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Cultural Competence Among Rehabilitation Professionals in Private Practice

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Given the high incidence of disabling conditions and disparate rehabilitation outcomes among clients who are members of culturally diverse populations, rehabilitation counseling professionals are propelled to become more culturally-responsive when serving these clients. A plethora of information is found in the literature regarding the extent to which practicing professional counselors perceive themselves as culturally competent. However, a paucity of research exists regarding rehabilitation counseling professionals. Preliminary results on the perceptions of cultural competence and the adequacy of training among practicing rehabilitation professionals in private practice are provided. Implications for future research and training are discussed.

Keywords: cultural competence, social justice, culturally-responsive services

The preparation of culturally competent practitioners has been acknowledged and encouraged and there have been countless diversity initiatives across the country to infuse multicultural and social justice perspectives. However, the challenges of providing culturally-responsive services to individuals with disabilities from diverse backgrounds remain a central focus in rehabilitation. Demographic reports have indicated a consistent growth among People of Color in the United States (U.S. Census Bureau, 2006, 2012). The latest U.S. Census report projects that by the year 2060, racial/ethnic minority groups will comprise over half of the population. Currently individuals with disabilities are disproportionately represented among these groups; in fact, African Americans account for 22.2%, Hispanic/Latino Americans 17.8%, Native Americans/Native American Indians 16.8%, and Asian Americans 14.5%. These findings suggest that race is related to overall disability rates in the United States. Additionally, research indicates that People of Color tend to underutilize rehabilitation counseling services, due in part to the lack of cultural competence among rehabilitation professionals who serve them (Atkins & Wright, 1980; Herbert & Martinez, 1992; Wilson, Harley, & Alston, 2001; Wilson, Alston, Harley, & Mitchell, 2002). Further, when receiving services, People of Color receive fewer and less costly services than Whites/Caucasians (Wilson et al., 2002). Combined, these findings continuously lend support to the need for ongoing examination and training related to counselors' multicultural counseling competence.

In light of these issues, counselor education programs have incorporated multicultural content and training into both pre- and in- service training for the preparation of multiculturally competent practitioners (Sue, Arrendondo, & McDavis, 1992). Specifically, a set of Multicultural Counseling Competencies were developed by the Association for Multicultural Counseling and Development (AMCD) Professional Standards Committee (Arredondo et al., 1996). These competencies were adapted and adopted by various counseling disciplines. Rehabilitation Counseling, in particular, outlined a specific set of multicultural competencies and standards to clearly describe a professional culturally competent rehabilitation counselor (Middleton et al., 2000). Built on the model developed by Sue et al. (1982), these competencies are based on awareness, knowledge, and skills, the three dimensions of culturally competent counselors.

According to Sue et al.'s model (1982), awareness emphasizes the counselor's understanding of his or her own cultural attitudes, beliefs, values and the influence these attributes can have on the counseling process. Knowledge focuses on the information the counselor has about the cultural worldview of the groups he or she works with and of the sociopolitical influences of their cultures. Skills involve a counselor's ability to design and implement counseling interventions that are culturally relevant for their specific clients. In addition to these areas, Holcomb-McCoy and Meyers (1999) found that racial identity development theories and multicultural terminology are also im-

portant dimensions of multicultural competence and training.

Racial identity development generally refers to the connection between racial thoughts and views of others and of the self (Chavez & Guido-DiBrito, 1999), leading towards a heightened awareness of one's own cultural heritage and the acceptance of all groups. Multicultural terminology refers to terms that are significant to multicultural counseling.

A plethora of empirical research within the field of professional counseling has examined multicultural competence of counselors and counselors in training using various measures. These measures include the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition (MAKSS-CE; D'Andrea, Daniels, & Heck, 1991), the Multicultural Counseling Knowledge Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002); the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994), and the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991). These measures, too, are based on Sue et al.'s (1981) model of multicultural counseling. Studies conducted using these measures generally reveal that multicultural counseling courses increase the multicultural competence of counselors (Bellini, 2003; Constantine & Yeh, 2001; Penn & Post, 2012; Walls, 2009).

In particular, Penn and Post (2012) used the MCKAS to investigate the relationship among play therapists' multicultural education, color-blind racial attitudes, professional orientation, supervision status and self-reported multicultural competencies. The researchers surveyed 510 play therapists who were members of the Association for Play Therapy and found that multicultural education, (i.e., the number of courses taken, the hours of infused classroom training, and continuing education hours) contributed significantly to the prediction of play therapists' multicultural counseling knowledge and awareness. Using the MCI, Bellini (2003) surveyed 175 state-federal vocational rehabilitation counselors to determine correlates of multicultural counseling competencies. Results indicated that participation in a graduate class in multicultural counseling and participation in multicultural workshops significantly predict multicultural competence. Constantine and Yeh (2001) investigated the role of academic training in multicultural counseling in predicting multicultural counseling competence among 156 school counselors using the CCCI-R. Utilizing a regression analysis, researchers found that the number of previous multicultural courses taken was found to be a significant predictor of cultural competence.

For the purposes of this study, literature was reviewed using the Multicultural Counseling Competence and Training Survey (MCCTS; Holcomb-McCoy & Meyers, 1999) with school counselors, play therapists, and counselors. The MCCTS was initially developed directly from the Multicultural Competencies developed by the AMCD to determine what factors constitute the multicultural competencies of professional counselors and to assess the perceptions of their multicultural competence and training.

Holcomb-McCoy (2001) conducted a study to determine the perceived multicultural competence among 76 elementary school counselors from one large school district in a northeastern metropolitan area. Over half of the participants (59%) had taken a multicultural counseling course and most of the school counselors perceived themselves to be multiculturally competent (67%). Consistent with studies conducted by Shannon et al. (2014) and Ritter and Chang (2002), the respondents in these studies rated themselves most competent in the areas of multicultural terminology, awareness and least competent in the area of racial identity development. Additionally, research findings indicated that there was no significant difference between the perceived multicultural competence of school counselors who had taken a multicultural counseling course and those who had not. Nor was there any significant difference found related to years of experience and multicultural competence.

Ritter and Chang (2002), using the MCCTS, explored the self-perceived multicultural competencies and adequacy of multicultural training of 134 play therapists who were members of the Association for Play Therapy. Results indicated that play therapists generally perceived themselves to be somewhat competent/competent. Similar to findings from the study conducted by Shannon et al. (2014), play therapists rated themselves most competent in the areas of multicultural awareness, terminology and least competent in the area of racial identity development. These researchers also found that nearly one quarter (24%) of the therapists surveyed had not taken any multicultural courses and most rated their multicultural training as below adequate. Significant differences were found between therapists who had a multicultural course and those who did not. Specifically, therapists who had taken more multicultural courses perceived themselves to be more multiculturally competent and rated their multicultural training as more adequate.

Holcomb-McCoy (2005) conducted a national survey of 209 members of the American School Counselor Association utilizing an updated version of the Multicultural Counseling Competence and Training Survey-Revised, to include terminology used by school counselors. A factor analysis revealed three factors that comprise multicultural competence. This result was in contrast to the original study where five factors were found (Holcomb-McCoy & Meyers, 1999). Knowledge of Racial Identity and Multicultural Skills were not identified as factors, resulting in the three dimensions for the MCCTS-R: Multicultural Terminology, Multicultural

Knowledge, and Multicultural Awareness. Overall, study participants perceived themselves to be somewhat competent on all domains of the MCCTR-S. Participants who had taken a multicultural course felt themselves to be more multiculturally competent than those who had not. Additionally, no significant differences related to multicultural competence and gender or years of experience were found.

There is a paucity of information available regarding the extent to which rehabilitation professionals in public settings perceive themselves as culturally competent. No information on rehabilitation professionals in private practice were found. In fact, only one study examined the multicultural competence and training needs of rehabilitation counselors using the MCCTS. Specifically, Shannon, Carey, and Cartwright (2014) conducted a preliminary study to identify the perceived multicultural competence and adequacy of training among 63 rehabilitation professionals who were members of the National Rehabilitation Association. Over half of the study participants' (57.4%) training programs required a multicultural counseling course. Researchers found that 90% of these professionals perceived themselves as culturally competent, and a majority believed they had received adequate multicultural training (75.4%). Findings also indicated that participants perceived themselves to be most competent in the areas of awareness, terminology and least competent in the area of racial identity development. These results corroborated earlier findings among school counselors and professional counselors (Holcomb-McCoy, 2005).

The purpose of this study was to elucidate information among rehabilitation professionals in private practice that heightens understanding about their perceived multicultural competence. The study addressed the following research questions:

(1) To what extent do rehabilitation professionals in private practice perceive themselves to be multiculturally competent?

(2) To what extent do rehabilitation professionals in private practice perceive the adequacy of training they received in multicultural counseling?

Methods

Participants

Of the 84 members of the International Association of Rehabilitation Professionals (IARP) who consented to participate, 56 (67%) usable surveys were included in the study. As shown in Table 1, the demographic characteristics of the sample were largely homogeneous. Over half of the respondents (59%) were female, while 41% were male. Approximately two-thirds (66%) of the respondents self-identified as Baby Boomers (i.e., those born between 1943 and 1960), 23% as GenXers (i.e., those born between 1961 and 1980), and 11% as Millennials (i.e., those born between 1981 and 2000). Respondents who self-identified as White/Caucasian/European American were overrepresented (82%). A small percentage of the respondents (18%) self-identified as People of Color or Other, including Black/African American, Hispanic/Latinos/Spanish Origin, Latina/Non-Spanish Origin, French Canadian, and Multiracial. All ten regions were represented in the sample, with the largest number of respondents residing in Region VI (20%) in the states of Arkansas, Louisiana, and Texas; Region IX (16%) in the states of Arizona and California; Region IV (14%) in the states of Alabama, Florida, Georgia, and South Carolina, and Region V (11%) in the states of Illinois and Wisconsin. Remaining respondents resided in Regions X (9%), I and II (7%, respectively), III, VII and VIII (5%, respectively).

Most respondents (78%) had a Master's degree, 20% had doctoral degrees, with the remaining 2% with specialist/post-baccalaureate degrees. Respondents held additional credentials, including 86% Certified Rehabilitation Counselors (CRC), 35% Licensed Professional Counselors (LPC), 1% National Certified Counselor (NCC), 1% Mental Health Counselor (MHC), and 38% Other, including Certified Disability Management Specialists (CDMS), Certified Case Managers (CCMs), Certified Brain Injury Specialists (CBIS), Certified Vocational Evaluators (CVEs), and Certified Life Care Planners (CLCP).

The majority (72%) of the respondents graduated before 1994 from their entry-level counseling programs, while 28% graduated in or after 1994 from such programs. While 72% of the respondents' entry-level programs were Council on Rehabilitation Education (CORE)-accredited, 28% indicated their entry-level training programs were accredited by other entities [e.g., Council for Accreditation of Counseling & Related Educational Programs (CACREP); Cultural Urban Teacher Education (CUTE); New England Association of Schools and Colleges (NEASC)]. Over half (57%) of respondents indicated that their entry-level programs required students to take a course that focused on multicultural counseling. In addition, respondents indicated that since graduation from their entry-level training program they had received training in both formal professional development activities (e.g., workshops, seminars) and informal professional development activities (e.g., independent readings, life experiences).

Instrumentation

Permission was obtained from the lead author (Holcomb-McCoy & Meyers, 1999) to use the Multicultural Counseling Competence and Training Survey with modifications to reflect language used in profes-

Table 1
Sample Demographics

Characteristic	N	%
Gender		
Male	23	41.1
Female	33	58.9
Age Group		
Millennials	6	10.7
GenXers	13	23.2
Baby Boomers	37	66.1
Race/Ethnicity		
White/Caucasian/ European American	46	82.1
People of Color/Other	10	17.9
Education		
Doctorate	11	19.6
Master's	43	78.2
Specialist/ Post-Baccalaureate	2	1.8

Note. N=56

sional rehabilitation settings. The MCCTS was grounded on multicultural competencies identified by the Association for Multicultural Counseling and Development (AMCD).

The Multicultural Counseling Competence and Training Survey (MCCTS) consisted of a 61-item questionnaire which contained 32 behaviorally based questions assessing multicultural competence and 29 items rating adequacy of counseling training experiences and respondents' demographics. The reported reliability coefficients of the five factor solutions found in the original principal component analysis on the MCCTS (i.e., Multicultural Knowledge, Multicultural Awareness, Definitions of Terms, Knowledge of Racial Identity Development Theories, and Multicultural Skills) using Cronbach's alpha were .92, .92, .79, .66, and .91 respectively. Survey developers noted that the Factor 4 with the lowest alpha coefficient also included the lowest number of items loading on it (N = 2). Content validity was found to be consistent with school counselors' experiences and relevant to the setting by ethnically diverse and experienced school counselors (Holcomb-McCoy & Day-Vines, 2004).

The items on the modified survey for this study were divided into six parts. Parts One through Four sought information regarding entry-level and postgraduate multicultural counseling experiences. Part Five included demographic information such as gender, age, ethnic background, year of graduation with highest degree, and accreditation status of graduate counseling program. Part Six (A-C) consists of behavioral statements, based on the Multicultural Counseling Competencies and Explanatory Statements. Examples of the behavioral statements associated with each factor identified in the original version of the MCCTS follow:

Factor 1: Multicultural Knowledge - "I can identify my reactions that are based on stereotypical beliefs about culturally diverse groups;"

Factor 2: Multicultural Awareness - "I can recognize when my attitudes, beliefs, and values are interfering with providing the best services to their clients;"

Factor 3: Definition of Terms - "I can define prejudice;"

Factor 4: Knowledge of Racial Identity Development Theories – "I can discuss the counseling implications for at least two models of Minority Identity Development."

Factor 5: Multicultural Skills - "I can verbally communicate my acceptance of clients from culturally diverse groups."

Participants were asked to assess three areas for each statement: perceived competence, adequacy of training received concerning each specific competency, and the type of training that was received. Competence was rated using a 4-point Likert-type scale, from 4 = extremely competent to 1 = not competent. Adequacy of training was assessed using a 4-point Likert-type scale, from 4 = more than adequate training received to 1 = no training received. To assess the type of training received, participants selected one or more areas from five researcher-provided options (e.g. multicultural course(s) in entry-level counseling program, informal professional development activities, advanced degree program).

Procedure

Following Institutional Review Board approval, participants for this preliminary study were recruited from the membership of IARP, the premier global association for professionals engaged in private practice. An invitation letter and the link to the survey was posted on the IARP website. Invitees were required to first read the online consent form and agree to participate by clicking the "YES" button prior to participation in the study. If invitees selected "NO" to the consent form, they were not be allowed to advance to the actual survey. The anonymous survey was administered online utilizing Survey Monkey. A reminder was sent once monthly after the initial invitation to enhance the participation rate.

The number of participants for this study did not meet the Gorsuch (1983) "Rule of 200," nor the recommen-

dation of Bryant and Yarnold (1995) that the subjects-to-variable ratio should be no lower than 5:1 to conduct a factor analysis. Authors therefore decided to utilize the survey items identified in the factors that emerged from the original principal component analysis on the MCCTS (Holcomb-McCoy & Meyers, 1999). Data was collected and exported into the SPSS-22 statistical program for analyses. Descriptive analyses were conducted to address the research questions.

Results

To examine rehabilitation professionals' perceptions of their multicultural competence, means and standard deviations were computed for each of the five factors (i.e., Multicultural Knowledge, Multicultural Awareness, Definitions of Terms, Knowledge of Racial Identity Development Theories, and Multicultural Skills). The ratings for competence for each factor, as shown in Table 2, ranged between "somewhat competent" and "competent." Overall, respondents perceived themselves to be most competent in descending order on Factors 3, 2 and 5, (i.e., Definitions of Terms, Multicultural Awareness, and Multicultural Skills). In contrast, respondents perceived themselves to be least competent in descending order on Factors 1 and 4, (i.e., Multicultural Knowledge and Knowledge of Racial Identity Development Theories).

The means and standard deviations were then computed for the five factors to determine rehabilitation professionals' perceptions related to the adequacy of their multicultural training. Ratings ranged between "less than adequate training received" and "adequate training received." As described in Table 3, while multicultural training on Factor 3: Definitions of Terms, Factor 2: Multicultural Awareness, and Factor 5: Multicultural Skills were rated as most adequate; Factor 1: Multicultural Knowledge and Factor 4: Knowledge of Racial Identity Development Theories were rated as least adequate.

Discussion

Unprecedented changes in the complexion and diversification of the United States have changed expectations from desirable and optional. The need for multicultural competence is now imperative and required among professionals serving individuals who are racially/ethnically, linguistically, and culturally different. A vast amount of research has examined multicultural competence among professional counselors and mental health professionals. However, little information is available regarding the extent to which rehabilitation professionals in public settings perceive themselves as culturally competent, and there is no information on rehabilitation professionals in private practice. The purpose of this study was to elucidate information

Table 2
Descriptive Analysis of Perceived Multicultural Competence

Factor	Mean	SD
1. Multicultural Knowledge	2.42	0.72
2. Multicultural Awareness	3.17	0.60
3. Definitions of Terms	3.24	0.59
4. Knowledge of Racial Identity Development Theories	2.23	0.77
5. Multicultural Skills	3.02	0.60

Table 3
Descriptive Analysis on Adequacy of Training

Factor	Mean	SD
1. Multicultural Knowledge	2.44	0.73
2. Multicultural Awareness	2.88	0.74
3. Definitions of Terms	3.11	0.70
4. Knowledge of Racial Identity Development Theories	2.01	0.87
5. Multicultural Skills	2.76	0.78

among rehabilitation professionals in private practice that heightens understanding about their perceived multicultural competence based on the factors measured by the Multicultural Counseling Competence and Training Survey. The investigation attempted to capitalize on the strengths of the MCCT by using the items identified in the factors that emerged from the original principal component analysis of the survey.

There are a number of limitations that must be addressed before interpreting the results of this study. First, the small sample size was problematic. Specifically, the number of respondents did not permit an analysis of the variability within and among individuals from culturally diverse groups; the IARP membership is quite large (N = 2,626), and 84 members represents only three percent. Second, the over-representation of female respondents may not be reflective of the membership. Third, there were more respondents who self-identified as White, Baby Boomers with Master's degrees. Hence, the results of this study are limited to the individuals who volunteered to participate. Selection bias may have also influenced the results, particularly since individuals who chose not to participate may have responded differently. Lastly because this was a self-report survey, participants may have responded in ways that did not reflect their actual attitudes and beliefs, but rather their desire to appear more competent. Notwithstanding these limitations, these preliminary results add to the body of knowledge about the perceived cultural competence among rehabilitation professionals in private practice.

Implications

The results of this study suggest that rehabilitation counselors working in private practice settings perceive themselves to be multiculturally competent. Definitions of Terms, the domain receiving the highest level of competence, is consistent with Johnson (1990). However, as in previous studies, the differences in the specific domains suggest that these professionals are more knowledgeable about one's cultural self than about their clients' cultures (Collins & Arthur, 2010). The low ratings on knowledge of racial identity development theories are consistent with earlier findings among professional and school counselors. Perhaps this reflects the fact that training received among Baby Boomers was prior to the emergence of these theories. In regard to adequacy of training, findings suggest that perhaps respondents perceived their training to be less than adequate in areas they felt the least competent.

It is evident from this study that future replications should include a larger, more diverse sample in order to confirm findings and strengthen the generalizability of results. More specifically, a stratified sample of professionals from the Commission on Rehabilitation Counselor Certification (CRCC) list of certificants providing direct services to individuals with disabilities (N = 17,595) would ensure a more diverse sample to permit valid comparisons (e.g., gender, race/ethnicity, and work setting). A larger sample would also permit a principal component analysis to determine if the same factors emerge.

Additionally, both pre-service and service training opportunities should be offered to ensure that counselors in training and counseling professionals are increasing their knowledge of multicultural counseling competencies. At the pre-service level, didactic and experiential learning opportunities must be provided to involve learners in classroom discussions related to multicultural counseling. In particular, concepts and terms related to multicultural knowledge and multicultural racial identity theories should be taught due to the consistent low competency ratings in these areas as found in the current study and previous studies utilizing the MCCTS. At the service level, rehabilitation counseling professionals must actively engage in critical self-reflection and ongoing discovery of their own cultural identity and racial biases. This effort can be supported by administrators who can include weekly on-site clinical supervision and quarterly in-service trainings as part of ongoing professional development for counselors. These activities should include a focus on multicultural issues in rehabilitation, specifically racial identity development theories. These efforts combined can improve rehabilitation counseling professionals' multicultural competence and thereby lead to more effective service delivery to People of Color.

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