficacy beliefs (i.e., their perceptions about their abilities to work effectively with clients) are related to their self-perceptions of multicultural competence.

To further add to the counseling self-efficacy and multiculturalism literature, Sheu and Lent (2007) created a Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form (MCSE-RD). The authors developed this measure to assess perceived ability in counseling racially diverse clients. Sheu and Lent (2007) gathered data from both undergraduate and graduate students in counseling related programs. In their follow up analyses Sheu and Lent (2007) found that racial/ethnic minority trainees reported higher levels of multicultural counseling self-efficacy than the White trainees. These findings suggest differences between White trainees and trainees of color on some dimensions of multicultural counseling self-efficacy.

Limitations of the Counseling Self-Efficacy Research

In addition to the abovementioned studies about counseling self-efficacy, other studies have focused on what factors contribute to counselor self-efficacy (e.g., Larson & Daniels. 1998; Tang, Addison, La-Sure-Bryant, O'Connell, & Stewart-Sicking, 2004) and how to develop training and supervision programs to enhance counselor self-efficacy (Barnes, 2004; Daniels & Larson, 2001). Although the various studies mentioned in this review investigated different aspects of self-efficacy (e.g., general counseling self-efficacy, multicultural counseling self-efficacy), one limitation of the counseling self-efficacy literature is the lack of research on multicultural counseling self-efficacy. With the exception of the study by Sheu and Lent (2007), most of the self-efficacy studies did not examine group differences on self-efficacy measures.

Relatedly, at the present time, no literature investigates trainee multicultural counseling self-efficacy with a specific racial/ethnic group. More specifically, to date, there is no research

investigating multicultural counseling self-efficacy with Middle Eastern American clients. Investigating counselor self-efficacy with Middle Eastern American clients is imperative because if a counselor lacks counseling self-efficacy with this population, he or she may be unable to provide multiculturally competent counseling for this culturally diverse group of clients. The current study examined multicultural counseling self-efficacy with a Middle Eastern American client and determined if the differences in counseling self-efficacy between clinical case vignettes (who present MEA clients with slight modifications) was moderated by trainee race.

Rationale for the study

Middle Eastern Americans are representative of an ethnically diverse, marginalized group who are faced with the challenge of living their daily lives in a hostile environment (Bozorgmehr & Bakalian, 2008). Being a minority in the current harsh sociopolitical climate has resulted in this group being discriminated against, which has led to increased anxiety, depression, and acculturated stress for this population, especially post September 11, 2001 (Amer, 2005). In addition to the increased stress this population experiences, Middle Eastern Americans are faced with an additional challenge of the stigma associated with receiving mental health counseling (Soheilian & Inman, 2009). Thus, counseling competence and affirmative counseling with this population is necessary. Further, due to the limited empirical and theoretical research concerning affirmative counseling for this population (Sabbah et al., 2009), this study relies on the multicultural counseling competence literature to highlight the factors that are essential for affirmative, culturally sensitive counseling. The multicultural competence literature highlights empathy (e.g., Constantine, 2000; Constantine, 2001; Fuertes & Brobst, 2002; Fuertes et al., 2006;Miville et al., 2006) as a characteristic of counselors that contributes to multicultural competence as well as knowledge, awareness, and skills that are deemed necessary for

multicultural competence (Sue & Sue, 2008). In addition, because some counselors may feel more efficacious toward counseling a particular client or client group (Lent et al., 2006), multicultural counseling self-efficacy is another counselor attribute to consider when counseling Middle Eastern Americans. Therefore, the overall purpose of this study was to use clinical case vignettes to explore the differences between White trainees and trainees of color in counselor empathy, multicultural competence, and multicultural counseling self-efficacy for working with Middle Eastern Americans. An additional purpose of this study was to determine if the differences between these variables when comparing Vignette 1 to Vignette 2 and when comparing Vignette 2 to Vignette 3 were moderated by trainee race.

CHAPTER III

Method

Participants

Of the 355 people who accessed the online survey for this study, 29 people dropped out immediately upon accessing the link, 70 people dropped out partway through the study, and 256 completed the survey and were included in this study. It is possible that some of the 99 individuals who dropped out of the study may have been unable to complete the study (e.g., due to time constraints, browser timing out) at that time but returned later to complete the study's measures; however, due to the anonymous nature of the survey, whether this occurred or not is unknown. The participating sample ($N = 256$) included 82.8% women, 16.8% men, and 0.4% transgender. Participant ages ranged from 20 to 62 years old with a mean age of 30.2 years (SD = 7.75). Racial background of the participants included the following: 68.4% White and 31.6% people of color. Specifically, the breakdown of people of color was: 7.4% Black/African American, 7.4% Hispanic/Latino, 4.7% Multiracial, 4.7% Asian American/Pacific Islander, .8% Middle Eastern, .4% American Indian/Alaskan Native, and 6.2% Other. Participant's religious affiliations were the following: 56.6% Christian, 10.2% agnostic, 7.8% atheist, 4.3% Jewish, 1.2% Muslim, 1.2% Hindu, and 18.8% other. Sexual orientation of the participants included: 82% heterosexual, 7.0% bisexual, 5.5% lesbian, 3.5% gay, and 2.0% Other.

The 256 participants in this study represented training programs in the following manner: Counseling Psychology Master's (25.8%), Clinical Psychology Ph.D. (20.3%), Counseling Psychology Ph.D. (16.8%), Clinical Psychology Psy.D. (14.5%), Marriage and Family Therapy Master's (9.0%), Counselor Education Master's (3.5%), Marriage and Family Therapy Ph.D. (3.5%), Counselor Education Ph.D. (3.5%), School Counseling (1.6%), Clinical Psychology

Master's (1.2%), and Other (0.4%). Forty one percent of participants chose *agree* for how much they thought their program emphasized multicultural competence in their training, followed by *strongly agree* (32%), *agree and disagree equally* (12%), *strongly disagree* (8%), and *disagree* (7%). Sixty eight percent of participants had taken *1* multicultural course, 18% had taken *2* courses, 7% had taken *3* courses, and 7% had taken *4 or more* throughout their training. In addition to multicultural courses taken, 50.4% of participants had participated in *1* multicultural training workshop, 23.4% had participated in *4 or more* multicultural training workshops, 16.8% had participated in *2* workshops, and 9.4% had participated in *3* workshops. The breakdown of the participants by theoretical orientation included: 20.3% CBT, 18% integrative, 15.6% Eclectic, 6.6% Systems, 6.6% Other, 5.5% Behavioral, 5.9% Interpersonal, 5.1% Humanistic 4.7% Psychodynamic, 4.3% Feminist, 3.9% Gestalt/Existential, 2.3% REBT, and 1.2% Cognitive. Forty five percent had provided 50 or more weeks of individual counseling, 30% had provided between *0-10 weeks* of individual counseling, 12% had provided between 11-20, 5% had provided between 21-30, 5% had provided between 31-40, and 3% had provided between 41-50 weeks of individual counseling. Thirty nine percent of participants had seen between 0-10 clients, 20% had seen 100 or more clients, 16% had seen between 11-25, 15% had seen between 51-75, and 10% had seen between 26-50 clients.

The breakdown by random stimulus assignment was the following: White trainees who received Vignette 1 (23%, 59), White trainees who received Vignette 2 (19.5%, 50), White trainees who received Vignette 3 (25.8%, 66), trainees of color who received Vignette 1 (9.0%, 23), trainees of color who received Vignette 2 (10.9%, 28), and trainees of color who received Vignette 3 (11.7%, 30). Using Erdfelder, Faul, and Buchner's (1996) methods for power analysis for multivariate analysis of variance, an *a priori* power analysis indicated that a minimal sample

size of 55 participants was necessary to have a statistical power of .80 to detect an interaction effect of vignette and trainee race, assuming a medium effect size (f^2 (V) = .15) and $\alpha = .05$. This minimum sample size was met for this study, and the projected minimum cell size of 10 participants in each of the six groups that read one out of the three vignettes was exceeded.

Procedure

Participants were recruited through electronic contact with internship training directors and program directors of Master's and Doctoral Programs in counseling psychology, clinical psychology, counselor education, social work, marriage and family therapy, as well as through professional contacts, various professional listservs and state psychological associations. Participants were recruited from the abovementioned sources in order to include a broad range of participants with varying perspectives and training experiences. Program directors and other contacts were asked to forward the e-mail announcement (see Appendix B) requesting participation to their listservs and to any eligible individuals (see Appendix C).

A web-based internet survey program (i.e., Psychdata) was used to collect responses. Psychdata is an online source that allows researchers to post surveys and measures securely and confidentially in order to obtain results quickly and efficiently. Potential participants accessed the online survey through a Psychdata hyperlink embedded within the e-mail recruitment announcement. After reading an informed consent (Appendix D), the Psychdata program randomly assigned participants to read one out of a total of three possible vignettes. After participants read the vignette, they completed a series of online measures in the following order: 1) demographic questionnaire, 2) multicultural competence measure, 3) empathy measure, 4) multicultural counseling self-efficacy measure, and 5) participant questionnaire. To ensure anonymity and confidentiality, participants were not asked to identify themselves at any point.

Participants also had the option to withdraw from the study at any point by simply closing their internet browser. If participants chose to withdraw before halfway through completing the questionnaires, their data were not included in the study. Furthermore, in order to address missing data, participants with 5% or more missing data from any scale or subscale were removed from the dataset (DiLalla & Dollinger, 2005).

Measures

Clinical Case Vignettes. Three clinical case vignettes that varied the degree of Middle Eastern American characteristics of the client were created for the purposes of the study (see Appendix A). The written content of all three vignettes was the same, with one exception: the name of the client was Sara in Vignette 1 and Vignette 2 and was changed to Fatima in Vignette 3. Bertrand and Mullainthan (2002) explored racial discrimination in the labor market and found that resumes with European American sounding names (e.g., Emily) elicited 50% more call backs than African American sounding names (e.g., Lakisha). Thus, the name of the client was changed in one of the vignettes in order to assess if the name change influenced the differences in the responses on the dependent variables between White trainees and trainees of color. All of the vignettes included a picture of the client presented in the case illustration. The picture in the vignettes was of the same person. In Vignette 1, the client is not wearing a full head covering. However, for Vignette 2 and Vignette 3, the client is wearing a full head covering in the picture. Thus when comparing Vignette 1 and Vignette 2, I investigated if, while holding the name of the client constant but changing the images, were the differences between the vignettes on the variables of multicultural competence, empathy, and multicultural counseling self-efficacy moderated by trainee race. Similarly, when comparing Vignette 2 and Vignette 3, I investigated if

while holding the client's picture constant and changing the name, if the differences between the vignettes on the abovementioned dependent variables were moderated by trainee race.

Demographic Questionnaire. A demographic questionnaire was included in the study (see Appendix E). The purpose of the demographic questionnaire was to gather information about each participant such as: age, gender, race, nationality, religion, sexual orientation, theoretical orientation, current training program, emphasis on multicultural training in current program, number of multicultural courses taken, number of weeks of individual counseling, and total number of clients seen.

Cross-Cultural Counseling Inventory-Revised (*CCCI–R;* LaFromboise, Coleman, & Hernandez, 1991). The CCCI-R is a 20-item, 6-point Likert-type scale ranging from (1 = *strongly disagree* to 6 = *strongly agree* (see Appendix F). The CCCI–R is designed to measure therapist multicultural competence. The instructions of the measure were modified for the purpose of this study to be used as a self-report reflection tool for the trainees to report perceptions of their own multicultural competence as a clinician. All adjustments to the items were within the advised limits provided by the scale's authors (LaFromboise et al., 1991). The CCCI–R is based on the APA Division 17 Education and Training committee's list of cross-cultural therapy competencies (Sue et al., 1982) and is designed to assess competence in three areas: cultural awareness and beliefs, cultural knowledge, and cross cultural counseling skills.

The CCCI-R has been used successfully in recent applied studies of therapist multicultural competence by Constantine (2002), Fuertes and Brobst (2002), Inman (2006), Ladany, et al. (1997), and Li and Kim (2004). The CCCI–R yields a single score, which is obtained by adding the ratings of each of the 20 items. In previous research (e.g., Constantine, 2002; Fuertes & Brobst, 2002; Ramos-Sanchez, Atkinson, & Fraga, 1999), items on the CCCI-R

were rewritten from the third person tense to the first person in order to allow respondents to complete the items as a self-report. For example, an item that generally reads in the CCCI–R as "Therapist is aware of his or her own cultural heritage," was changed to "I am aware of my own cultural heritage." In the current study, I use the latter version to allow respondents to utilize the measure as a self-report assessment.

The content and construct validity of the CCCI–R was established via ratings provided by independent judges, who compared the items with the committee's expressed competencies, and via factor analysis (Pomales, Claiborne, & LaFromboise, 1986). Additionally, internal consistency analysis of the rewritten form yielded an alpha of 0.90 in a study by Fuertes et al. (2006). Additionally, the scale has been shown to differentiate among supervisees varying in multicultural competence (LaFromboise et al., 1991). Lastly, the CCCI-R has been validated for use with participants from diverse racial and ethnic backgrounds with an alpha of .97 (Inman, 2006) and .88 (Ladany et al., 1997). Cronbach's alpha for this sample was 0.842.

Interpersonal Reactivity Index (*IRI;* Davis, 1980). The IRI is a 28-item, 5-point Likert-type scale (1= *does not describe me well* to 5= *describes me very well*). The IRI assesses both cognitive and affective components of empathy with its four subscales: (1) *Fantasy* (e.g., measures participants' tendencies to imaginatively take on the feelings and actions of made up characters in plays, movies, and books), (2) *Perspective Taking* (e.g., the inclination to unexpectedly adopt the psychological viewpoint of another person), (3) *Empathic Concern* (e.g., other-oriented feelings of concern and sympathy for those who are unfortunate), and (4) *Personal Distress* (e.g., self-oriented feelings of personal anxiety and discomfort in stressful interpersonal situations). Each of the four subscales of this measure consists of seven items. Subscale scores are calculated by adding up the item responses for each subscale.

Numerous studies have provided support of construct validity for the IRI's subscales (e.g., Bernstein & Davis, 1982; Carey, Fox, & Spraggins, 1988; Davis, 1983), utilizing mostly undergraduate student populations with unspecified demographic characteristics. In addition, the IRI subscales have satisfactory internal reliabilities. Davis (1980) reported alpha coefficients for the four subscales as: .78 for males and .75 for females on the *Fantasy* subscale, .72 for males and .70 for females on the *Empathic Concern* subscale, .78 for males and .78 for females on the *Personal Distre*ss subscale, and .75 for males and .78 for females for the subscale of *Perspective-Taking*. Recent multicultural competency research has only used the *Perspective-Taking* and *Empathic Concern* subscales, in particular, when participants have represented counselors from various fields within psychology, various ages, and diverse ethnic and racial backgrounds (e.g., Constantine, 2000, 2001; Miville et al., 2006). Thus, these scales have been validated for the current study's diverse population of trainees. In these studies, the internal consistency alphas for the IRI ranged from .63 to .70 for *Perspective-Taking* and from .66 to .77 for *Empathic Concern* (Constantine, 2000, 2001; Miville et al., 2006).

Thus, solely the *Perspective-Taking* and the *Empathic Concern* subscales were used in the current study, with the *Perspective-Taking* subscale measuring cognitive empathy and the *Empathic Concern* subscale measuring affective empathy. Cronbach's alpha for the *Empathic Concern* and *Perspective Taking* subscales for this study was .729 and .766, respectively. Although only two out of the four subscales were used in this proposed study, in order to maintain the psychometric properties of the measure, participants completed the measure in its entirety. Additionally, the IRI provides the most reliable empathy scale available to date (Miville et al., 2006).

Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form (*MCSE-RD*; Sheu and Lent, 2007). The MCSE-RD consists of three subscales: Multicultural Intervention, Multicultural Assessment, and Multicultural Session Management. The Multicultural Intervention subscale consists of 24 items, which includes perceived ability to remain flexible and accepting in resolving cross cultural issues of the client. A sample item from this subscale is how confident the counselor is in *assessing the meaning or salience of culture in the client's life*. The Multicultural Assessment subscale consists of 6 items, which includes the perceived ability to implement culturally appropriate assessment tools according to the client's cultural background. A sample item from this subscale is the counselor's perceived ability to *assess culture bound syndromes for racially diverse clients.* The Multicultural Session Management subscale consists of 7 items. A sample item from this subscale is the counselor's perceived ability to *encourage the client to take an active role in counseling.* The scale includes a total of 37 items; ratings are made on a 10-point scale ranging from 0 (*no confidence*) to 9 (*complete confidence*). Item responses will be summed and divided by 37, calculating one total scale score for multicultural counseling self-efficacy that can range between 0 and 9.

In accordance with Lent et al. (2003), items were revised in order to be specific to the case vignette. For example, the item that reads *assess culture bound syndromes for racially diverse clients* was changed to *assess culture bound syndromes for the client you just read about.* The directions of the questionnaire also read: "The following questionnaire consists of items asking about your perceived ability to perform different counselor behaviors in individual counseling with the client you just read about." Internal consistency reliabilities for the MCSE-RD subscales of Multicultural Intervention, Multicultural Assessment, and Multicultural Session Management range from .92-.98 (Sheu & Lent, 2007). The internal consistency for the MCSE-

RD total score yielded an alpha of .98. After a two-week test-retest, the test-retest reliability correlations of the MCSE-RD subscale scores ranged from .69 to.88, and the MCSE-RD total score was $r = .77$. Cronbach's alpha for this study was 0.967.

Participant Questionnaire. The last questionnaire consisted of two open-ended questions to gather information about participants' assumptions about the client in the vignette. The first question was, "In one statement or less, please indicate from which Middle Eastern country you think your client is a descendent?" followed by the second question," In 2-3 sentences, please describe any other assumptions you made about this client (i.e., what the client values, other variables that contribute to client's stress, the client's spiritual or religious beliefs, etc.)." These questions were an exploratory aspect of this study and data obtained from these questions was used for descriptive purposes.

Design

The experimental design for this study is a between-groups design that consists of a 2 (Trainee Race: trainee of color/White trainee) x 3 (Vignette type: V_1, V_2, V_3) factorial with four dependent variables: cognitive empathy, affective empathy, multicultural competence, and multicultural counseling self-efficacy. All variables were measured by self-report measures.

Statistical Analysis

For the primary research questions, a 2 X 3 between-groups multivariate analysis of variance (MANOVA) was conducted to test the first research question: Are the differences in multicultural competence, empathy, and multicultural counseling self-efficacy between the vignette types (i.e., degree of Middle Eastern American characteristics) moderated by trainee race (i.e., White trainees and trainees of color)? Three case vignettes were used to represent Middle Eastern American clients with increasing numbers of Middle Eastern American

characteristics. Specifically, I tested for an interaction effect of the independent variables (i.e., Race X Vignette). When multivariate effects were significant, follow up univariate tests were conducted on each of the criterion variables. Furthermore, a linear contrast was conducted to test the second hypothesis: While holding the name of the client constant in the vignettes and changing the client's physical appearance, were differences in counselor multicultural competence, empathy, and multicultural counseling self-efficacy moderated by trainee race? In other words, while keeping the name as Sara, but changing the physical appearance from not wearing a full head covering to wearing a full head covering, did trainee race moderate the differences in multicultural competence, empathy, and multicultural counseling self-efficacy between Vignette 1 and Vignette 2? Lastly, I conducted a linear contrast to compare Vignette 2 to Vignette 3 to address the third research question: While holding the picture constant and changing the name of the client, were the differences between White trainees and trainees of color on the variables of multicultural competence, empathy, and multicultural counseling self-efficacy moderated by trainee race? In other words, while keeping the image of the same woman with a full head covering, but changing the name from Sara to Fatima, did trainee race moderate the differences in multicultural competence, empathy, and multicultural counseling self-efficacy between Vignette 2 and Vignette 3?

For the exploratory qualitative questions on participant assumptions about client, responses from the participant questionnaire were reviewed and categorized by two researchers. The research team consisted of two advanced doctoral students in counseling psychology (one Iranian American woman and one European American male). Based on a discovery oriented approach to qualitative data analysis, each of the researchers reviewed all of the data independently, developed a broad list of themes, sorted the themes into categories, and labeled

the categories (Ladany, Hill, Corbett, & Nutt, 1996; Mahrer, 1988; Yeh & Inman, 2007). The team then came together and discussed and combined the categories into a preliminary category system. This system was used to code the data by sorting data responses into the created categories. The categories were revised several times until the category system was finalized. After the categories were agreed upon, the researchers coded the data individually for each question, then in pairs reviewed and discussed the emerging patterns and coding. Once one researcher completed coding of the data for a question, that coding was reviewed by the other researcher for auditing purposes and disagreements or suggestions were resolved through discussion.

CHAPTER IV

Results

Preliminary Analyses

A series of multivariate analyses of variance (MANOVAs) were conducted, specifying the four measures of interest in this study as the dependent variables (i.e., Multicultural Competence, Cognitive Empathy, Affective Empathy, and Multicultural Counseling Self-Efficacy) and using each categorical demographic factor (e.g., participant gender, age group, race, religion, sexual orientation, type of training program, theoretical orientation, counseling experience, multicultural courses taken, and trainee experience with multicultural trainings) as the independent variable to examine whether the participants' demographic variables influenced the outcomes of this study. The alpha level was set to $p < .001$ to minimize Type I error and have a conservative estimate of any potential confounding effects. The MANOVA results all showed non-significant group differences, indicating that none of the demographic variables were likely to be confounding variables in this study.

In addition, an attrition analysis was conducted to determine if any participant demographic variables influenced participant attrition (i.e., whether or not participants stayed in the study or dropped out). Seventy of the 355 people who accessed the link to this study and provided at least demographic information dropped out. To determine if participants' demographic factors influenced their status in the study (i.e., completed all measures versus dropped out), chi-square analyses were conducted that assessed the relationship between participant's status and each of the following demographic variables: vignette assignment, race, gender, religion, sexual orientation, age group, type of training program, theoretical orientation, counseling experience, multicultural courses taken, and trainee experience with multicultural

trainings. Chi-square results indicated that participants' demographic variables were not significantly related to attrition from the study at the alpha level of $p < .001$.

Correlations were calculated for the four dependent variables (i.e., Multicultural Competence, Affective Empathy, Cognitive Empathy, and Multicultural Counseling Self-Efficacy). The correlation matrix, means, and standard deviations for these four variables is presented in Table 1. Correlation analyses revealed small to moderate correlations between the dependent variables. Multicultural competence was significantly correlated with affective empathy ($r = .153$, $p = .014$), cognitive empathy ($r = .276$, $p < .001$), and multicultural counseling self-efficacy ($r = .623$, $p < .001$). Affective empathy was significantly correlated with cognitive empathy ($r = .210$, $p = .001$). Cognitive empathy was significantly correlated with multicultural counseling self-efficacy ($r = .275$, $p < .001$).

Participant means and standard deviations for all dependent variables separated by race are presented in Table 2. See Table 3 for means and standard deviations for the participant scores on all four dependent variables separated by vignette assignment. Table 4 reflects participant mean scores and standard deviations on all four dependent variables for all six cells of the design. For a pictorial representation of the means of each of the four dependent variables across the vignette type, refer to Figures 1.1-1.4.

Data Analyses

A 2 (Trainee Race: trainee of color/White trainee) x 3 (Vignette type: V_1, V_2, V_3) factorial MANOVA was conducted to examine differences between trainee race across three clinical case vignettes in terms of four dependent variables measuring competent counseling for Middle Eastern American clients (i.e., multicultural competence, cognitive empathy, affective empathy, and multicultural counseling self-efficacy). Prior to conducting the analysis, the data

were evaluated with regard to meeting statistical assumptions for this procedure. Independence of observations was assumed, and all variables met the assumption of multivariate normality given the following: (1) skewness and kurtosis values that were within acceptable ranges ($< |\pm 2|$) (Lomax, 2001), (2) normal probability plots that indicated no substantial departures from normality, and (3) scatter plots of the pairs of dependent variables that showed the expected elliptical pattern (Stevens, 2002), satisfying bivariate normality. Box's test also indicated that the assumption of homogeneity of covariance matrices between the groups was met ($p = .076$).

The multivariate test for the trainee race main effect found significant differences (Wilks' $\lambda = .922$, F (4, 247) = 5.218, $p < .001$) between trainees of color and white trainees on two of the four dependent variables being analyzed. Follow up univariate ANOVAs revealed that trainees of color ($M = 102.73$) had significantly higher multicultural competence scores (F (1, 250) = 14.314, $p < .001$) than White trainees ($M = 98.82$). In addition, trainees of color ($M = 7.84$) had significantly higher multicultural counseling self-efficacy scores (F (1, 250) = 6.667, $p = .010$) than White trainees ($M = 7.48$). Multivariate tests for the interaction effect of Vignette and Race were not statistically significant (Wilks' $\lambda = .986$, F (8, 494) = .437, $p = .899$). These values are presented in Table 5.

Although the interaction effect of Vignette and Race was not statistically significant, I still conducted the planned linear contrasts to test the second and third research hypotheses. Specifically, I conducted analyses to compare Vignette 1 to Vignette 2 to determine if, while holding the name of the client constant and changing the picture, the differences between White trainees and trainees of color on the variables of multicultural competence, empathy, and multicultural counseling self-efficacy were moderated by trainee race. Results of this contrast were not statistically significant (Wilks' $\lambda = .993$, F (4, 247) = .420, $p = .794$). Thus, my second

research hypothesis that trainee race will moderate the difference between Vignette 1 and Vignette 2 on measures of multicultural competence, empathy, and multicultural counseling self-efficacy was not supported. In addition, I conducted the planned linear contrast analysis to compare Vignette 2 to Vignette 3 to determine if, while holding the picture constant and changing the name of the client, the differences between White trainees and trainees of color on the variables of multicultural competence, empathy, and multicultural counseling self-efficacy were moderated by trainee race. Results of this contrast were not significant (Wilks' $\lambda = .991$, F $(4, 247) = .551$, $p = .698$). These results do not provide support for my third research hypothesis that trainee race will moderate the difference between Vignette 2 and Vignette 3 on measures of multicultural competence, empathy, and multicultural counseling self-efficacy.

Descriptive Analysis

Participants were asked two open-ended questions to gather information about their assumptions about the client in the vignette they received. The first question was, "In one statement or less, please indicate from which Middle Eastern country you think your client is a descendent?" followed by the second question, "In 2-3 sentences, please describe any other assumptions you made about this client (i.e., what are the client's values, other variables that contribute to client's stress, the client's spiritual or religious beliefs, etc.)." These open-ended questions were an exploratory aspect of this study.

Assumptions about Country of Origin

The first question, "In one statement or less, please indicate from which Middle Eastern country you think your client is a descendent," revealed a variety of responses. See Table 6. Three case vignettes were used to represent Middle Eastern American clients. Vignette 1 and Vignette 2 presented a client with the same name (i.e., Sara), but with a different picture.

Vignette 1 had a picture of a woman without a full head covering, and Vignette 2 had a picture of a woman with a full head covering. Vignette 2 and Vignette 3 presented a client with a different name (i.e., name was Fatima for Vignette 3) but the same picture. Across vignettes, 13% of White trainees who received Vignette 1, 16% of White trainees who received Vignette 2, and 26% of White trainees who received Vignette 3 assumed that the client was from Iran. In addition, when comparing Vignette 2 and Vignette 3, 18% of the White trainees who received Vignette 2, and 12% of the White trainees who received Vignette 3, assumed that the client was from Saudi Arabia. Lastly, 43% of White trainees who received Vignette 1, 30% of White trainees who received Vignette 2, and 27% of White trainees who received Vignette 3 did not respond to the question regarding the client's country of origin.

The first question about client's country of origin revealed similar variety in responses from trainees of color. Across vignettes, 4% of trainees of color who received Vignette 1, 16% of trainees of color who received Vignette 2, and 26% of trainees of color who received Vignette 3 assumed that the client was from Iran. In addition, when comparing Vignette 2 and Vignette 3, 26% of the trainees of color who received Vignette 2, and 9% of the trainees of color who received Vignette 3, assumed that the client was from Saudi Arabia. Results also indicated that 43% of trainees of color who received Vignette 1, 23% of trainees of color who received Vignette 2, and 23% of trainees of color who received Vignette 3 did not respond to the question regarding the client's country of origin. Interestingly, for both White trainees and trainees of color who received Vignette 2, the highest percentage of responses (18% and 26% respectively) reflected the assumption that the client was from Saudi Arabia.

Additional Assumptions about Client

The second question posed to the participants, "In 2-3 sentences, please describe any other assumptions you made about this client (i.e., what are the client's values, other variables that contribute to client's stress, the client's spiritual or religious beliefs, etc.)" revealed varying assumptions that the participants made about the client. See Table 7 for the most common categories of assumptions. See Table 8 for a full break down of assumptions by trainee race and vignette type. Nearly a quarter of White trainees (24%) who received Vignette 2 assumed that the client values family, whereas a greater percentage (50%) of trainees of color who received this vignette made the same assumption. For the trainees who received Vignette 2, 36% of the White trainees assumed that the client was Muslim, whereas a greater percentage (50%) of trainees of color made this assumption. In addition, as the vignettes presented a client that appeared to be more MEA, all trainees progressively made the assumption that the client had experienced racial and/or ethnic discrimination, that the client was experiencing some acculturation issues, and that the client was religious. Furthermore, across vignettes, a small number of participants made assumptions about the client that were unrelated to the vignette. For example, some trainees assumed that the client had experienced oppression because of her gender, was married, or was supporting the family business. See Table 9 for a breakdown of these responses.

CHAPTER V

Discussion

Middle Eastern Americans (MEA) are made up of ethnically diverse, marginalized individuals who face the difficulties of living their daily lives in a hostile environment (Bozorgmehr & Bakalian, 2008). This has lead to increased anxiety, depression, and acculturated stress for this population, especially after September 11, 2001 (Amer, 2005). As such, investigating counselor variables and attributes that comprise culturally competent counseling for MEA clients is an important research endeavor. Cross cultural research (Constantine & Ladany, 2001; Klineberg, 1983; Patterson, 1996; Sue & Sue, 2008) suggests that multicultural competence, empathy, and self-efficacy are salient characteristics for working with culturally diverse clients. Relatedly, the current study utilized clinical case vignettes, each representative of a Middle Eastern American client who varied from *least* to *most* MEA characteristics from one vignette to another. Vignettes were used to determine if differences in the variables of counselor multicultural competence, empathy, and multicultural counseling self-efficacy between the vignettes were influenced by the race of the trainees. The findings of this study as well as the limitations, implications, and future directions for this work are discussed.

Multicultural Competence, Empathy, and Counseling Self-Efficacy

The purpose of this study was to determine if trainee race moderated the differences in multicultural competence, empathy, and multicultural counseling self-efficacy between the three different vignettes that were used in this study. I specifically hypothesized that, as the case vignettes illustrated a client who appeared more Middle Eastern American, the differences between White trainees and trainees of color would become larger with trainees of color consistently reporting higher scores than White trainees on measures of multicultural

competence, empathy, and multicultural counseling self-efficacy. Results from this study suggest that the differences in the dependent variables of multicultural competence, empathy, and multicultural counseling self-efficacy between the vignettes were not moderated by the trainee race. Thus, it is important to discuss why this study did not reveal a significant interaction effect for trainee race and the vignette type.

One factor to consider is that the differences between the client descriptions from one vignette to another may have been too subtle, thus eliciting similar responses for measures of multicultural competence, empathy, and multicultural counseling self-efficacy from one vignette to another. Perhaps because all of the vignettes described the client as "Middle Eastern American," they elicited similar reactions and responses to measures of the dependent variables. Another factor to consider regarding the vignettes is that the client in the vignette had phenotypic characteristics that were very similar to European American characteristics (e.g., fair skin color, lighter facial features). Perhaps if another individual were in the picture (i.e., someone with darker skin tone or darker features) or if the gender of the client were changed to represent a Middle Eastern American male, the vignettes may have elicited different responses from the participants.

Relatedly, some participants noted that the client presented in the pictures was "very attractive". A study by Cash and Salzbach (1978) revealed that unattractive people elicited less empathy when compared to attractive people. Thus, perhaps, the level of perceived attractiveness of the client in the picture could have influenced the degree of empathy reported from the participants.

Lastly, another factor to consider is that perhaps participants' racial or ethnic identity influenced their responses to the questionnaires. For example, one participant marked her race as

“White” on the demographic questionnaire, but in the “other” section explained that she was adopted by a Black family when she was young and ethnically self-identified as Black. Research has documented a positive relationship between racial identity and multicultural competence where higher levels of racial identity have correlated with higher levels of multicultural counseling competency (Vinson & Neimeyer, 2003). Thus, the differences in multicultural competence, empathy, and multicultural counseling self-efficacy between the varying vignette types may have been moderated by trainee racial or ethnic identity.

Although the study’s findings did not support my main research hypotheses, this study did reveal some significant, noteworthy findings. Results from this study indicate a significant difference between White trainees and trainees of color on multicultural competence. Specifically, trainees of color reported higher levels of multicultural competence than White trainees. These findings are consistent with previous empirical findings that suggest that counselors of color score significantly higher than White counselors across a number of multicultural competence subscales that measure counselor awareness, knowledge, and skills with culturally diverse clients (Ponterotto et al., 1996; Pope-Davis, Dings, & Ottavi, 1995; Pope-Davis, Reynolds, Dings, & Neilson, 1995; Sodowsky, 1996; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). Findings from this study suggest that the varied experiences of the White trainees and the trainees of color are in fact related to their self-perceived multicultural counseling competencies. In comparison to other studies that investigated racial group differences on multicultural competence as part of their preliminary analyses, an additional strength of this current study is that the study’s main focus was to investigate differences between White trainees and trainees of color on multicultural counseling competence with Middle Eastern American clients through the use of self reports of multicultural counseling

competence. Furthermore, the current study asked participants to imagine themselves as a therapist for a specific, Middle Eastern American client and report their multicultural counseling competence with respect to that client.

Results from this study also suggest a significant difference between White trainees and trainees of color on multicultural counseling self-efficacy. When compared to White trainees, trainees of color reported higher levels of multicultural counseling self-efficacy. These findings are consistent with Sheu and Lent's (2007) empirical findings that suggest that racial/ethnic minority trainees reported higher levels of multicultural counseling self-efficacy than White trainees. Findings from this study and from Sheu and Lent's (2007) research suggest that there are differences between White trainees and trainees of color on some dimensions of multicultural counseling self-efficacy. When compared to Sheu and Lent's (2007) research that found racial/ethnic group differences as part of their follow up analyses, a forte of this current study was the *a priori* focus on investigating racial/ethnic group differences on multicultural counseling self-efficacy.

Although the results suggest a statistically significant group difference between White trainees and trainees of color on multicultural counseling self-efficacy, it is important to note whether or not this statistically significant finding translates into practical significance. As much as statistical significance is highlighted in empirical research, it does not necessarily reveal whether or not the findings make a real difference in the daily lives of clients (Pintea, 2010). Thus, it is important to discuss the practical significance of this finding, given that the difference between marginal mean scores for the White trainees ($M = 7.5$) and trainees of color ($M = 7.9$) on the multicultural counseling self-efficacy measure was 0.40. Perhaps this relatively small difference may not translate into the trainee's therapy work with clients. It is difficult to believe

that the therapy between White trainees and trainees of color in this study might look significantly different from one another solely based on their multicultural counseling self-efficacy scores, thus suggesting limited practical significance for this finding. Alternatively, from the client's perspective, having a counselor with a higher level of multicultural counseling self-efficacy, even of 0.40, might make enough of a difference for the client to choose the counselor with the higher multicultural counseling self-efficacy score if given the opportunity.

Assumptions about Middle Eastern Americans

The purpose of the last participant questionnaire in this study was to gain insight into what assumptions the participants made about the Middle Eastern American client that was presented in their assigned vignettes. The first item on the questionnaire, "In one statement or less, please indicate from which Middle Eastern country you think your client is a descendent," revealed that some participants lacked knowledge of what countries comprised the Middle East. When asked to respond with a specific country, participants named cities (e.g., Tel Aviv) as opposed to countries and they also named countries that are not considered to be part of the Middle East (e.g., India). Furthermore, participants also named areas of the Middle East that do not exist (e.g., Persia, Arabia, and Arab). These findings suggest that, although self-report measures can be effective for assessing general counselor competence (i.e., counselor multicultural knowledge and/or awareness), alternative methods to assess competence such as open-ended questions may provide additional information about a counselor's knowledge, assumptions, or biases that may not be revealed with a questionnaire. Thus, the open-ended questions added another layer of information about trainee knowledge and awareness about the client in their assigned vignette.

The second question posed to the participants, “In 2-3 sentences, please describe any other assumptions you made about this client” revealed interesting participant assumptions. For example, a few participants across the vignettes assumed that the client was married - despite the fact that marital status was not mentioned in the client description. These assumptions were made in the vignettes where the client was wearing a full head covering, suggesting that she wore the head covering because of her marital status. Other responses reflected stereotypes about the client’s culture such as, “I assumed that the client was very close to her female relatives and perhaps had a strict or very traditional father,” or “Probably comes from a patriarchal society and perhaps is less valued as a female.” Some of the participants also assumed that the client was Muslim and extremely religious. This particular assumption may perhaps tap into negative counselor biases resulting from stereotypes that tend to connect the terms “Muslim fanatic” with the term “terrorist” (Shaheen, 2009).

Participants who made the abovementioned assumptions included both White trainees and trainees of color across the three vignettes. The qualitative questions that assessed participant assumptions added a unique depth to this study because they gave trainees an opportunity to reflect on and share their assumptions about the client in their assigned vignettes. For example, a small number of participant responses reflected stereotypical assumptions associated with Middle Eastern Americans or projected a belief about the client that was absent from the vignette (see Table 9). For example, a typical stereotype of Middle Eastern Americans is that Islam is oppressive towards women (Shaheen, 1997, 2009), which is reflected in Table 9. Trainees projecting their beliefs or stereotypical assumptions onto the client can be detrimental to the therapeutic work.

Future studies can perhaps link the information gathered from scores on the measures of this study's dependent variables of multicultural competence, empathy, and multicultural counseling self-efficacy to the participant assumptions. In order to do this, future studies can ask participants a specific question (e.g., "Did you make an assumption about the client's religion?). If the participant responds yes, then a follow-up question could be, "List one assumption you made about the client's religion". In addition, a check-list of assumptions may be added to the questionnaire to give participants an opportunity to check off any additional assumptions that they may have made about the client in the vignette (e.g., assumptions about family, education, etc.). Asking these specific questions will allow the researcher to form specific categories in order to effectively link the qualitative data to the quantitative data. For example, participants who made assumptions about religion may be compared to those who did not make those assumptions on measures of multicultural competence. An alternate method could be to have two separate aspects of a study: 1) a quantitative piece and 2) a qualitative piece. For the qualitative piece, researchers can conduct interviews with the participants that will allow for follow-up questions in the moment. This method will allow researchers to gather more in-depth information from participants regarding their assumptions, biases, or stereotypes about Middle Eastern Americans.

Limitations

Although this study reveals some interesting findings, it is not without limitations. A threat to external validity is a concern because results are not generalizable for all trainees due to varying participant demographics. For example, most of the participants in this study were women, and participants did not equally represent all counseling training programs. Furthermore, because the term Middle Eastern resembles multiple countries, results may not be generalizable

to one specific Middle Eastern country. Lastly, the use of vignettes may be limiting in their abilities to capture and represent a real, live client.

When assessing the potential threats to validity for this study, a number of threats to internal validity should be mentioned. The threat of selection (Heppner, Kivlighan, & Wampold, 1999) exists because there was no random selection for this study. A convenience sample was used to attempt to form a homogeneous group of trainees without controlling for differences between the groups that existed before participation in the study. Yet the experimental nature of the study with random assignment to and comparison of participants across vignettes may have countered this limitation. The random assignment emphasizes experimental control and internal validity (Heppner et al., 1999). In addition, because this study assessed empathy and multicultural competence, trainees may have wanted to appear more empathic or more culturally competent than they actually were, which poses the threat of evaluation apprehension (Heppner et al., 1999). Future studies should incorporate a social desirability measure to assess for the threat of evaluation apprehension. In fact, of the 355 trainees who actually accessed the link to participate in the study, 29 dropped out immediately upon receiving the vignette with the attached client picture, and 70 dropped out partway through the study. Participants who dropped out of the study may not have been interested in multicultural competence, or they may have felt a lack of confidence in their ability to appear multiculturally competent upon seeing the picture of the Middle Eastern American client assigned to their vignette.

Threats to construct validity include mono-method bias and mono-operation bias (Heppner et al., 1999). The threat of mono-method bias is present in the study because all of the constructs were measured by self-reports. Mono-operation bias is reflected in the study because only one measure was used to assess each construct. Future studies should include alternate

methods of measurement to assess one construct. For example, although the multicultural competence scale used in this study measured trainees' perceived levels of multicultural knowledge, awareness, and skills, criticisms of multicultural competence measures often highlight the difficulties of such measures capturing trainee *actual* multicultural skills (Constantine & Ladany, 2000). Perhaps future studies can include a multicultural case conceptualization that would require trainees to develop a conceptualization of both the etiology and treatment for client's presenting problems after reading the case vignette (Inman, 2006; Ladany, Inman, Constantine, & Hofheinz, 1997) as another avenue to assess trainee multicultural counseling skills.

Implications

Counselor multicultural competence, empathy, and multicultural counseling self-efficacy have been deemed as essential counselor characteristics for competent, effective psychotherapy across cultures (Constantine & Ladany, 2001; Sue & Sue, 2008). Although the counseling psychology literature has explored the area of counselor competence in general, a gap still remains in the literature regarding counselor competence with specific marginalized populations. One population in particular that has been overlooked regarding counselor competence is Middle Eastern Americans (MEA). The current study enhances our understanding of how both trainees of color and White trainees respond to MEA clients in terms of overall multicultural competence, empathy, and multicultural counseling self-efficacy. The findings have significant implications for theory, research, and practice.

Theory. Previous theories of counselor multicultural competence have included the following six dimensions: 1) self-awareness, 2) general knowledge of multicultural issues, 3) understanding of unique client variables, 4) counseling working alliance, 5) multicultural

counseling self-efficacy, and 6) multicultural counseling skills (Constantine & Ladany, 2001). This study examined 5 of the 6 variables proposed in Constantine and Ladany's (2001) theory and found support for 1) self-awareness (i.e., counselor's ability to understand his or her own multiple identities), 2) knowledge of multicultural issues (i.e., counselor's general knowledge of multicultural issues affecting the client), 3) understanding unique client variables (i.e., the psychological and social challenges that the client experiences as a result of living in a multicultural society), 4) multicultural counseling self-efficacy (i.e., counselor's confidence to perform multicultural counseling skills), and 5) multicultural counseling skills (i.e., counselor's actual ability to perform multicultural assessments). Specifically, the self-report measures utilized in this study examined participants' multicultural knowledge, awareness, skills, and counseling self-efficacy. The open-ended questions highlighted trainee assumptions about the client's unique social and psychological experiences and revealed facets of trainee self-awareness and knowledge with respect to the client's culture.

The current study supports Constantine and Ladany's (2001) theory of multicultural competence by investigating multicultural competence of both White trainees and trainees of color. Because theory suggests that counselor multicultural awareness is measured by assessing counselor knowledge, awareness, and skills (Constantine & Ladany, 2001; Sue & Sue, 2008), the current study provides further empirical evidence that these areas do actually constitute multicultural awareness in both White trainees as well as trainees of color. Particularly, the descriptive data revealed that counselors' general knowledge about the client is essential, especially basic knowledge of the client's country of origin. For example, most of the assumptions of the client's country of origin made by both White trainees and trainees of color reflected that the client was from either 1) Iran, 2) Saudi Arabia, or 3) made no response.

Trainees pulled from their general knowledge of what they thought women from those areas of the world look like, and then made the assumption. Perhaps their assumptions were based on the recent images that are portrayed in the media of Iranian and Saudi Arabian women who wear black head coverings or hijabs. In addition, both trainees of color and White trainees made assumptions about how acculturation and racial and ethnic discrimination might have affected the client- portraying knowledge of how the client's multicultural environment influenced her presenting situation.

Multicultural competence and multicultural counseling self-efficacy are important constructs to assess with all trainees. This study revealed significant group differences on multicultural competence and multicultural counseling self-efficacy between White trainees and trainees of color. Thus, these findings suggest that trainee race is in fact a variable that influences trainee self-reports of multicultural competence. Furthermore, findings from this study expand on current theories of multicultural competence to include and identify counselor variables that actually constitute multicultural competence for working with Middle Eastern Americans. For example, the qualitative findings from this study (i.e., assumptions made about the client) highlighted the importance of multicultural knowledge and self-awareness when working with diverse groups. Trainee responses also suggested that unique client characteristics (e.g., full head covering, client's name) may elicit different trainee reactions based on trainee awareness and knowledge about Middle Eastern Americans. Some White trainees assumed that the client's values were different from their own- suggesting that those counselors were aware of the different cultural identities between themselves and the client. Other trainees -- both White and those of color assumed that the client was oppressed or followed traditional stereotypical gender roles -- suggesting a lack of self-awareness of biases or stereotypes that are projected on to the

client. In accordance with findings from Sabbah et al. (2009), findings from this study suggest that trainees lack knowledge about the worldview of Middle Eastern Americans. However, these findings provide further support that awareness of biases, and knowledge about the client are essential for multicultural competence (Constantine and Ladany, 2001; Sue, 2008).

Empathy is another counselor variable that is important to consider when working with diverse clientele such as Middle Eastern Americans. Theoretically, cultural empathy (Ridley & Lingle, 1996; Trimble, 2010) and ethnocultural empathy (Wang, Davidson, Yakushko, Savoy, Tan, & Bleier, 2003) have been used in the counseling psychology literature to provide a better understanding of the role of empathy in counseling diverse cultural groups. Findings from this study suggest that White trainees and trainees of color do not differ in their levels of empathy towards Middle Eastern American clients. Perhaps categorizing trainees solely on the basis of their racial demographics is limiting and not inclusive of other trainee variables that may influence empathy such as racial or ethnic identity, and exposure to or experience working with MEA clients.

Similar to multicultural competence and empathy, counselor self-efficacy is an additional variable that is salient when working with diverse clientele such as Middle Eastern Americans. Theories of counselor self-efficacy suggest that therapist self-efficacy beliefs are based on personal experiences (Bandura, 1977); therapist self-efficacy will increase over time if faced with similar experiences that require the counselor to perform familiar activities. In an effort to link self-efficacy to multicultural competence, Sheu and Lent (2007) theorized that multicultural counseling self-efficacy is the counselors' self-efficacy regarding their perceived ability to provide individual therapy to clients who are racially different from the therapist. Findings from this study support Sheu and Lent's theory of multicultural counseling self-efficacy by

demonstrating further evidence for the construct of multicultural counseling self-efficacy. Moreover, this study revealed that there are indeed group differences between White trainees and trainees of Color on multicultural counseling self-efficacy and align with Bandura's self-efficacy theory. In other words, trainees of color may have higher multicultural counseling self-efficacy when working with clients of color due to the increased exposure that persons of color have to cross-cultural situations (Bandura, 1977). Thus, future theories of multicultural counseling self-efficacy can consider counselor race as a factor that influences self-efficacy in working with diverse clientele such as Middle Eastern Americans.

Research. With regard to research implications, the current study expands both the empirical literature on multicultural competence, empathy, and multicultural counseling self-efficacy and the scant literature on Middle Eastern Americans. This study revealed significant differences between White trainees and trainees of color on the variables of multicultural competence and multicultural counseling self-efficacy, but not on empathy. These findings warrant future investigation as to why there are differences between trainees of color and White trainees on some measures that are essential for working with diverse client populations (e.g., multicultural competence and multicultural counseling self-efficacy) and not others (e.g., empathy). Perhaps, other counselor variables such as differing levels of trainee racial/ethnic identity are perhaps contributing to these group differences on some variables and not others. Chao et al. (2011) found that multicultural training can moderate the relationship between trainee race and multicultural awareness; thus, trainee level and years of multicultural training are other potential variables that may be contributing to differences between White trainees and trainees of Color on multicultural competence, empathy, and counseling self-efficacy with MEA. Future

investigations should explore the role of trainee racial/ethnic identity as well as trainee level of multicultural training in relation to counselor multicultural competence with MEA.

In terms of research methods, the current study used clinical case vignettes to present a Middle Eastern American client to trainees. Although case vignettes can paint an accurate picture of a client, they still present limitations in creating a real life clinical experience for the trainee. Perhaps future research studies can use alternate methods to portray a real life client such as a video recording or live role play of an actor portraying a Middle Eastern American client. Relatedly, future research approaches to measuring trainee multicultural competence can utilize other methods to measure trainee's *actual* multicultural counseling skills such as asking them to write a case conceptualization of the client as opposed to self-report measures of multicultural competence, which do not measure trainee case conceptualization skills. The multicultural case conceptualization would require trainees to develop a conceptualization of both the etiology and treatment for client's presenting problems after reading the case vignette (Inman, 2006; Ladany, Inman, Constantine, & Hofheinz, 1997).

Lastly, the exploratory open-ended research questions posed at the end of this study revealed important information about the participants' assumptions of the Middle Eastern American client portrayed in their assigned vignettes. Future studies can take a qualitative approach to obtain a more accurate picture of trainee assumptions about the client. For example, an in-person interview with the trainee can allow the researcher to further probe the trainee for more information about client assumptions, stereotypes, and generalizations.

Practice. The current study presents salient practical implications in both the educational and clinical training realms of counseling psychology. Specifically, clinical case vignettes are a useful learning medium in the classroom (Morrison, Stettler, & Anderson, 2004; Schoenberg &

Ravdal, 2000). Educators in the mental health field can incorporate the use of clinical case vignettes into coursework that highlights counselor competence with MEA clients. Within the classroom, the vignettes can initiate a journey of self-exploration for trainees during which they can speak to their biases, thoughts, values, and stereotypes related to the client portrayed in the vignette. The classroom is an alternate place where beginning counselors have the opportunity to not only discuss, but process their feelings and experiences related to learning about Middle Eastern Americans. Similarly in clinical training, clinical supervisors at training sites can include case vignettes of MEA clients into their training seminars. Use of vignettes can expose trainees to issues concerning Middle Eastern Americans, and increase their awareness and knowledge about this community's concerns. Furthermore, in lieu of actual clients, vignettes are a safe way for trainees to have exposure to Middle Eastern clients and experience how their biases may play a role in their therapy work with them. Hence, trainees can address their biases regarding Middle Eastern Americans and process their feelings associated with the experience in supervision.

The constant modeling of trainee self-exploration through coursework, supervision, and clinical training encourages trainee growth towards becoming a culturally competent counselor. As counselors become more aware of how they may react towards a client based merely on his or her physical appearance, trainee interventions, assessments, and diagnoses may also be altered to address different issues related in empathy or multicultural competence. Given that trainees are not immune to sociopolitical forces, the use of case vignettes in coursework, clinical training, and supervision, can provide trainees with multiple opportunities to raise their own awareness of issues concerning Middle Eastern Americans as well as undergo self-exploration of their own biases, values, beliefs, and stereotypes concerning Middle Eastern Americans. Such experiential learning will not only increase the attention given to MEA clients, but may also enhance overall

trainee multicultural competence, empathy, and multicultural counseling self-efficacy with MEA clients.

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Appendix A: Case Vignettes

Imagine you are the counselor for this client. Below is a brief description of her intake information.

Vignette 1

Sara is a 19 year old first year student at X University who self-identifies as Middle Eastern American. Sara arrived to session on time, casually dressed in jeans and a shirt. She has sought counseling due to her recent changes in mood. She reports that ever since the first week of school, she has found herself spending more time alone and less time with friends and family. She reports difficulty concentrating on her work, feels that she is oftentimes irritable, sleeping more than usual, and feels unmotivated to do schoolwork. She denied suicidal ideations because she said it was against her family values and beliefs. Further, she noted that her belief in God sometimes gives her hope that her situation will improve. Sara was referred to counseling by a religious leader in her community. In terms of family support, Sara reports that she is very close with her family and feels that her family is supportive of her.

Vignette 2

Sara is a 19 year old first year student at X University who self-identifies as Middle Eastern American. Sara arrived to session on time, casually dressed in jeans and a shirt. She has sought counseling due to her recent changes in mood. She reports that ever since the first week of school, she has found herself spending more time alone and less time with friends and family.

She reports difficulty concentrating on her work, feels that she is oftentimes irritable, sleeping more than usual, and feels unmotivated to do schoolwork. She denied suicidal ideations because she said it was against her family values and beliefs. Further, she noted that her belief in God sometimes gives her hope that her situation will improve. Sara was referred to counseling by a religious leader in her community. In terms of family support, Sara reports that she is very close with her family and feels that her family is supportive of her.

Vignette 3

Fatima is a 19 year old first year student at X University who self-identifies as Middle Eastern American. Fatima arrived to session on time, casually dressed in jeans and a shirt. She has sought counseling due to her recent changes in mood. She reports that ever since the first week of school, she has found herself spending more time alone and less time with friends and family. She reports difficulty concentrating on her work, feels that she is oftentimes irritable, sleeping more than usual, and feels unmotivated to do schoolwork. She denied suicidal ideations because she said it was against her family values and beliefs. Further, she noted that her belief in God sometimes gives her hope that her situation will improve. Fatima was referred to counseling by a religious leader in her community. In terms of family support, Fatima reports that she is very close with her family and feels that her family is supportive of her.

Appendix B:
Recruitment Letter for Training Directors

Dear Training Director,

I am a doctoral student at Lehigh University studying trainee multicultural competence with culturally diverse clients for my doctoral dissertation. I am writing to ask if you would be willing to email the attached recruitment letter to potential participants (i.e., graduate student trainees in your program).

Thank you for your time and assistance in contacting potential participants. If you have any questions or concerns about the project, you may contact me, Sepideh Soheilian at (610) 758-3880 or sss306@lehigh.edu or you may also contact my research advisor Dr. Arpana G. Inman at (610) 758-4443or agi2@lehigh.edu and/or the Institutional Review Board at (610) 758-3020. Thank you once again for your help.

Sincerely,

Sepideh Soheilian, M.Ed.
Doctoral Student
Counseling Psychology
Lehigh University

Arpana G. Inman, Ph.D.
Research Advisor
Counseling Psychology
Lehigh University

Appendix C:
Recruitment Letter for Participants

Dear Practicum Student or Intern,

I am conducting a study on trainee multicultural competence with diverse clients. The purpose of this study is to gain an understanding of what trainee variables influence competency for working with culturally diverse clientele. I am seeking both Master's and Doctoral level counselor trainees across counseling programs such as marriage and family therapy, counseling, clinical, social work, and counselor education programs.

Your participation is completely voluntary and you may withdraw your participation from this study at any time by simply closing your internet browser. If you choose to withdraw from this study, your relationship with Lehigh will not be jeopardized in any way. Your participation in this study will help to increase knowledge that may benefit others in the future regarding what issues are important when counseling culturally diverse individuals. A potential minimal risk you may incur by participating in this study is some minor psychological discomfort as you reflect upon these issues. However, I anticipate that this potential discomfort will be outweighed by the gains of discovering new things about yourself and increasing knowledge in the area of multicultural competence.

If you choose to participate in this study, your completion of the questionnaire will constitute your informed consent. Once you press the submit button at the end of the survey, your responses will be anonymously stored with all the other responses. I will maintain complete confidentiality of your responses. I will never ask you to disclose your full name, or your institutional affiliation at any time during your participation.

In order to participate, please click on the following link. This link can be clicked on, or copied-and-pasted into your internet browser **[Psycdata.com]**. The survey will take approximately 10-15 minutes to complete. Please feel free to forward this announcement to others in your field that may be willing to participate.

I hope that you will find this task to be thought-provoking and stimulating. If you have any questions or concerns about the project, please feel free to contact me, Sepideh Soheilian at (610) 758-3880/sss306@lehigh.edu or you may also contact my research advisor Dr. Arpana G. Inman, Ph.D. at (610)758-4443/agi2@lehigh.edu and/or the Institutional Review Board at (610) 758-3020. I thank you in advance for your time and participation.

Sincerely,

Sepideh Soheilian, M.Ed.
Doctoral Student
Counseling Psychology
Lehigh University

Arpana G. Inman, Ph.D.
Research Advisor
Counseling Psychology
Lehigh University

Appendix D:
Informed Consent

Dear Colleague:

This is a request for your agreement to participate in a research project conducted by Sepideh Soheilian, M.Ed., Doctoral Student, Counseling Psychology, Lehigh University under the supervision of Dr. Arpana G. Inman, Associate Professor, Counseling Psychology, Lehigh University. The purpose of the study is to gain an understanding of the variables that influence competency for working with culturally diverse clients. The procedures entail reading a case vignette followed by the completion of a demographic questionnaire, and three additional measures.

Your participation in this study will help to increase knowledge that may benefit others in the future through an increased awareness of issues that are important to consider when working with culturally diverse clients. There may be some minimal risk of psychological discomfort associated with reflecting on these issues. However, I anticipate that this potential discomfort will be outweighed by the gains of discovering new things about yourself and increasing knowledge in the field of multicultural counseling.

Your responses will be completely anonymous. You will never be asked for your name, anyone else's name, or your institutional affiliation anywhere on the website. No individual results will be reported. Your completion of the questions will constitute as your informed consent to participate in this study. Your participation is completely voluntary and you may skip any question you do not wish to answer. Once you press the submit button at the end of the survey, your responses will be anonymously stored with all the other responses.

I hope that you will find this task to be thought-provoking and stimulating. If you have any questions or concerns about the project, please feel free to contact me, Sepideh Soheilian at (610) 758-3880/sss306@lehigh.edu or you may also contact my research advisor Dr. Arpana G. Inman, Ph.D. at (610)758-4443/agi2@lehigh.edu and/or the Institutional Review Board at (610) 758-3020. I thank you in advance for your time and participation. Please hit the "next" button at the bottom of this page to proceed.

Sincerely,

Sepideh Soheilian, M.Ed.
Doctoral Student
Counseling Psychology
Lehigh University

Arpana G. Inman, Ph.D.
Research Advisor
Counseling Psychology
Lehigh University

Appendix E:
Demographic Questionnaire

DEMOGRAPHIC INFORMATION

Below are a set of items and questions to gather general information about your background for the purpose of the study. Please write in the response that BEST describes you. This information will be maintained in the strictest of confidence.

01. Your Current Age: _______

02. Gender

☐ Male ☐ Female ☐ Other Gender

03. Race/Ethnicity:

☐ American Indian/Alaskan Native
☐ Black or African American
☐ Hispanic or Latino
☐ Middle Eastern
☐ International Student
(Please specify: ________)
☐ Asian American or Pacific Islander
☐ European American or Caucasian
☐ Multi Racial
☐ Other ______________________

04. What is your religion?

☐ Christian
☐ Muslim
☐ Other ______________________
☐ Jewish
☐ Hindu

05. What is your sexual orientation?

☐ Gay
☐ Bisexual
☐ Other ______________________
☐ Lesbian
☐ Questioning
☐ Heterosexual

06. What type of training program are you in?

☐ Master's level Counseling
☐ Clinical Psychology Master's
☐ Marriage and Family Therapy Master's
☐ Counselor Education, Master's
☐ Clinical Psychology, Psy.D.
☐ Counseling Psychology, Ph.D.
☐ Clinical Psychology, Ph.D.
☐ Marriage and Family Therapy Ph.D.
☐ Counselor Education, Ph.D.
☐ Other ______________________

07. Please indicate the degree to which you agree with the following statement. My training program places a great deal of emphasis on multiculturalism in clinical training.

☐ Strongly Agree
☐ Agree
☐ Agree and Disagree Equally
☐ Disagree
☐ Strongly Disagree

08. How many multicultural courses have you taken in your training program?

☐ 1
☐ 2
☐ 3
☐ 4 or more

09. How many multicultural trainings have you attended?

☐ 1
☐ 2
☐ 3
☐ 4 or more

10. What best describes your theoretical orientation?

☐ Psychodynamic
☐ Behavioral
☐ REBT
☐ Gestalt/Existential
☐ Feminist
☐ Integrative
☐ Other ____________________
☐ Cognitive
☐ CBT
☐ Interpersonal Process
☐ Humanistic
☐ Systems
☐ Eclectic

11. Number of weeks you have done individual counseling

☐ 0-10
☐ 11-20
☐ 21-30
☐ 31-40
☐ 41-50
☐ 50 or more

12. Total number of clients seen

☐ 0-10
☐ 11-25
☐ 26-50
☐ 51-75
☐ 75-100
☐ 100 or more

Appendix F:
Cross Cultural Counseling Inventory—Revised
(*CCCI–R;* LaFromboise, Coleman, & Hernandez, 1991)

The purpose of this inventory is to measure **your** perceptions about **your own** Cross Cultural Counseling Competence. We are interested in **your perception of yourself as a counselor** so please make a judgment on the basis of what the statements in this inventory mean to you. In recording your response, please keep the following points in mind:

a. Please choose the appropriate rating under each statement.

b. Please choose only one response for each statement.

c. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgment—please do not omit any.

1. Counselor is aware of his or her own cultural heritage.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

2. Counselor values and respects cultural differences.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

3. Counselor is aware of how own values might affect this client.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

4. Counselor is comfortable with differences between counselor and client.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

5. Counselor is willing to suggest referral when cultural differences are extensive.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

6. Counselor understands the current socio-political system and its impact on the client.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

7. Counselor demonstrates knowledge about client’s culture.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

8. Counselor has a clear understanding of counseling and therapy process.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

9. Counselor is aware of institutional barriers which might affect client’s circumstances.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

10. Counselor elicits a variety of verbal and non-verbal responses from the client.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

11. Counselor accurately sends and receives a variety of verbal and non-verbal messages.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

12. Counselor is able to suggest institutional intervention skills that favor the client.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

13. Counselor sends messages that are appropriate to the communication of the client.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

14. Counselor attempts to perceive the presenting problem within the context of the client’s cultural experience, values, and/or lifestyle.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

15. Counselor presents his or her own values to the client.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

16. Counselor is at ease talking with this client.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

17. Counselor recognizes those limits determined by the cultural differences between client and counselor.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

18. Counselor appreciates the client's social status as an ethnic minority.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

19. Counselor is aware of the professional and ethical responsibilities of a counselor.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

20. Counselor acknowledges and is comfortable with cultural differences.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

Appendix G:
Interpersonal Reactivity Index
(*IRI;* Davis, 1980)

The following statements ask about your thoughts and feelings in a variety of situations. For each item, show how well it describes you by choosing the appropriate number on the scale. When you have decided on your answer, choose the number for your response. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly and as accurately as you can. Thank you.

Please respond to each item below according to the following scale:

1	2	3	4	5
Does not describe me well				**Describes me very well**

1. I daydream and fantasize, with some regularity, about things that might happen to me.

1	2	3	4	5
Does not describe me well				**Describes me very well**

2. I often have tender, concerned feelings for people less fortunate than me.

1	2	3	4	5
Does not describe me well				**Describes me very well**

3. I sometimes find it difficult to see things from the ‘other guy’s’ perspective.

5	4	3	2	1
Does not describe me well				**Describes me very well**

4. Sometimes I don’t feel very sorry for other people when they are having problems.

5	4	3	2	1
Does not describe me well				**Describes me very well**

5. I really get involved with the feelings of the characters in novels.

1	2	3	4	5
Does not describe me well				**Describes me very well**

6. In emergency situations, I feel apprehensive and ill-at-ease.

1	2	3	4	5
Does not describe me well				**Describes me very well**

7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.

5	4	3	2	1
Does not describe me well				**Describes me very well**

8. I try to look at everybody's side of a disagreement before I make a decision.

1	2	3	4	5
Does not describe me well				**Describes me very well**

9. When I see someone being taken advantage of, I feel kind of protective towards them.

1	2	3	4	5
Does not describe me well				**Describes me very well**

10. I sometimes feel hopeless when I am in the middle of a very emotional situation.

1	2	3	4	5
Does not describe me well				**Describes me very well**

11. I sometimes try to understand my friends better by imagining how things look from their perspective.

1	2	3	4	5
Does not describe me well				**Describes me very well**

12. Becoming extremely involved in a good book or movie is somewhat rare for me.

5	4	3	2	1
Does not describe me well				**Describes me very well**

13. When I see someone get hurt, I tend to remain calm.

5	4	3	2	1
Does not describe me well				**Describes me very well**

14. Other people’s misfortunes do not usually disturb me a great deal.

5	4	3	2	1
Does not describe me well				**Describes me very well**

15. If I am sure I’m right about something, I don’t waste much time listening to other people’s arguments.

5	4	3	2	1
Does not describe me well				**Describes me very well**

16. After seeing a play or movie, I have felt as though I were one of the characters.

1	2	3	4	5
Does not describe me well				**Describes me very well**

17. Being in a tense emotional situation scares me.

1	2	3	4	5
Does not describe me well				**Describes me very well**

18. When I see someone being treated unfairly, I sometimes don’t feel very much pity for them.

5	4	3	2	1
Does not describe me well				**Describes me very well**

19. I am usually pretty effective in dealing with emergencies.

5	4	3	2	1
Does not describe me well				**Describes me very well**

20. I am often quite touched by things that I see happen.

1	2	3	4	5
Does not describe me well				**Describes me very well**

21. I believe that there are two sides to every question and try to look at them both.

1	2	3	4	5
Does not describe me well				**Describes me very well**

22. I would describe myself as a pretty soft-hearted person.

1	2	3	4	5
Does not describe me well				**Describes me very well**

23. When I watch a good movie, I can very easily put myself in the place of a leading character.

1	2	3	4	5
Does not describe me well				**Describes me very well**

24. I tend to lose control during emergencies.

1	2	3	4	5
Does not describe me well				**Describes me very well**

25. When I'm upset at someone I usually try to 'put myself in his shoes' for a while.

1	2	3	4	5
Does not describe me well				**Describes me very well**

26. When I am reading an interesting story or novel, I imagine how *I* would feel if the events in the story were happening to me.

1	2	3	4	5
Does not describe me well				**Describes me very well**

27. When I see someone who badly needs help in an emergency, I go to pieces.

1	2	3	4	5
Does not describe me well				**Describes me very well**

28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

1	2	3	4	5
Does not describe me well				**Describes me very well**

Appendix H:
Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form
(*MCSE-RD;* Sheu & Lent, 2007)

The following questionnaire consists of items asking about your perceived ability to perform different counselor behaviors in individual counseling **with the client you just read about**. Using the 0–9 scale, please indicate how much confidence you have in your ability to do each of these activities **with the client you just read about**. Please circle the number that best reflects your response to each item.

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

1. Openly discuss cultural differences and similarities between the client and yourself.

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

2. Address issues of cultural mistrust in ways that can improve the therapeutic relationship

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

3. Help the client to articulate what she or he has learned from counseling during the termination process

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

4. Where appropriate, help the client to explore racism or discrimination in relation to his or her presenting issues

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

5. Keep sessions on track and focused with a client who is not familiar with the counseling process

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

6. Respond effectively to the client's feelings related to termination (e.g., sadness, feeling of loss, pride, relief)

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

7. Encourage the client to take an active role in counseling

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

8. Evaluate counseling progress in an ongoing fashion

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

9. Identify and integrate the client's culturally specific way of saying good-bye in the termination process

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

10. Assess the client's readiness for termination

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

11. Select culturally appropriate assessment tools according to the client's cultural background

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

12. Interpret standardized tests (e.g., MMPI-2, Strong Interest Inventory) in ways sensitive to cultural differences

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

13. Deal with power-related disparities (i.e., counselor power versus client powerlessness) with a client who has experienced racism or discrimination

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

14. Use nonstandardized methods or procedures (e.g., card sort, guided fantasy) to assess the client's concerns in a culturally sensitive way

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

15. Take into account the impact that family may have on the client in case conceptualization

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

16. Assess relevant cultural factors (e.g., the client's acculturation level, racial identity, cultural values and beliefs)

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

17. Take into account cultural explanations of the client's presenting issues in case conceptualization

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

18. Repair cross-cultural impasses that arise due to problems in the use or timing of particular skills (e.g., introduce the topic of race into therapy when the client is not ready to discuss)

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

19. Conduct a mental status examination in a culturally sensitive way

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

20. Help the client to develop culturally appropriate ways to deal with systems (e.g., school, community) that affect him or her

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

21. Manage your own anxiety due to cross-cultural impasses that arise in the session

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

22. Assess culture-bound syndromes (*DSM-IV*) for racially diverse clients (e.g., brain fag, neurasthenia, nervios, ghost sickness)

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

23. Help the client to set counseling goals that take into account expectations from her or his family

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

24. Help the client to identify how cultural factors (e.g., racism, acculturation, racial identity) may relate to his or her maladaptive relational patterns

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

25. Manage your own racially or culturally based countertransference toward the client (e.g., over identification with the client because of his or her race)

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

26. Encourage the client to express his or her negative feelings resulting from cross-cultural misunderstanding or impasses

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

27. Assess the salience and meaningfulness of culture/race in the client's life

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

28. Take into account multicultural constructs (e.g., acculturation, racial identity) when conceptualizing the client's presenting problems

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

29. Help the client to clarify how cultural factors (e.g., racism, acculturation, racial identity) may relate to her or his maladaptive beliefs and conflicted feelings

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

30. Respond in a therapeutic way when the client challenges your multicultural counseling competency

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

31. Admit and accept responsibility when you, as the counselor, have initiated the crosscultural impasse

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

32. Help the client to develop new and more adaptive behaviors that are consistent with his or her cultural background

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

33. Resolve misunderstanding with the client that stems from differences in culturally based style of communication (e.g., acquiescence versus confrontation)

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

34. Remain flexible and accepting in resolving cross-cultural strains or impasses

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

35. Treat culture-bound syndromes (*DSM-IV*) for racially diverse clients (e.g., brain fag, neurasthenia, nervios, ghost sickness)

0 1 2 3 4 5 6 7 8 9
No confidence at all **Some Confidence** **Complete Confidence**

36. Help the client to utilize family/community resources to reach her or his goals

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

No confidence at all **Some Confidence** **Complete Confidence**

37. Deliver treatment to a client who prefers a different counseling style (i.e., directive versus nondirective)

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

No confidence at all **Some Confidence** **Complete Confidence**

Appendix I: Participant Questionnaire

The following questionnaire assesses your thoughts about the client you read about in the vignette.

1. In one statement or less, please indicate from which Middle Eastern country do you think your client is a descendent?

2. In 2-3 sentences please describe any other assumptions you made about this client (i.e., what the client values, other variables that contribute to client's stress, the client's spiritual or religious beliefs, etc.).

Table 1

Correlation Matrix for the Study Variables

	Variables	*1*	*2*	*3*	*4*	*M*	*SD*
1.	CCCI-R	--	.153*	.276**	.623**	100.060	7.804
2.	EC	.153*	--	.210**	.037	29.367	3.677
3.	PT	.276**	.210**	--	.275**	28.344	3.944
4.	MCSE-RD	.623**	.037	.275**	--	7.641	1.115

* Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

Note. *N* = 256. CCCI-R = Cross Cultural Counseling Inventory-Revised; EC = Empathic Concern Subscale; PT = Perspective Taking Subscale; MCSE-RD = Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form.

Table 2
Marginal Means for Dependent Variables by Participant Race

Dependent Variable	Race	*M*	*SD*
Multicultural Competence	White trainee	98.866	0.582
	Trainee of color	102.780	0.855
Affective Empathy	White trainee	29.409	0.280
	Trainee of color	29.405	0.411
Cognitive Empathy	White trainee	28.604	0.299
	Trainee of color	27.943	0.440
Multicultural Counseling Self-Efficacy	White trainee	7.481	0.081
	Trainee of color	7.855	0.120

Table 3

Marginal Means for Dependent Variables by Vignette

Dependent Variable	Vignette	*M*	*SD*
Multicultural Competence	1	101.262	0.940
	2	100.642	0.903
	3	100.565	0.842
Affective Empathy	1	29.521	0.452
	2	29.940	0.434
	3	28.759	0.405
Cognitive Empathy	1	28.831	0.483
	2	28.434	0.464
	3	27.556	0.433
Multicultural Counseling Self-Efficacy	1	7.712	0.132
	2	7.676	0.126
	3	7.616	0.118

Table 4

Marginal Means for Dependent Variables by Cell

Dependent Variable	Cell		*M*	*SD*
	Race	Vignette		
Multicultural Competence	White trainees	1	98.915	0.996
		2	99.320	1.082
		3	98.364	0.941
	Trainees of color	1	103.609	1.595
		2	101.964	1.445
		3	102.767	1.396
Affective Empathy	White trainees	1	29.695	0.478
		2	29.880	0.520
		3	28.652	0.452
	Trainees of color	1	29.348	0.766
		2	30.000	0.694
		3	28.867	0.671
Cognitive Empathy	White trainees	1	28.661	0.512
		2	28.940	0.556
		3	28.212	0.484
	Trainees of color	1	29.000	0.820
		2	27.929	0.743
		3	26.900	0.718
Multicultural Counseling Self-Efficacy	White trainees	1	7.438	0.139
		2	7.529	0.151
		3	7.476	0.132
	Trainees of color	1	7.986	0.223
		2	7.824	0.202
		3	7.755	0.196

Table 5
Multivariate and Univariate Analyses of Variance for Dependent Variables

	Multivariate		Univariate			
			Multicultural Competence	Affective Empathy	Cognitive Empathy	Multicultural Counseling Self-Efficacy
Source	Wilks' λ	*F*	CCCI-R	EC	PT	MCSE-RD
Race (R)	.922	5.218**[a]	14.314**[b]	0.000	1.548	6.667* [b]
Vignette (V)	.970	0.948	0.175	2.060	2.081	0.156
R x V	.986	0.437	0.375	0.118	0.884	0.345

Note: [a]Multivariate df = (4, 247). [b]Univariate df = (1, 250)
*$p < .05$. **$p < .001$.

Table 6

Trainee Assumptions of Client's Country of Origin

	White Trainees Vignette 1	White Trainees Vignette 2	White Trainees Vignette 3	Trainees of Color Vignette 1	Trainees of Color Vignette 2	Trainees of Color Vignette 3
Afghanistan	3%	4%	4%	--------	3%	9%
Armenia	2%	--------	--------	--------	--------	3%
Arab or Arabia	--------	--------	--------	--------	3%	3%
Egypt	3%	--------	4%	--------	--------	3%
India	5%	2%	3%	9%	3%	
Iran	13%	16%	26%	4%	16%	26%
Iraq	--------	8%	5%	--------	3%	3%
Israel	3%	--------	1%	4%	3%	3%
Jordan	3%	6%	1%	9%	3%	
Lebanon	3%	2%	3%	4%	--------	6%
Pakistan	3%	4%	4%	4%	--------	6%
Persia	--------	--------	--------	9%	--------	--------
Saudi Arabia	2%	18%	12%	4%	26%	9%
Syria	5%	2%	3%	--------	3%	
Turkey	--------	2%	4%	--------	6%	3%
United Arab Emirates	--------	2%	--------	4%	3%	
No Response	43%	30%	27%	43%	23%	23%
Other	12%	4%	3%	6%	5%	3%

Table 7
Categories of Assumptions Made by Trainees

Categories	Definition	Example
Values Family	Family values are important to the client	It seems like client may place high value on family.
Family Stress	Family stress contributed to client's presenting concern	I assumed that family expectations contribute to her stress.
Community	Community is important to the client	I thought she might be influenced by her community.
Racial/Ethnic Discrimination	Client has experienced some level of racial/ethnic discrimination	Assumed she is probably aware of or even subject to the bias of others against her culture because of the public assumption that being Middle Eastern means you support terrorists.
Collectivistic Orientation	Client comes from a collectivistic culture	I assumed that client had a more collectivistic rather than individualistic culture.
Muslim	Client is Muslim	I assumed the client was Muslim.
Christian	Client is Christian	I assumed client is Christian because she believes in God and not Allah.
Religious	Client is religious or spiritual	I assumed that the client has a strong religious faith.
Acculturation	Client is experiencing difficulties as a result of acculturation level	She experiences tensions between US mainstream culture and the culture in which she was raised.
Education	Client and family values education	I considered a possible familial influence in emphasizing academics.
Different Values from Counselor	Client's values differ from those of the counselor	I assumed that the client and I had a lot of differences in the area of family relationships and religion.
Gender Role Stereotypes	Client falls in stereotypical gender role	The usual, no power, female, sexless, property.
Oppression from Patriarchic Society	Client is feeling oppressed by a male-dominated culture	Probably comes from patriarchic society and perhaps is less valued as a female. May value male perspective more than female perspective.
Distrust in Counselor	Client will exhibit distrust in the counselor	I sense that there would be some mistrust of the American system and American institutions (myself included).
Married	Client is married	Client is married.
Ethnic Identity	Client is struggling with aspects of ethnic identity	I am assuming she might be dealing with issues of racial identity.
Need More Information	Participant indicated a need for information before assumptions can be made	I wouldn't know without further information.

Table 8
Trainee Assumptions by Vignette

Assumptions	White Trainees Vignette 1	White Trainees Vignette 2	White Trainees Vignette 3	Trainees of Color Vignette 1	Trainees of Color Vignette 2	Trainees of Color Vignette 3
Values Family	25%	24%	39%	17%	50%	13%
Family Stress	15%	2%	-----	-----	-----	7%
Community	-----	6%	2%	4%	-----	-----
Racial/Ethnic Discrimination	10%	10%	18%	9%	11%	13%
Collectivistic Orientation	3%	-----	2%	-----	4%	3%
Muslim	10%	36%	27%	9%	50%	30%
Christian	2%	-----	-----	-----	-----	-----
Religious	10%	20%	33%	17%	29%	33%
Acculturation	10%	14%	21%	17%	29%	27%
Education	8%	4%	8%	-----	8%	8%
Different Values from Counselor	3%	-----	2%	-----	-----	-----
Gender Role Stereotypes	5%	12%	8%	4%	14%	-----
Oppression from Patriarchic Society of Islam	-----	10%	7%	4%	11%	20%
Distrust in Counselor	-----	2%	-----	-----	-----	-----
Married	-----	4%	-----	-----	-----	7%
Ethnic Identity	-----	6%	2%	4%	-----	-----
Need More Information	10%	-----	3%	17%	-----	-----

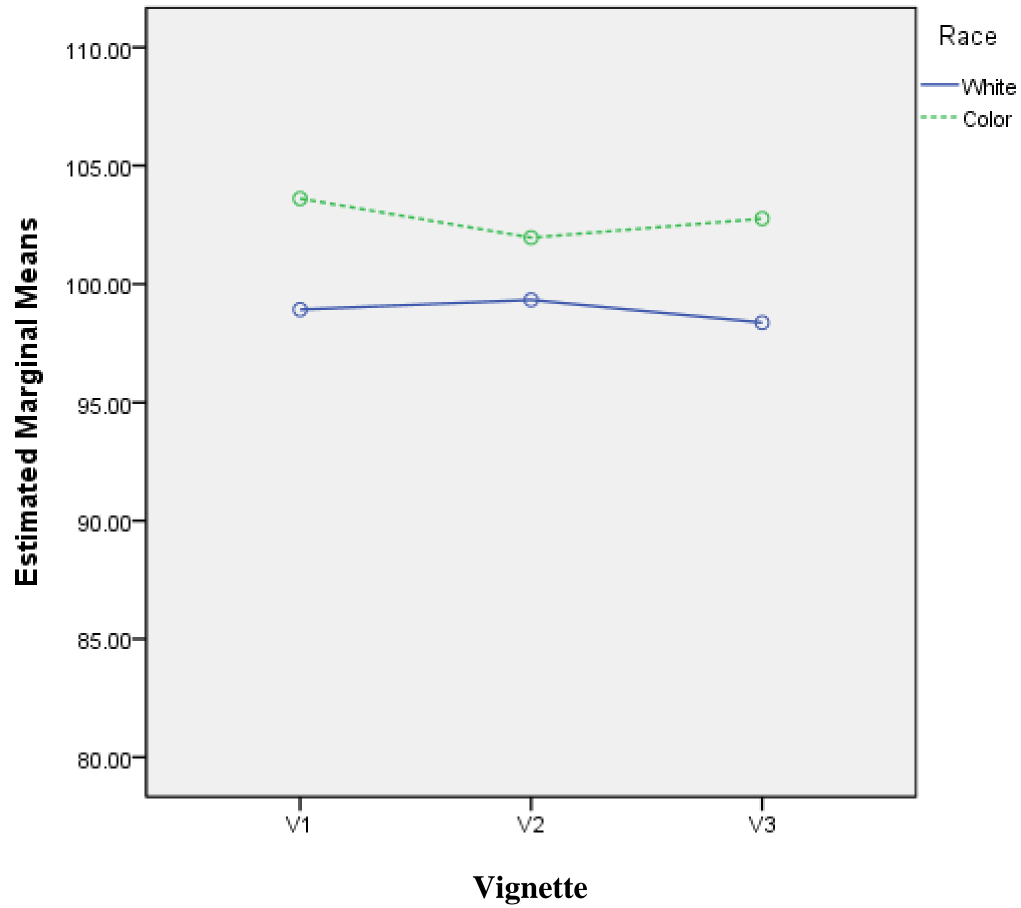
Note: Some trainee responses reflected multiple assumptions, all of which are included in this table.

Table 9
Small Sample of Participant Assumptions

Race	Gender	Vignette	Country	Additional Assumptions
White Trainee	Female	1	Non-ME Country	Client is supporting family business
Trainee of Color	Male	3	ME Country	Client is married
White Trainee	Female	2	No Response	No power, female, sexless, property
Trainee of Color	Female	3	Non-ME Country	She is a housewife; husband is out of the day all day to work

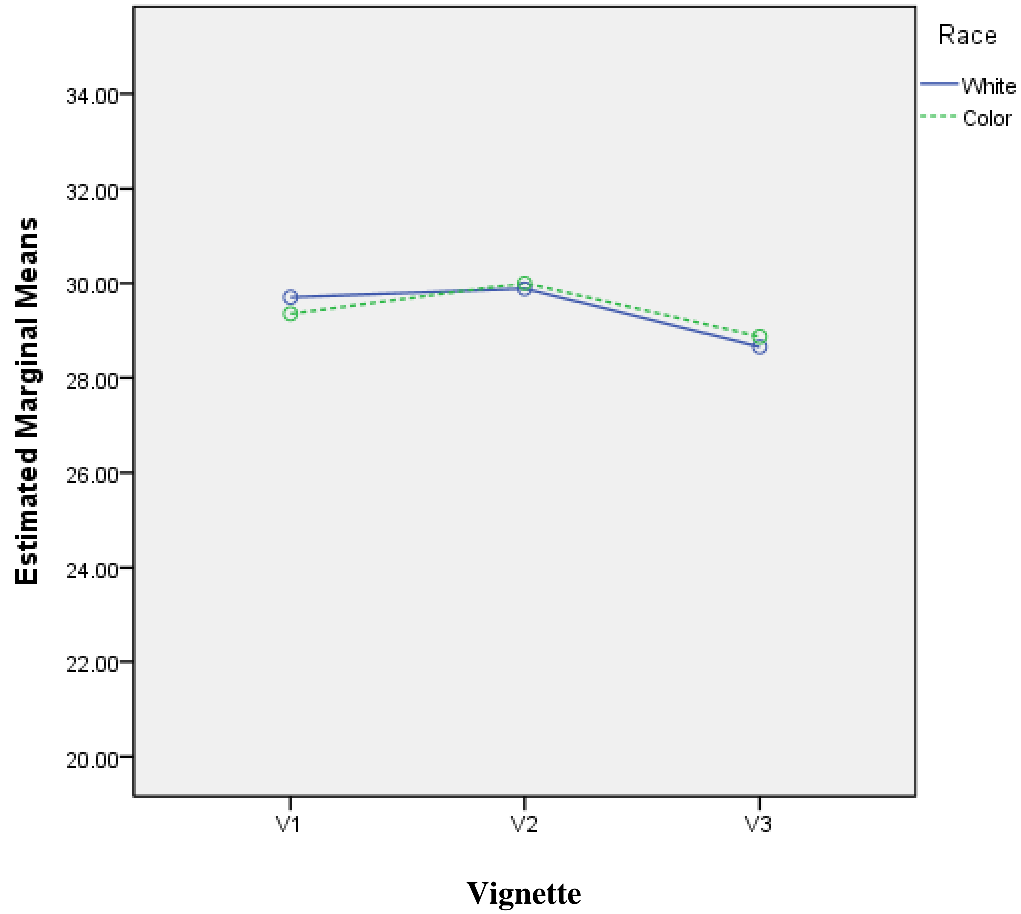
Note: Country = participant's assumption about from which Middle Eastern Country client is a descendant. Additional Assumptions = participant's additional assumptions about client in the vignette. Non-ME Country = participant's response included a country that is not in the Middle East. ME Country = participant's response included a country in the Middle East.

Figure 1.1. Multicultural Competence by Vignette



Note: White = White trainees, Color = Trainees of color.

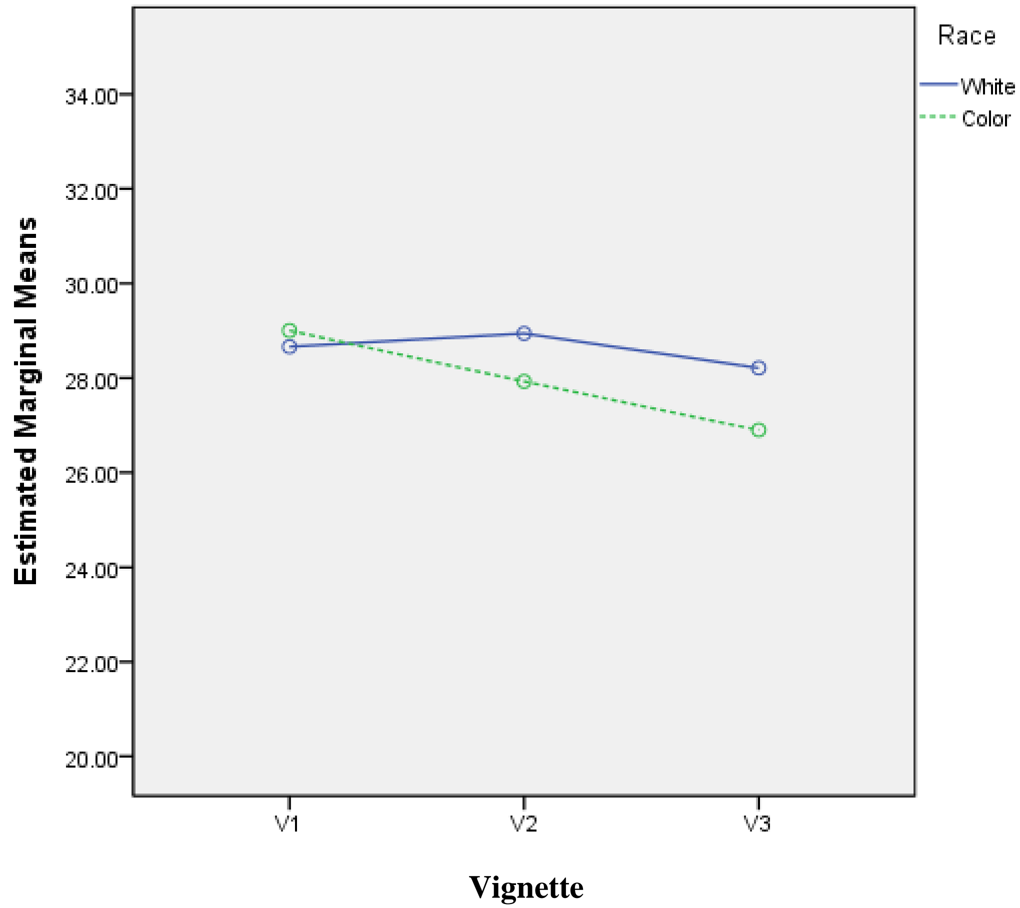
Figure 1.2. Affective Empathy by Vignette



Vignette

Note: White = White trainees, Color = Trainees of color.

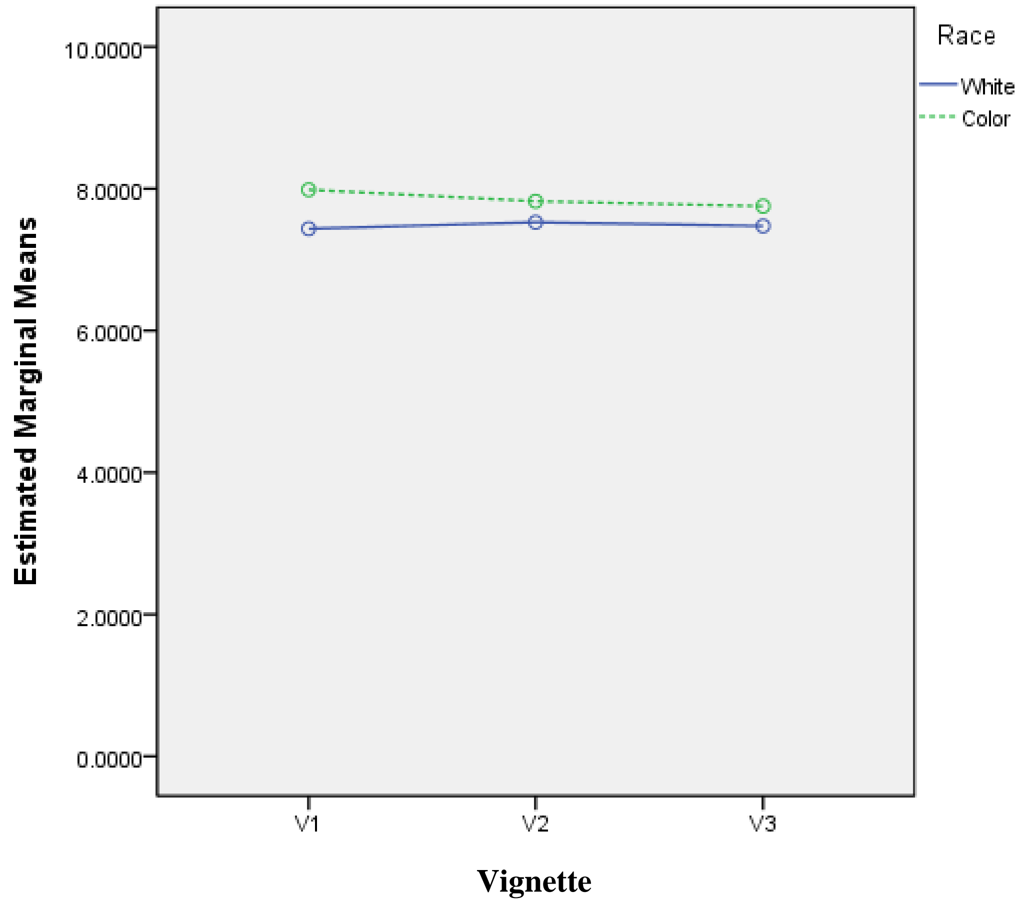
Figure 1.3. Cognitive Empathy by Vignette



Vignette

Note: White = White trainees, Color = Trainees of color.

Figure 1.4. Multicultural Counseling Self-Efficacy by Vignette



Note: White = White trainees, Color = Trainees of color.

Sepideh Sanam Soheilian, M.Ed.

1979 Willings Lane
Hellertown, PA 18055
202-236-5523
sss306@lehigh.edu

EDUCATION

Ph.D. in Progress — **Lehigh University**, Bethlehem, PA
Counseling Psychology: APA Accredited
Advisor: Arpana G. Inman, Ph.D.

M.Ed. May 2008 — **Lehigh University,** Bethlehem, PA
Counseling & Human Services

B.A. May 2003 — **Georgetown University,** Washington, DC
Major: Psychology
Minor: French

CLINICAL EXPERIENCE

August 2010 – May 31, 2011 — **University Counseling & Psychological Services, Lehigh University,** *Bethlehem, PA*
Graduate Assistant
Develop peak performance programs in areas of social skills enhancement, communication skills, relationship enhancement, mindfulness, and academic performance. Lead *Global Eat & Greet* program- a social network/support group for international students on campus. Provide campus wide outreach programs in collaboration with the Office of Multicultural Affairs, Women's Center, LGBTQIA Services, Greek Life, and Residence Life. Implement *Speed Friending* events on campus. Develop research proposals with center director and implement research projects. Participate in weekly case conferences. Research and evaluate outreach programs on campus. Complete clinical work (intakes, crises, substance abuse evaluations) on an as needed basis.

June 2010 – December 2010 — **Good Shepherd Rehabilitation Hospital, Psychology Department,** *Allentown, PA*
Practicum Trainee
Work individually with patients (adolescents, young – older adults) with traumatic brain injury (e.g., returning veterans from the Desert Storm and Iraqi Freedom wars) and/or cognitive impairment (e.g., Alzheimer's disease) to assess neuropsychological functioning. Administer and score full battery of neuropsychological tests including WMS-III, WRAML-2, WAIS-III, WISC-IV, WIAT-II, WRAT-IV, HRNB, D-KEFS, MCMI-III, MACI, MMSE, DRS-2, RBANS, BDI, BAI, TOMM, and VIP.

August 2009 –May 2010 — **University Counseling & Psychological Services, Lehigh University,** *Bethlehem, PA*
Graduate Assistant & Practicum Trainee
Provided individual and group therapy for mixed gender undergraduate students from diverse cultural backgrounds with a variety of presenting concerns. Completed intake evaluations and individual and group substance abuse evaluations and interventions through motivational interviewing and substance use assessments such as AUDIT and SASSI-3. Prepared research proposals and assisted with development, implementation, and evaluation of outreach programs with a focus on peak performance training. Managed center's *Facebook* page and contributed to webpage development. Participated in group supervision and weekly case conferences and training seminars.

August 2008 -May 2009 **University Counseling & Psychological Services, Lehigh University,** *Bethlehem, PA*
Graduate Assistant/Clinician
Provided individual and group therapy to university students from diverse cultural backgrounds with presenting concerns ranging from anxiety, depression and grief to more severe mental health and interpersonal issues. Completed intake evaluations, group screenings, and administered and interpreted psychological assessments including the NEO-PIR and the MCMI. Conducted individual and group substance abuse evaluations, and interventions, through use of motivational interviewing techniques. Consulted with professionals on campus, assisted in research presentation preparation and clinical training seminars. Developed and participated in university wide outreach programs for students regarding depression, stress management, eating disorders, and the relationship between alcohol and hooking up. Participated in clinical supervision and weekly case conferences.

August 2008-May 2009 **Allentown State Hospital,** *Allentown, PA*
Practicum Trainee
Provided long-term individual therapy to culturally diverse clients. Clients presented with a wide range of presenting concerns including Axis I and Axis II disorders. Led psychoeducation groups for clients with severe and persistent mental illness. Psychoeducation groups emphasized symptom management, goal setting, and maintaining a recovery action plan. Participated in interdisciplinary treatment team meetings. Participated in weekly individual, peer, and group supervision. Conducted assessments, received training for and implemented Dialectical Behavioral Therapy to clients with Borderline Personality Disorder.

August 2007-May 2008 **University Counseling and Psychological Services, Lehigh University,** *Bethlehem, PA*
Practicum Trainee
Provided individual therapy to university students from diverse cultural backgrounds and with diverse clinical concerns ranging from anxiety, depression and grief to more severe mental health and interpersonal issues. Completed intake evaluations, and administered and interpreted psychological assessments including the NEO-PIR, MCMI, AUDIT, and SASSI-3. Conducted individual and group substance abuse evaluations, and interventions, through use of motivational interviewing techniques. Co-facilitated a process group that consisted of female graduate students struggling with depression, anxiety, and other interpersonal concerns.

January 2007-May 2007 **Counseling Psychology Program, Lehigh University,** *Bethlehem, PA*
Online Counselor for TeenCentral.NET
Provided online counseling to troubled adolescents on a password protected space for teens to anonymously discuss issues in their lives. Tasks included properly editing submitted stories for web-site publication, as well as providing positive encouragement and thought-provoking questions to encourage reframing of thoughts.

SUPERVISION EXPERIENCE

September 2008-May 2009 **Supervision Apprenticeship**, **Lehigh University**, *Bethlehem, PA*
Clinical Supervisor
Provided weekly individual supervision for Master's level practicum students; two of whom worked in international settings. Co-lead one supervision group with four students from January-May 2009. Discussed critical incidents in counseling and supervision. Assisted supervisees with self awareness, knowledge, and clinical skills. Reviewed supervisees' recorded therapy sessions and client notes. Received weekly supervision of supervision and engaged in peer supervision related to supervisory and clinical issues.

TEACHING EXPERIENCE

Spring 2011

Adjunct Professor, Lehigh University, Counseling Psychology, *Bethlehem, PA*
Graduate Course: Human Development Across the Lifespan
Help students develop a broad understanding of developmental issues across the lifespan (i.e., infancy to adulthood).

Fall 2010

Guest Lecturer, Muhlenberg University, *Allentown, PA*
Graduate Course: Adolescent Psychology
Lectured titled, "Multiculturalism and Adolescents"

Fall 2010

Guest Lecturer, Lehigh University, Counseling Psychology, Bethlehem, PA
Graduate Course: Advanced Doctoral Practicum
Lectured titled, "How to use the DSM-IV-TR to diagnose clients: What are the benefits, barriers, and cultural limitations to diagnosis?"

Spring 2008

Teaching Assistant, **Lehigh University**, **Counseling Psychology**, *Bethlehem, PA*
Graduate Course: Helping Skills
Provided supervision to students who participated in counseling role plays for the duration of the semester. Lead class discussions and assisted with providing feedback and edits on intakes and case note write ups. Prepared and presented lecture topics including stages of change and interpersonal process therapy. Facilitated group discussions related to culturally appropriate counseling techniques, interventions, and assessments. Assisted with developing assignments.

SOCIAL JUSTICE WORK

May 2008

Christus Lutheran Disaster Response, *Ocean Springs, MS*
Disaster Mental Health Relief Volunteer
Helped rebuild homes for Hurricane Katrina victims in Ocean Springs, MS. Attended training seminars on Disaster Mental Health Relief response work, with a focus on how to implement brief, in-home and onsite therapy interventions.

August 2006-January 2007

Saucon Valley Manor Assisted Living, *Hellertown, PA*
Volunteer for Resident Assistance
Volunteered services for 5 hours a week. Provided nontraditional counseling to residents in their natural setting. Spent time with the residents by playing games with them, reading to them, and exercising with them.

January 2003-August 2006

Iranian American Youth Group, *Falls Church, VA*
Volunteer Counselor
Provided a comfortable environment in which teenagers from Iranian descent expressed their experiences, difficulties, and success in dealing with an Iranian American bicultural upbringing. Facilitated both group and individual meetings.

September 2000-May 2001

Campus Ministries, Georgetown University, *Washington, DC*
Escape Leader
Provided a comfortable setting during weekend retreats for first year students at Georgetown University to discuss significant aspects of their lives before and during college. Weekend retreats were a chance for students to get away from the pressures of campus life and to relax and reflect on their current situations. Both individual and group counseling was provided.

RESEARCH EXPERIENCE

January 2010-June 2011

Doctoral Dissertation
Department of Counseling Psychology
Lehigh University, *Bethlehem, PA*
Advisor: Arpana G. Inman, Ph.D.
Overview: Lead researcher of an original quantitative studying investigating trainee cultural competence with Middle Eastern American clients. Specifically, this study will examine the moderating role of trainee race on the variables of multicultural competence, empathy, and multicultural counseling self-efficacy with Middle Eastern American clients. Responsibilities include all aspects of research investigation, including literature review, project design, and IRB submission. This project has been submitted to Lehigh University's IRB and is awaiting IRB approval. Data collection will begin in the spring of 2011.

September 2010-May 2011

Lehigh University Counseling and Psychological Services Research Team Member
Lehigh University, *Bethlehem, PA*
Researchers: Sepideh Soheilian, M.Ed., and Ian Birky, Ph.D.
Overview: Examining the effects of "speed friending" on the relationship between social confidence and relationship expectations in college students. Largely responsible for the development of the research proposal, IRB submission, and data collection. I am still in the data collection phase of this research project.

September 2009-February 2010

Lehigh University Counseling and Psychological Services Research Team Member
Lehigh University, *Bethlehem, PA*
Researchers: Sepideh Soheilian, M.Ed., and Ian Birky, Ph.D.
Overview: Examined the effect of religiosity and God certainty beliefs on self-efficacy as determined by college student athletes after reading a vignette of an athlete about to enter competition. Collaborated with development of the research proposal, IRB submission, and data collection and analysis.

September 2008-June 2009

Discovery Oriented Method Research Team Member
Lehigh University, *Bethlehem, PA*
Researchers: Sepideh Soheilian, M.Ed., Daniel Isenberg, M.Ed., Rebecca Klinger, M.Ed., Lauren Kulp, B.A., & Arpana G. Inman, PhD.
Overview: Collaborated with research team members on design and implementation of mixed methods study that explored supervisor multicultural competence in supervision from a supervisee's perspective. Primary author for the research proposal-assisted with coding of data and data analyses. Prepared research project for national presentation, edited, prepared and revised research project for publication submission.

September 2008-March 2009

CQR Research Team Member
Lehigh University, *Bethlehem, PA*
Primary Researchers: Arpana G. Inman, Ph.D. & Nicholas Ladany, Ph.D.
Overview: Utilized consensual qualitative research methodology for a qualitative investigation on corrective relational experiences in supervision. Responsibilities included preparing IRB proposal, conducting participant interviews, and editing transcripts of interviews.

November 2007-May 2008

***European Education Journal*, Lehigh University,** *Bethlehem, PA*
Research Assistant and Editorial Assistant
Reviewed and edited articles for journal publications. Researched potential authors and peer reviewers for articles in future journal editions.

March 2007-November 2008 **Doctoral Qualifying Project**
Department of Counseling Psychology
Lehigh University, *Bethlehem, PA*
Advisor: Arpana G. Inman, Ph.D.
Overview: Lead researcher of an original quantitative studying investigating the mediating effect of self-stigma on the relationship between pubic stigma and attitudes toward counseling for Middle Eastern Americans. Responsibilities included all aspects of research investigation, including literature review, project design, IRB submission, data collection and analysis, presentation at national conferences, and defense of completed research as doctoral qualifying project. Manuscript published in Journal of Muslim Mental Health.

May 2005-August 2005 **Northern Virginia Training Center,** *Fairfax, VA*
Research Assistant
Assisted in implementation of behavioral assessments, psychometric assessments, and psychosocial assessments for clients with dual diagnoses.

May 2002-May 2003 **Brain and Language Lab, Georgetown University,** *Washington, DC*
Research Assistant
Transcribed in the phonemic code SAMPA tapes of previously recorded participants with Varying neurological impairments. Tested hypotheses using a set of complementary neuroimaging, behavioral, and neurological approaches to study the neural, computational, and cognitive bases of language and the relationship of memory and language. Recruited subjects for various experiments, updated and managed the research database *Endnote.*

PUBLICATIONS

Inman, A. G., & **Soheilian, S.** (2010). Training Supervisors: A Core Competency. In N. Ladany and L. Bradley (Eds.). Counselor Supervision (4th edition). New York: Routledge.

Soheilian, S., & Inman, A.G. (2009). Middle Eastern Americans: The Effects of Stigma on Attitudes Toward Counseling. *Journal of Muslim Mental Health, 4,* 139-158.

Inman, A.G., & **Soheilian, S.** (2008). Incorporation of immigrants to America. [Review of the book *From arrival to incorporation: Migrants to the U.S. in a global era. PsycCRITIQUES*, *38.*

PROFESSIONAL PRESENTATIONS

Soheilian, S., Krieder, E., & Bertsch, K. (August, 2011). The Effects of "speed friending" on the Relationship between Social Confidence and Relationship Expectations. Poster to be presented at the 119th meeting of the American Psychological Association, Washington, DC.

Birky, I., Schram, J., **Soheilian, S.** (August, 2011). *The influence of God beliefs, religiosity, prayer, and mental imagery on the performance self-efficacy of collegiate varsity athletes*. Poster to be presented at the 119th meeting of the American Psychological Association, Washington, DC.

Schram, J., Birky, I., **Soheilian, S**., & Bertsch, K. (May, 2011). *Religiosity, God certainty, and self-efficacy in a cohort of Division I student athletes.* Paper presented at the Midwestern Psychological Association Annual Convention, Chicago, IL.

Birky, I., **Soheilian, S.,** Schram, J., & Bertsch, K. (March 2011). *Similarity of prayer and mental imagery on pre-competition perceptions of self-efficacy and self confidence.* Poster presented at the Eastern Psychological Association Annual Convention, Cambridge, MA.

Soheilian, S., Isenberg, D., Klinger, R., Kulp, L., & Inman, A.G. (August, 2010). *Multicultural Supervision: A Supervisee's Perspective.* In L. Z. Schlosser (Chair) Multicultural Supervision: Advancing Theory and Cutting Edge Research. Symposium presented at the 118th meeting of the American Psychological Association, San Diego, CA.

Soheilian, S., Inman, G., Ladany, N., Thompson, B.J., Hill, C.E., Crooks-Lyon, R., Knox, S., Burkard, A., Nutt Willliams, E., Walker, J., & Hess, S. (August, 2010). *Corrective Relational Experiences in Psychotherapy Supervision*. Poster presented at the 118th meeting of the American Psychological Association, San Diego, CA.

Soheilian, S. (August, 2009). *Burden or Blessings: Minority Students as Educators.* In T. Q. Richardson (Chair) Enhancing Pathways to Multicultural Education: Strengthening Leadership Amongst Counseling Students. Symposium presented at the 117th meeting of the American Psychological Association, Toronto, Canada.

Soheilian, S. (August, 2009). *Hot Topics in Supervision: Cyber-supervision: Supervising practicum students training abroad.* Roundtable presented at the 117th Annual Convention of the American Psychological Association, Toronto, Canada

Soheilian, S. (February, 2009). *Multicultural Education: What is Your Role?* Roundtable presented at the 26th Annual Winter Roundtable on Cultural Psychology and Education at Teachers College, New York, NY.

Soheilian, S. & Inman A. G. (August, 2008). *Middle Eastern Americans: The Effects of Stigma on Attitudes Towards Counseling.* In A. G. Inman (Chair) & R. Lee (Discussant), Promoting Well-being in Ethnic Communities: Factors to consider in Middle Eastern, South Asian and Jewish cultures. Symposium presented at the 116th meeting of the American Psychological Association, Boston, MA.

Ladany, N., & **Soheilian, S.** (August, 2008). *Hot Topics in Supervision: Practical and Impractical Resources for Supervisors.* Roundtable presented at the 116th Annual Convention of the American Psychological Association; Boston, Massachusetts.

Tirpak, D., **Soheilian, S.**, & Isenberg, D. (August, 2008). *Nonverbal Behavior Across Cultures: Implications for Counseling.* Conversation hour presented at the 116th Annual Convention of the American Psychological Association; Boston, Massachusetts.

Soheilian, S., & Inman, A. (October, 2007). *Middle Eastern Americans: The Effects of Stigma on Willingness to Seek Counseling*. Poster presentation at the Mid-Atlantic Society for Psychotherapy Research; New York, New York.

Ladany, N., Kaduvettoor, A., & **Soheilian, S.** (August, 2007). *Hot Topics in Supervision: Footnote 4: APA Sanctioned Homophobia in Psychology Training.* Roundtable presented at the 115th Annual Convention of the American Psychological Association; San Francisco, California.

OTHER WORK EXPERIENCE

August 2006-Present

Law School Admissions Counsel (LSAC), *Bethlehem, PA*
Room Supervisor
Administer Law School Admissions Test (LSAT) to groups of 20-30 students 3 times a year. Supervise testing and ensure test security, and appropriate testing conduct. Report testing violations to LSAC.

August 2006-Present

Georgetown University Admissions Committee, *Washington, DC*
Admissions Interviewer
Interview prospective undergraduate students in the Lehigh Valley area in Pennsylvania for admission to Georgetown University. Provide a written recommendation for decision for admittance into the College of Arts and Sciences based on student interview.

August 2007-May 2008

Counseling Psychology Program, Lehigh University, *Bethlehem, PA*
Graduate Assistant to Program Coordinator
Created and organized Counseling Psychology alumni database. Prepared agendas for weekly program meetings. Initiated documents for annual APA review of Counseling Psychology Program and Continuing Education Credits in School Psychology. Other tasks included administrative duties such as filing, photocopying, networking, preparing class binders and other clerical tasks.

August 2006-June 2007	**Counseling Psychology Program, Lehigh University**, *Bethlehem, PA* **Graduate Assistant to Admissions Coordinator** Performed comprehensive literature reviews, acquired references, reviewed writing before submission, and provided portfolio assistance. Reviewed admissions applications.
January 2005-August 2006	**Village Green Day School,** *Potomac Falls, VA* **Executive Administrative Assistant and French Specialist** Coordinated and taught the French Program. Taught children vocabulary and conversational French through original songs, music and movement, and games. Responsible for accounts payable/receivable, payroll, and student registrations.
September 2004-January 2005	**Village Green Day School,** *Potomac Falls, VA* **Junior Kindergarten Co-Teacher** Provided a curriculum enriched with all the basic learning blocks, serving as a strong foundation to prepare children academically and emotionally for Kindergarten.
August 2003-June 2004	**Village Green Day School,** *Potomac Falls, VA* **Childcare Lead and French Specialist** As a supervisor, oversaw all other childcare teachers in the school. Ensured a warm, enriched learning environment for all preschool children; coordinated and taught the French program.

GRANTS AND AWARDS

2007-2010	Lehigh University Travel Grant for American Psychological Association Conventions
2007	Lehigh University Forum Student Research Grant

LANGUAGE PROFICIENCY

Farsi- (fluent)

French- (conversational)

PROFESSIONAL AFFILIATIONS

August 2006- Present	**American Psychological Association**, Graduate Student Affiliate Division 17 -Society for Counseling Psychology, Student Affiliate o Supervision & Training Section o Section on College and University Counseling Centers
August 2008-August 2009	**New Jersey Psychological Association,** Graduate Student Affiliate