Identifying Motivations of New Counselors for Continuing Professional Development of Multicultural Competencies: A Qualitative Study

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Identifying Motivations of New Counselors for Continuing Professional
development of Multicultural Competencies: A Qualitative Study

A Dissertation

By

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BA, National Louis University, 1995
M. Ed, Clemson University, 2000

Submitted in partial fulfillment
of the requirements of
Doctor of Education
Counseling Education and Supervision

College of Psychology and Behavioral Sciences
National Louis University, Tampa

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Identifying Motivations of New Counselors for Continuing Professional Development of Multicultural Competencies: A Qualitative Study

A Dissertation

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ABSTRACT

The need to increase multicultural counseling skills is a crucial area of focus in the continued evolution of the counseling profession. This necessity is due to a number of factors, including the ongoing demographic and societal changes in the United States. The research has helped to bring awareness of the need for increased and continued professional development in the area of cultural literacy and multicultural competencies skills for beginning counselors and others in counseling-related programs. At the micro level, the research investigated new clinicians’ self-awareness of their own biases, assumptions, internalized/externalized actions, and beliefs toward other cultures. The purpose of the study was, therefore to identify the motivations of new counselors for continuing professional development of multicultural competencies.

The research discussed the internal motivators and external perceptions beginning counselors had of their curricula, required professional development, and personal decisions to continue skill development. The data was collected from seven participants using semi-structured interviews and analyzed using the qualitative approach of Grounded Theory. The findings produced several primary codes, which, once further analyzed, revealed themes leading to three theoretical statements. These themes include motivations for cultural knowledge, skills, and exposure; motivations for fulfilling the standards and ideals of the counseling profession; and motivations for self-discovery and a desire to learn new skills. The thoughts and discussions the participants shared helped to reveal information that may lead to improved individual counseling relationships, improved outcomes for clients, and overall evidence-based practices.
Key words: Multicultural Competence, Implicit Bias, Motivation, Professional Development, motivations of new counselors
DEDICATION

This work is dedicated to my late mother Lynn Webster-English, who inspired me to be more than I could ever imagine. From the poster she hung in my bedroom, “Be the Dream,” to the example she set going back to school at a late age to pursue her dream of being a nurse. To my cousin Charity, who was my wind, my sister and guardian, and one of the most persevering women in the world.

Finally, to my many friends and family, as I have mentioned I say thank you for putting up with me.
ACKNOWLEDGEMENTS

“Self-Perceptions are terribly limiting” (Feifer, 2022). I lived a great deal of my life in what many now call the imposter syndrome. Believing that one is not worthy of success is terribly limiting. I must acknowledge the Creator for giving me the strength and fortitude to make it this far in this experience. I must also take the time to acknowledge those leading angels who have been more than mentors, coaches, support but true examples of Black excellence that have been exemplary spirits.

To my Chair, Dr. Tremaine N. Leslie, words cannot fully capture the gratitude that I have. Thank you for your expert guidance, editing, consultation, support, and above all, encouragement. You came at a critical time when I had decided to end this process. I would not have stayed had it not been for the support of you as chair of the committee and the role modeling you represent.

Dr. Stewart, you played an essential role in this process. I so wanted you to be a part and wish I had access to you from the beginning! I believe I might have been further along. My committee made the difference.

To my peer mentor Dr. Joan Tucker, thank you for your expert guidance and consultation. Thank you for your unwavering support these many years that encouraged and prodded me to completion. Thank you for allowing me to call upon you when your schedule is grueling.

To my two life mentors, Dr. Kathurah Jenkins-Hall, please accept my sincere gratitude for decades of friendship, support, modeling, spiritual nourishment, correction, mentoring, and kinship bonds. Dr. Gary Lemons, my brother, my friend, mentor, co-
author, editor, motivator and exemplary model of fatherhood and marriage, I say Asante Sana!

To my participants in the study, thank you for your patience, acceptance, sincerity, commitment, and energy in completing this study. Without you I wouldn’t be at this juncture. Your voice made a difference in this study and the knowledge gained shall help me promote the learning you shared.

To my great significant other, Areis Evans, thank you for allowing the time and space, the patience of canceling together time, and the emotional support to complete.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iv</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>vi</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>vii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>xiii</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>xiv</td>
</tr>
<tr>
<td>ACRONYM</td>
<td>xv</td>
</tr>
<tr>
<td>CHAPTER ONE: INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Problem Statement</td>
<td>3</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>4</td>
</tr>
<tr>
<td>Research Question</td>
<td>5</td>
</tr>
<tr>
<td>Overarching Research Question</td>
<td>5</td>
</tr>
<tr>
<td>Supportive Questions</td>
<td>5</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>6</td>
</tr>
<tr>
<td>CHAPTER TWO: LITERATURE REVIEW</td>
<td>9</td>
</tr>
<tr>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>History of Multicultural competencies and Attention to Cultural Competence</td>
<td>10</td>
</tr>
<tr>
<td>Multicultural and Social Justice Counseling Competencies</td>
<td>12</td>
</tr>
<tr>
<td>Quadrants</td>
<td>12</td>
</tr>
<tr>
<td>Domains</td>
<td>12</td>
</tr>
<tr>
<td>Competencies</td>
<td>13</td>
</tr>
<tr>
<td>ACA Code of Ethics Guide for Cultural Competence</td>
<td>14</td>
</tr>
</tbody>
</table>
CACREP Competencies ................................................................. 16
Special Competencies: Feminism, GLBTIQ2-S, African Americans .......... 19
Feminism......................................................................................... 20
Gay, Lesbian, Bi-sexual, Transgender, Intersex, Questioning, and 2-spirited. .... 22
African American Competencies ...................................................... 24
Professional Development: Continued learning in the Counseling Profession .... 31
Theoretical Framework........................................................................ 396
Summary.......................................................................................... 369

CHAPTER THREE: METHODOLOGY ................................................. 41
Introduction....................................................................................... 41
Research Question ........................................................................... 42
   Overarching Research Question....................................................... 42
   Supportive Questions ...................................................................... 42
Research Design............................................................................... 42
   Qualitative Inquiry ......................................................................... 42
   Grounded Theory as Qualitative Inquiry......................................... 43
Data Coding...................................................................................... 44
Sampling........................................................................................... 46
   Convenience Sample ...................................................................... 46
   Judgment Sample .......................................................................... 47
   Theoretical Sample......................................................................... 47
Data Collection.................................................................................. 48
Data Analysis ................................................................................... 52
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Coding</td>
<td>54</td>
</tr>
<tr>
<td>Axial Coding</td>
<td>55</td>
</tr>
<tr>
<td>Selective Coding</td>
<td>55</td>
</tr>
<tr>
<td>Theory</td>
<td>56</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>57</td>
</tr>
<tr>
<td>Member Checking</td>
<td>58</td>
</tr>
<tr>
<td>Peer Review</td>
<td>58</td>
</tr>
<tr>
<td>Audit Trail</td>
<td>59</td>
</tr>
<tr>
<td>Summary</td>
<td>59</td>
</tr>
<tr>
<td><strong>CHAPTER FOUR: FINDINGS</strong></td>
<td>62</td>
</tr>
<tr>
<td>Introduction</td>
<td>62</td>
</tr>
<tr>
<td>Research Question</td>
<td>63</td>
</tr>
<tr>
<td>Overarching Research Question</td>
<td>63</td>
</tr>
<tr>
<td>Supportive Questions</td>
<td>63</td>
</tr>
<tr>
<td>Participant Data</td>
<td>63</td>
</tr>
<tr>
<td>Data Analysis Procedure</td>
<td>68</td>
</tr>
<tr>
<td>Open Coding</td>
<td>70</td>
</tr>
<tr>
<td>Axial Coding</td>
<td>77</td>
</tr>
<tr>
<td>Selective Coding</td>
<td>78</td>
</tr>
<tr>
<td>Emerging Theories</td>
<td>79</td>
</tr>
<tr>
<td>Evidence of Trustworthiness</td>
<td>85</td>
</tr>
<tr>
<td>Credibility</td>
<td>85</td>
</tr>
<tr>
<td>Transferability</td>
<td>86</td>
</tr>
</tbody>
</table>
Conformability ................................................................. 87
Dependability ................................................................. 88
Summary ........................................................................... 89

CHAPTER FIVE: DISCUSSIONS AND CONCLUSIONS ................. 90

Discussion ..................................................................... 90
Delimitations .................................................................. 95
Limitations .................................................................... 96
Implications ................................................................... 97
Recommendations for Future Research ......................... 99
Conclusion .................................................................... 100

REFERENCES ................................................................... 102

APPENDIX ..................................................................... 116

Appendix A: IRB Approval Letter .................................... 117
Appendix B: Informed Consent Semi-Structured Interview ...... 118
Appendix C: Invitation Letter .......................................... 120
Appendix D: Demographic Information .......................... 121
Appendix E: Interview Protocol ........................................ 122
Appendix F: Semi-Structured Interview ........................... 123
Appendix G: Invitation Flyer ........................................... 125
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1: Participants Demographic</td>
<td>65</td>
</tr>
<tr>
<td>Table 2: Results of Axial Coding</td>
<td>78</td>
</tr>
<tr>
<td>Table 3: Relational Codes of Axial to Selective Coding</td>
<td>79</td>
</tr>
</tbody>
</table>
**LIST OF FIGURES**

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Data Analysis Procedure.</td>
<td>69</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Theory of Motivations for New Counselors.</td>
<td>80</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>ABPsi</td>
<td>Association of Black Psychologists</td>
<td></td>
</tr>
<tr>
<td>ACA</td>
<td>American Counseling Association</td>
<td></td>
</tr>
<tr>
<td>ANWC</td>
<td>American News Women's Club</td>
<td></td>
</tr>
<tr>
<td>APA</td>
<td>American Psychological Association</td>
<td></td>
</tr>
<tr>
<td>BMHT</td>
<td>Black Mental Health of Tampa Bay</td>
<td></td>
</tr>
<tr>
<td>CACREP</td>
<td>Council on Accreditation of Counseling and Related Educational Programs</td>
<td></td>
</tr>
<tr>
<td>CCCI-R</td>
<td>Cross-Cultural Counseling Inventory–Revised</td>
<td></td>
</tr>
<tr>
<td>FCA</td>
<td>Florida Counseling Association</td>
<td></td>
</tr>
<tr>
<td>GLBTIQ</td>
<td>Gay, Lesbian, Bisexual, Transgender, Intersex and Queer</td>
<td></td>
</tr>
<tr>
<td>IAT</td>
<td>Implicit Association Test</td>
<td></td>
</tr>
<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
<td></td>
</tr>
<tr>
<td>MAKASS</td>
<td>Multicultural Awareness Knowledge and Skills Survey</td>
<td></td>
</tr>
<tr>
<td>MSJCC</td>
<td>Multicultural and Social Justice Counseling Competencies</td>
<td></td>
</tr>
<tr>
<td>SEDNET</td>
<td>Students with Emotional/Behavioral Disabilities Network</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER ONE

INTRODUCTION

Philadelphia clinician Julian Boatwright stated, “The traditional mental health system is failing African Americans” (Boatwright, 2019, p.1). The continued need for improvement in the area of cultural competence and multicultural competency development, awareness, and skills. Boatwright (2019) argued that although the State of Mental Health in America report showed a gradual increase in access to care, such care is not adequately reflected in the African American community. Boatwright (2019) argues that the lack of culturally competent care and culturally aware practitioners contributes to this phenomenon. Since 2001, there has been ongoing research into the persistent need to improve the mental health conditions of minority populations, e.g. lack of affordable access, culturally sensitive care, and innovative practices etc. (U.S. Department of Health and Human Services [USDHHS], (2001).

The counseling profession has gradually embraced research that promotes the importance of culturally aware care and multicultural development and competencies, which includes efforts to promote advocacy and social justice (American Counseling Association [ACA], 2014). This solidifies the need for the current study which sought to identify motivations of new counselors for continuing professional development of multicultural competencies.

It is understood that professions are made up by individuals and these individual members of an organization often possess varying political, sociological, psychological, and personal viewpoints that might differ from what an organization might profess. The research focused on identifying motivations and attitudes of mental health counselors
towards their own education and professional development as it relates to practicing multicultural competencies and cultural literacy skills as set forth by the Ratts et al., 2016).

Multiculturalism, cultural diversity, cultural literacy, and cultural competence are terms that seek to encompass the philosophy and theories that a variety of diverse cultural groups exist within a society, and that these different cultures have different cultural norms, worldviews, different needs and requirements from society as a whole. For purposes of the study, the term cultural literacy was used interchangeably with multicultural competencies. The study sought to highlight any increased awareness, change in actions, and practices the sample populations might undertake to ensure multicultural competencies were being demonstrated.

The research was a qualitative inquiry of individuals who had completed the graduate coursework, had either become registered interns, or were licensed less than five years, and are working on their professional development and building post-graduate experience. A semi-structured interview was administered to understand the experiences of the sample population. Through the use of grounded theory, it was expected that the research would reveal theories that described personal development and professional development of knowledge, attitude, and multicultural skills. Because it is often believed that the extensive coursework, modeling, and training in the areas of multicultural philosophy prepare a student to be able to “embrace” other cultures, the literature review explored that assumption. Along with the early history of multiculturalism, key milestones in the development of cultural difference awareness e.g. feminism were discussed. The current competencies and inclusion of social justice as well as the barriers
that exist to become a more culturally inclusive profession were explored. The essential motivations of those seeking to achieve a multicultural philosophy were the central theme of the study.

**Problem Statement**

The United States Census projects that by 2035, the majority population of the US will be made up of various minority groups, the largest being Hispanic Americans (US Census Bureau, 2010). Although America has long promoted the concept of a melting pot, or the belief that there is some uniformity of values, beliefs, and customs in the USA, recent research indicates this has not been a reality. Vast cultural differences do exist and many racial and ethnic populations, along with other groups have been marginalized in the United States. These cultural differences create a need for more culturally responsive approaches in everything from education, religion and most certainly healthcare, including mental health. The counseling profession has long recognized this need for cultural appreciation and cultural competence and for more than 25 years has created curricula that embrace the multicultural society in which we live (Lee, 1998).

Some research by African Americans, Native Indigenous people, and scholars of Hispanic origin indicates that along with stigma, affordability, access, cultural devaluation, and insensitive (which includes variables of racism, racial biases, homophobia, and ethnocentrism) adversely affect the utilization rates of minorities, society acceptance of the counseling profession, and maybe individual clinician success (Boatwright, 2019). The continued challenge for the profession remains in the institutional actions to increase a diverse workforce, e.g. the American Psychological Association [APA], (2020) report their membership of active practitioners are 2.1
females to every male, and women make up two thirds of the graduate clinician workforce, and 84% of that workforce are of European American (APA, 2018).

During the critical early years of beginning counselors or counselors-in-training, the focus is usually geared towards developing professional skills to facilitate ethical and proficient practice. Counselors are trained to be proficient generalists with only a few states requiring continued attention to the area of cultural literacy and multicultural competencies. Counselor educators, supervisors, community mental health clinics and other practices whether public or private have a vested interest in understanding what new counselors experience in the required skills in professional development areas, and those skills that do not have a legal but ethical requirement such as cultural literacy and multicultural competencies. If the profession does not address the accountability of acquiring further skills in this key area, then further lack of utilization of mental health services may continue. Unskilled or apathetic counselors may be adding to the trauma of millions of individuals and might expect continued interruptions in communities such as school shootings, and other human disasters. Failure to investigate the perceived barriers to quality care such as racism, homophobia, sexism, and cultural insensitivities cause the profession to lose credibility in the healthcare world and with social science.

**Purpose of the Study**

The purpose of the research was to identify motivations of new counselors for continuing professional development of multicultural competencies. The study sought to add to the awareness of the need for increased and continued professional development in the area of cultural literacy and multicultural competencies skills for beginning counselors and others in counseling related programs. Understanding the experiences and
educational needs of new counselors is vital to the profession; The qualitative study sought to provide understanding of some of the actions and motivations undertaken by new counselors. Increased self-awareness of their own thoughts, feelings, beliefs, evolvement, and allegiance of their own culture lens, as well as awareness of biases, assumptions, internalized/externalized actions, and beliefs towards other cultures may lead to improved individual counseling relationships, improved outcomes for clients, and overall evidence-informed practices.

**Research Question**

**Overarching Research Question**

What are the processes and motivations beginning counselors describe for their continued professional development formally and informally in the area of multicultural counseling competencies and cultural literacy?

**Supportive Questions**

1. How do beginning counselors describe their multicultural counseling skills and cultural literacy prior to graduation and after during the licensed intern years?

2. What are the internal motivations beginning counselors identify when considering continued professional development?

3. What are the external processes beginning counselors describe in considering growth in the area of multicultural counseling competency?

4. How do beginning counselors describe their multicultural counseling skills and cultural literacy awareness prior to graduation?

5. How do beginning counselors describe their multicultural counseling skills development when autonomous from the university experience?
Definition of Terms.

Multicultural Competence: a process of learning about and becoming allies with people of other cultures. Multicultural competence skills broaden the understanding and abilities (skills) to work in multicultural environments. The key element is to become more culturally competent and to increase respect and knowledge of other cultures and the role culture plays in individuals’ or population lives (P. Kivel, 2007, as cited by Racial Equity Tools, 2019).

Implicit Bias: Often referred to as unconscious bias, implicit biases are negative associations that people unknowingly hold. They are used automatically and mostly without conscious awareness. Implicit biases affect daily interactions, beliefs, and attitudes individuals have with others and other cultures. Implicit biases left unexplored can hinder the progress of those who seek to check and perhaps reduce their explicit beliefs and prejudices (Implicit Bias, 2014).

Motivation: the general desire or willingness of someone to do something. There are at least four types of motivation: extrinsic, intrinsic, introjected, and identified (Assor et al., 2009). For the purpose of the study, the semi-structured interview was used to explore intrinsic motivations and identified motivations of clinicians with five or less years of experience in pursuit of professional development.

Professional Development: The actions taken in pursuit of professional skills, identity, and knowledge to improve as a professional, e.g. counselor. This professional development takes place extrinsically or intrinsically. The ACA Code of Ethics instructs counselors to recognize the need for continuing their education and professional
development (ACA, 2014). Most states have specific requirements for continued education leading to professional development.

**Beginning Counselor:** In the State of Florida, the requirements for licensure are to serve in a registered intern role for not less than two years and 1000 hours of practice time with the supervision of a qualified supervisor. Registered interns are allowed to begin counseling capacity to gain experience. Newly licensed counselors would still be considered beginning as several stayed in intern capacity for up to five years (Florida Department of Health, 2021).

**Organization of Study**

Chapter one introduced the reader to the investigative questions that guided the author's creation of a semi-structured interview. Chapter two is the literature review; the author documented many voices on the purported progress of the Counseling profession in achieving a new level of performance in the area of Multicultural Competence and the “shared principles” of continued development. Chapter three introduced the reader to the proposed study methodology and the important process of Ground Theory. These vital steps along with the semi-structured interview allowed the author to put forth theories of the phenomena. Chapter four focused on the interviewees’ responses to the semi-structured interview, the synthesis and process of arriving at theory(s), and the graphs and charts. Chapter five summarized the study, the author’s discovered limitations, and proposed recommendations for further study.

The author investigated the research literature that discusses the Council for Accreditation of Counseling and Related Educational Programs (CAREP) standards on cultural competence. The literature review focused on the history, populations’
contributions and current practices and progress on increasing multicultural competencies, knowledge, skills, and awareness of the counseling populations.
CHAPTER TWO

LITERATURE REVIEW

Introduction

The purpose of the literature review was to synergize and examine the existing ever-evolving curricula, goals, and preparation of the educational institutions, researchers, and credentialing bodies used to better prepare counselors to effectively serve the mental health needs of the growing multicultural populations of the United States. These formal institutions have been instrumental in establishing external pressures on curricula, goals, and apparatus for counseling education to increase multicultural skills. However, the research questions addressed what internal influences occur to increase multicultural competence undertaken after leaving the formal institution. For more than three decades, counseling and psychology scholars and educators have sought to influence counselor growth and professional development through curricula that promote increased multicultural and social justice competencies (Jones, et al., 2013). The review discussed the history of developing multicultural counseling competency skills and cultural literacy and the methodological strategies of governing bodies such as the American Psychological Association (APA) and American Counseling Association (ACA) to achieve this overall goal. Additionally, the review examined the progressing influence of the Council on Accreditation of Counseling and Related Educational Programs (CACREP) goals and guidelines, as well as the contemporary issues that face the counseling profession. The review discusses some of the progressive developmental approaches taken to increase culturally competent practices in three predominant cultural
groups: Gay, Lesbian, Bisexual, Transgender, Intersex and Queer (GLBTIQ-2S), women, and People of African Descent are also explored in this chapter.

**History of Multicultural competencies and Attention to Cultural Competence**

The researcher sought to review the history and development of the guidelines, standards and codes used to guide graduate and doctoral programs of study. These guidelines provide a structure for the fostering of multicultural competencies e.g. (a) Exploration of Beliefs and Attitudes, (b) Developing Self-Awareness, (c) Expanding Knowledge about other cultures, and (d) Developing culturally aware skills, competencies, and are the written standards and expectations of the profession. Jones et al. (2013) attested that the standards were developed with several goals in mind.

The initial development of the multicultural competencies began in 1972 with the creation of the Association of Non-White concerns in Personnel and Guidance (Jones, 2013), The American News Women's Club (ANWC) was a subdivision of the American Personnel and Guidance Association, the original name of the American Counseling Association (ACA). The ANWC changed its name in 1985 to the Association for Multicultural Counseling and Development (Ramaswamy, 2017). This change helped to better reflect its work in producing guiding statements and competencies that promote the recognition of and empathy towards ethnic and racial minorities. The goal of ACA organization was to further the development and integrate its core competencies in the counseling profession in accreditation and curricula (Jones, 2013).

In 1992, the counseling profession began to draft a response and create programs to help ensure these competencies address racial and ethnic inequities through the American Counseling Associations, Counsel for Accreditations of Counseling and
Related Educational programs and the Association of Multicultural Counseling and Development (Ramaswamy, 2017). Sue et al. (1992) helped to form the guidelines that helped to create the ever-expanding perspective of the influences of culture on mental health and wellbeing. The counseling and psychology profession continue to increase the knowledge base with expanded research into specific cultures. The research and writings of D. Sue and D. W. Sue (1999) was an integral component of the development of the Multicultural Counseling Competencies, now called Multicultural and Social Justice Counseling Competencies.

The MSJCC has been adopted and interwoven in the code of ethics of the ACA, 2014). Lee (1998) gave the call for counselor educators to begin the challenging task of providing a multicultural education curriculum. Being an African American counselor educator and as president of the American Counseling Association, Lee (1998) sounds the alarm to motivate programs to begin to authentically address multicultural education. Fouad (2006) noted that educational programs began to slowly address the cultural competence training needs of students. Nevertheless, it now appears that the psychology and counseling profession has made some gains by increasing cultural competence training and education of students. These efforts are helping to increase cultural awareness and have increased the effectiveness of students as practitioners and scholars (Fouad, 2006). Increasingly institutions of higher learning are accepting this responsibility by maintaining accredited programs that meet CACREP standards (CACREP, 2015).
**Multicultural and Social Justice Counseling Competencies**

The MSJCC is an aspirational document which seeks to produce the optimum performance tool to aid counselor continued growth (Ratts, et al., 2016). The MSJCC promotes examinations of one’s beliefs and attitudes towards emergent populations, aids in exploring the worldview of different cultures and populations and encourages attention and awareness of the many influences that affect the counseling relations such as socioeconomic, politics, and sociology (Ratts et al., 2016). Furthermore Ratts et al. (2016) substantiated claims that the Multicultural and Social Justice Counseling Competencies possess three main areas of awareness, development, and action. These three areas are labeled Quadrants, Domains, and Competencies.

**Quadrants**

The quadrants of the MCSJC reflect the different power levels and the existence of status, perceptions of class, and marginalized existence of populations. The MSJCC presents four possible quadrants: a. Privileged Counselor, Marginalized Client; b. Privileged Counselor, Privileged Client; c. Marginalized Counselor, Privileged Client; d. Marginalized Counselor, Marginalized Client. These conditions do exist and reflect the interchange of the multiple identities and what such issues as male privilege, power, financial, education, titles, etc. reflect in the counseling relationship (Ratts et al., 2016).

**Domains**

Developmental in nature, domains help to highlight the growth of a counselor to better understand the client’s worldview and the role the multicultural and social justice counselor might undertake to help the client achieve their goals. Domains mark four areas of growth: (a) Counselor self-awareness, an area in which a counselor recognizes and
acknowledges their own cultural beliefs, values, and biases. (b) Client worldview, understanding the Lens of which the client may see the world is essential to building trust with the client. Understanding the world through the client’s lens helps to foster the therapeutic relationship. (c) An examination of the counselor relationship and how it might be further developed once a foundation of trust, appreciation, and acceptance is established. (d) The sensitive step of creating counseling and advocacy interventions. A MSJCC counselor is better equipped to design treatment plans once there is a clearer understanding of the nature of the interpersonal and intrapersonal dynamics of the client’s social and emotional needs, as well as the other influences, micro and macro, of institutional and sociological forces (Ratts, et al., 2016).

**Competencies**

In this component a multicultural and social justice competent counselor learns and develops further skills in connecting with their client. Addressing the complex institutional, interpersonal challenges of the client’s experience becomes the mission of the counselor. Some training programs and curricula use assessment tools that assist the developing counselor to address their own a. Attitudes, b. Knowledge c. Skills, and d. Actions (Jones et al., 2013).

Several standardized multicultural assessment instruments exist such as the Multicultural Awareness Knowledge and Skills Survey (MAKASS), a self-report instrument that helps counselors become aware of their strengths and areas needed for growth with a non-threatening tool. Counseling and other professions such as education, social work, etc. have used the MAKASS since its development (D’Andrea et al., 1991). Additionally, the Multicultural Counseling and Awareness Scale (MCKAS), helps
counselors to better understand their biases towards clients that have, or have not, assimilated to White dominant culture (Jones et al). It is important to discuss that the Multicultural counseling competencies has undergone some revision and additions (Ratts et al., 2015). The competencies were updated in 2015, and now include more of the emergent agenda of social justice and advocacy (Decker, 2013). Similarly, Decker (2013) discusses that the use of the term social justice and advocacy addresses the need for cultural awareness amongst the changing populations, historic oppressed groups, and institutional racism and the need for increased equity. This increased awareness highlights the recognition of multiple identities and of more marginalized communities and groups. The MSJCC helps the interactive nature of the multicultural competencies and social justice agenda (Ratts et al., 2015). Zalaquett et al. (2008) discussed the need to improve the Social Justice agendas in multicultural competencies, and to add these issues to education programs and curricula to beginning and experienced counselors early. Zalaquett et al. (2008) argued that counselors can become more knowledgeable of the social injustices and other inequities that exist in the nation. By adding the term social justice to the competencies, counselors are reminded of the continuous need to address emergent issues and their own continued growth.

**ACA Code of Ethics Guide for Cultural Competence**

The ACA Code of Ethics governs the actions and professional standards of the counseling profession. The Code of Ethics does not supersede state laws and rules. It was created and is revised and updated to foster and instill trust in the counseling profession (ACA, 2014). The ACA Code of Ethics discusses cultural competence and cultural awareness in five areas of the counseling profession:
In A. 2. c. Counselors are reminded to be developmentally and culturally sensitive in communication, interpretation and to make appropriate accommodations for clients. This includes ensuring that information and materials are shared in a language that allows the client to be informed, give consent, and interact with the clinician in addition to making treatment choices with increased self-efficacy.

Section B.1.a reminds counselors that multicultural and diversity considerations must be considered to ensure proper understanding of privacy and considerations.

Section C. 1.a guides the counselor in remembering to demonstrate professional competence in practice areas including multicultural competence. This section asks counselors to challenge themselves and gain awareness of their skills to increase ability to practice across all counseling specialties.

In section, E.5.b, the Code guides counselor behavior by reminding counselors to be sensitive to the worldview of clients and how their own culture might interpret their problems or needs. Likewise, Section E.5.c. reminds counselors of the history of prejudices and injustices that harm and misdiagnose marginalized communities. Counselors are warned to recognize these social prejudices and make culturally aware diagnoses. Additionally, Section E. 8 advises on ensuring assessment instruments and tools take into consideration factors such as race, age, socioeconomic status, race, ethnicity, sexual orientation; and no treatment decisions are to be made from over reliance on any one particular instrument, but others that may have reliability and validity, and are culturally relevant, as well as other factors relevant to the culture identity of the client.
Similarly, F.2.b reminds counselor educators and supervisors to broach the issues of multicultural awareness and skill development in supervision. F. 11.b. reminds counselor educators to recruit a multicultural and diverse student body and to value the unique perspective, points of view, strengths, and cultural value students bring to the education environment. ACA code F. 11.c. requires counselor educators to infuse multicultural diversity competencies in their training and supervisor experiences. Counselor educators are to encourage continued development of awareness, knowledge, and skills in multicultural competence in practice.

Section G.1.c focuses on ensuring that counselors that engage in research, whether under the auspices of a university/IRB, other institution, or as an independent endeavor, consider the diverse backgrounds and ensure protections of all groups and participants. Researchers should educate themselves and be aware of the history and treatment of marginalized people and maintain the standard to prevent harm in private projects as well (ACA, 2014, pp. 4-12).

Herlighy and Corey (1997) attested that the ACA code of ethics, similar to other codes, exists as a catalyst to improve practice, which include multicultural and diversity issues and other critical areas for the protection of the public trust.

**CACREP Competencies**

By 1981, with the creation of the Council on Accreditation of Counseling and Educationally Related Programs (CACREP), current ideas emerged on the standards needed to become a culturally competent counselor (CACREP, 2016). CACREP originally adopted the standards and requirements of the ACES commission, and in 1977,
the guidelines simply suggested that students reflect the make-up of society. By 1988 CACREP added new requirements to those interested in earning the doctorate in counselor education, including requirements for the inclusion of teaching, and interweaving curricula for multiculturalism and diversity (Bobby, 2011). Additionally, Bobby (2011) noted that by 1994, CACREP specifically required coursework in the areas of diversity, socioeconomics, and lifestyles, along with expectations regarding participation and membership in ACES and ACA.

CACREP as well as other credentialing bodies e.g. American Psychological Association (APA) requires counselor education and psychological related programs to develop curricula that educate students on multiculturalism, and diversity issues. CACREP (2016) has eight common core areas for the foundational knowledge needed by entry level counselors. Section II of CACREP standards entitled Professional Counseling Identity lists these eight foundational components along with the objectives of each key component.

CACREP (2016) Component two of Section II is entitled Social and Cultural Diversity with 8 objectives under this component. The standards outline:

a. Requires counselors to understand the multicultural and pluralistic trends within and among diverse groups, nationally and internationally.

b. Requires counselors to be made aware of theories of multicultural counseling, cultural identity formation, and social justice and advocacy.

c. Requires counselor curricula that promote learning multicultural competencies.

d. Requires counselors to explore the impact of heritage, beliefs, and attitudes towards acculturation experiences.
e. Requires curricula that explore the effects of power and privilege of counselors and clients.

f. Requires increased understanding of help-seeking behaviors of diverse clients.

g. Requires understanding the impact of spirituality on the client’s worldview.

h. Requires counselors to explore strategies to identify and eliminate barriers and prejudices of oppressed and marginalized groups (pp.9-15).

CACREP (2016) also has requirements for doctorate programs and counselor education programs and Section 6 of the CACREP requirements govern these vital areas of the counseling profession. Under Section 6, Component B addresses the professional identity of the doctoral program and lists of the five major identities of the doctoral programs, which include: Counseling, Supervision, Teaching, Research and Leadership and Advocacy. Leadership and Advocacy are further defined in 12 major objectives. For purposes of this research, I seek to explore the overlay of objectives J. k. and L.

j. Discusses the existence of models of competencies for advocating for clients at individual, system, and policy levels.

k. Understands the interplay of counselor educators’ role in relation to multicultural affairs and social justice issues.

l. Understand how culturally relevant leadership and advocacy practices are shared with counselors (pp-9-15).

Walters (2010) found that the counseling profession began to integrate social justice and advocacy into curricula as CACREP put forth the discussed objectives. In 1998, ACA held a two-day conference to provide recommendations addressing advocacy and social justice. By 2002, ACA set up a task force to identify the competencies for
social justice and advocacy and adopted an advocacy model (Toporek, 2000, as cited in Walters, 2010).

The work of D. Sue and D. W. Sue (1995) and the call for curriculum development addressing multicultural competencies through CACREP (2006) and ACA (2020) have deemed multiculturalism as the fourth wave of the profession. The literature indicates that multicultural competencies, as well as social justice and advocacy competencies may create the fifth wave of the profession (Decker, 2013). Counseling and counselor education programs are asked to serve as catalysts for change, by helping those counselors that are competent take the necessary training to be prepared to be social justice advocates against oppression and marginalization in the United States society (Shen, 2008, as cited in Decker, 2013). Fouad (2006) found that the education and counseling profession has had an episodic and often challenging evolution to enacting policies, guidelines, curricula, and training to address the needs of marginalized, oppressed and culturally diverse populations. This embracement of multicultural competencies is essential to address the ever-changing populations of the United States. Should the current population trends continue, the majority population will consist of minority populations by 2035 (US Census Bureau, 2010).

Special Competencies: Feminism, GLBTIQ2-S, African Americans

There has been a continued increase in competency measurements and tools to aid the professional counselor in the important multicultural work. This literature leads to the discussion of these competencies and the rise of multicultural competency skill development as a theme. Whereas there are many competencies that might be explored, the author discussed three primary groups that have received targeted attention, which are
GLBTIQ2-S, women, and African American populations. The research explored the motivations of counselors to increase their general multicultural skills. It is also known that individual counselors might increase their skills in specific competencies in one or more of the three discussed marginalized populations. The counseling profession was long dominated primarily by White men of European Descent. These three populations are highlighted not only due to the specific needs, but because of their activism. Mollen (2008) discussed that feminism and multicultural counseling are set apart from other counseling movements due to their unique call for activism and social justice.

**Feminism**

Wright (2009) attested that the feminist theory began with the considerations of middle-income women of the European/western worldview. Feminist theory holds that oppressive systems contribute to the psychological distress of women. Conversely, multicultural theory holds that cultural strengths from all the nonwestern world have value and can help to overcome the pathology of these oppressive systems (Ratts et al., 2015; Wright, 2009). Vasquez and Johnson (2022) examined the development of Feminist Theory which helps to anchor the discussion of the development of Multicultural Theory and Multicultural competencies, and the evolving terms of cultural literacy, cultural competence, and cultural sensitivity. The 1960’s and 70’s brought great civil unrest in all institutions of the United States. Education, civil organizations, and the business world were not immune to the rise of feminism (Wright, 2009). The profound proclamation that women are politically, civically, and socially equal has caused great change in the paradigm in American society; in the social sciences of sociology and psychology this shift is systematic and still occurring (Wright, 2009). Early researchers
such as J.B. Miller and Carole Gilligan were fundamental to the field of psychology and counseling and helped to address the need for better educational standards for clinicians to ensure feminism and multiculturalism is a theory that continues to evolve. Early professionals in the fields of counseling, education, psychology, and other social sciences long decried the practices of marginalization of women and the pathologies that were often assigned simply because of gender.

Wright (2009) discussed that Feminist theory provides three core tenets (1) the creation of egalitarian relationships, removing the expert, which in the early part of the profession was nearly entirely male. (2) The view that clients are competent and capable of solving many of their concerns and problems. (3) A commitment to therapy as change and not adjustment or adaptation to the greater society. These tenets help to form some of the basic paradigm shifts in multicultural counseling. Feminist theory began to challenge the notion that White Anglo Saxon and European Descent males knew what was best for women and fully understood the essence of women (Wright, 2009). Feminist theory gives the evolution of multiculturalism some early direction (Mollen, 2008). “Feminist theory has a deep commitment to social justice and equality which are key tenets to Multiculturalism and cultural literacy” (Mollen, 2008, p. 900).

Feminist theory is closely aligned with the fourth wave of counseling: multiculturalism (Mollen, 2008). Feminist theory and multiculturalism help with placing the focus on the complete context of an individual’s life. Feminist theory and multiculturalism force the dynamics of power in the counselor and client relationship to shift (Ali, 2007). Feminist theory and Multiculturalism insist on greater communication between the parties (Mollen, 2008). Finally, feminist theory and multiculturalism now
have a broader social justice and society change mission (Williams & Barber, 2004). The call for integration of feminism along with other multicultural theories and concepts along with realizing the competencies has continued today. Mazarin (2014) insisted that a requirement of therapy is a multicultural base, specifically feminist (Mazarin, 2014, as cited in Williams & Barber 2004). The continued call for the fourth and fifth wave of the counseling profession has led to the continued growth of special competencies for varying populations and cultures of the United States.

**Gay, Lesbian, Bi-sexual, Transgender, Intersex, Questioning, and 2-spirited.**

According to Fassinger (2003), GLBTEQ2-S men and women are a significant population and cultural group that has warranted increased attention and enhanced support through multicultural mental health services. Troutman and Packer-Williams (2014) argued that the term multicultural was historically exclusive of the sexual minority population. The researchers discussed that CACREP institutions might increase guidelines and offer explicit training for counselors and counselors in training in working with GLBTEQ2-S clients. They contended that education programs need to go beyond the minimum standards set by CACREP for preparing students to provide culturally competent services to GLBTEQ2-S clientele (Troutman & Packer-Williams, 2014).

Fassinger (2003) reported that during the early 2000s GLBTEQ2-S and multicultural concerns were becoming a clearer focus, they still needed to become critical in the counseling profession. Troutman and Packer-Williams (2014) found that by 2009, educators, practitioners, and students believed that social and cultural diversity ranked as the third most beneficial core standard of counseling education programs. However, it is important to note the profession has been slower to develop curricula and specific
components to address the needs of the GLBTIQ2-S populations (Troutman Packer-Williams, 2014). As curricula might often work towards avoiding the imposition of personal values, the internalization of society values affects all, including new counselors, in many unknown ways (Troutman & Packer-Williams, 2014). In the same way, Israel and Selvidge (2003) discuss that.

Although multicultural competencies and GLBTIQ2-S counseling competencies may have originally been developed independently from each other, they are now seen as much more mutually connected. Multicultural competencies training and tools tend to focus on the components of conceptualizations, knowledge, attitude, and skills. The multicultural competencies can be applied to sexual minorities, to enhance the competences of practitioners. Both ethnic minorities and sexual minorities share stereotyping, stigmatization of psychology, ineffective and insensitive counseling practices, and negative reactions of mainstream society (p.86).

Israel and Selvidge (2003) also contended that these multicultural developments have many similarities and shared history, but there exists a further need to develop competencies in working with GLBTIQ2-2 populations. Troutman and Packer-Williams (2014) also postulated that multicultural competencies are often very broad definitions facing ethnic minorities, religious, and other oppressed peoples, however sexual minorities are not often identified or visible. There are also differences in the needs of sexual minorities. New competencies have been developed and newer ones will be added to address the mental health needs of GLBTQ2-S people which cannot be viewed as monolithic in nature. Similar to multicultural competencies, GLBTIQ2-S competencies
must be delineated to address these differences e.g. Transgender, vs. Bi-sexual (Troutman & Packer-Williams, 2014).

**African American Competencies**

More than six decades ago, Dr. Francis Summer, the Father of Black Psychology began to write and address the gap in skills and knowledge of the needs of Black clients and families (Sawyer, 2000). His writings and concerns on racial bias and social justice were instrumental in the later creation of the Association of Black Psychologists (ABPsi) (Sawyer, 2000). Contemporary researchers such as Erlanger A Turner (Turner, 2016) and Julius Boatwright (Boatwright, 2019) argue that mental health professionals need more professional development in areas of skill, awareness, and knowledge of Black Americans and other communities of color. They argue that there needs to be further institutional change, even formal requirements for counselors to continue to strive for cultural competence. As discussed, the professional credentialing bodies (e.g. ACA, CACREP) have codified the behavior to take place and the expectations of multicultural competencies that could be demonstrated (Middleton et al., 2005).

Initially, key pioneer researchers such as Cross (1991, 2020), D. Sue & D. W. Sue (1992), and others guided multicultural competencies to address predominantly racial, ethnic, and other marginalized populations. Competencies that addressed religious minorities, GLBTIQ2-S, and other minorities whose worldview and identity may not resemble the worldview of the predominant populations, were not as easily identified. As the complex nuances of cultural values have been researched, it has become apparent that specific competencies might be further developed amongst the varying complex cultures (Soto et al., 2018). Even earlier research noted that ethnic and racial minorities require
extra attention as it relates to the competencies needed to work with them (Sue et al., 2019; D. Sue and D. W. Sue, 1995). This is in part due to the forms of institutional racism, and the official policies and practices that often dictated the treatment of ethnic minorities. Although the profession began curricula and a movement to increase multicultural competence, there is evidence that institutional policies did and still do foster non-culturally sensitive practice, e.g., African Americans placed in confined environments rather than mental health centers etc. (Saxon, 2019). Additionally, Leslie (2020) posits that African American men are a significant disproportionate population of the United States prison population. The research revealed that “African Americans make up the larger percentage of the United States penal system” (Leslie, 2020, p.1). This further supports the need for the development of supplemental instruments and instructional materials to teach future clinicians how to continue to increase their cultural competencies, embrace a social action agenda, and support the culturally aware practices (Pope-Davis & Ottavi, 1994).

Williams (2017) contends that despite the increase of multicultural competencies in general and increasing development of specific competencies, African Americans as the nation’s largest and most legally oppressed group face racism and biases that cause challenges in the profession. Thompson et al. (2002) conducted research which found that therapists from the majority culture working in African American communities were receptive to individuals of any color working with them, the history of racism and lack of cultural competence and sensitivity by a therapist encumbered the therapy. Thompson et al. (2002) further reports that rates of African American use of mental health services are lower than percentages of projected needs.
The researcher suggests that amongst the many barriers affecting utilization rates are economics, cultural beliefs on the need for services, stigma, lack of racial similarity, but also professional cultural competence affected participation. This lack of knowledge of African American culture and life has led to a climate of mistrust (Thompson et al., 2004). Similarly, Taylor and Kuo (2019) found this theme still existed and reported that this cultural mistrust leads to Black individuals having little trust in most of White-American society, particularly healthcare, and stemming from pre-civil war. This lack of trust and belief in direct and vicarious harm extends to mental health, as White people, particularly white women, are the predominant workforce in the counseling and psychotherapy field. Williams (2017) discusses that race and racism play a significant role in a person’s vulnerability to mental health struggles, as well as their reluctance to seek treatment.

The subtle and overt forms of microaggressions, lack of inclusion, lack of diverse workforces, and other cultural deprivations appear to be part of healthcare, and the mental health field is not immune. African Americans are 10% more likely to report serious psychological distress than non-Hispanic whites (U.S. Department of Health and Human Service report, 2016) and according to Substance Abuse and Mental Health Services Administration [SAMHSA], 2022), suicide was the third primary cause of death for African Americans, ages 15 to 24.

A study by Constantine (2007) discussed the impact of racial microaggressions, (unconscious and unintentional forms of racial discrimination) and the effects on the counseling relationship and mental health outcomes for African Americans. Constantine (2007) argues that greater perceived microaggressions by African Americans were
predictive of a weaker therapeutic alliance with White counselors. These perceived experiences led to lower ratings of the multicultural counseling competence of the White therapists, as well as lower counseling satisfaction. Constantine reports (2007) that even White counselors that have received extensive multicultural training impart racism unconsciously in the counseling environment.

The researcher underscores the deeper need for intentional training in exploring racial attitudes and bias as they relate to multicultural competencies skill development of the entire healthcare profession, including mental health. According to the American Psychological Association’s (APA) recent report on “Health Disparities in Racial/Ethnic and Sexual Minorities,” there are measurable insufficiencies in skills of professional health care providers in detecting depression among racial and ethnic minority patients (Hunt & Robles, 2018).

An additional need to continue the research and development of special competencies tools for working with African American and perhaps other people of color is in part due to the past and current make-up of the workforce in the psychology and mental health counseling profession. The early counseling and psychology professional theories, roles, practices, and educational processes were predominantly men of European Descent (Sawyer, 2000). In the past decades there has been a gradual gender change with the counseling profession becoming more female dominated. However, the workforce consists of women predominantly of European descent, and overall, this workforce change has not led to increased cultural sensitivity and awareness of the needs of the African American community in physical and mental health (Williams, 2017). There has been at least one positive change which is that there has been an increase of African
American women in the profession, a group that has been underrepresented for many decades. According to Thompson et al. (2004) researched that in the African American community, although receptive to individuals of any color working with them, the history of racism and lack of cultural competence and sensitivity by a therapist encumbered the therapy.

There is growing evidence of the importance of racial similarity and cultural role modeling in the counseling field, as well as healthcare in general (Thrasher, 2018). Thrasher proposes that the counseling profession may be mostly prepared to deal with the emotional depression, stress, and traumatizing effects of misogyny, primarily because of the makeup of the counseling workforce. He further argues that the profession is not prepared for the very real effects of racism, the mounting trauma effects, and other mental health needs of Black and Brown peoples. Thrasher (2018) argues further training must be ongoing in the critical areas of working with African American, GLBTIQ2-S, and indigenous people.

Concurrently, Good-Cross and Grim (2014) discuss that the need for expanding multicultural competencies skills, knowledge, and awareness in working with people of African descent is not limited to European descent therapists, or others not of African descent. Good-Cross and Grim (2014) discuss that their research among African American therapists indicated that they felt unprepared for working with individuals even of their own ethnic racial background. Their research indicated that the therapists believed at least three reasons affected the counseling relationship such as over identification with the client, judgment or rejection by the client and client reactions to the perceived socioeconomic status of the counselor. However, racial similarity may be
becoming and preferred, as the country struggles with embracing social justice, as well as health and race equity (Thrasher, 2018). Medical health is learning the vast importance of racial parity. Saxon (2020) reports that a new study shows that Black babies born in the USA are more likely to survive childbirth when in the care of a Black doctor. The study released by the Journal of National Academy of Sciences follows researchers from George Mason University that studied 1.8 million hospital births in Florida 1992-2015. Their research supports past work with similar findings. Similar correlations are being made in mental health, that pairing individuals with racially similar and often gender specific pairings indicate improved outcomes and increased utilization (Sulaiman & Williams, 2020).

The researchers report on their findings in the Black Men Heal project that stigma was reduced for Black men around the overall need for mental health services, the barriers to utilization were decreased by ensuring access (costs), availability and safety, and improved cultural competence. Sulaiman and Williams (2020) also took the time to match therapists with clients with whom they best fit for the Black man’s particular background and trauma. This methodical method is often overlooked in community mental health settings. Good-Cross and Grim (2014) and Sulaiman and Williams (2020) recommend continuing education and training as one of the paths to increasing multicultural competency skills and knowledge, as access to racially similar therapists is not possible at this time due to workforce intricacies and in all circumstances. The nation continues to become more diverse, and as the nation becomes browner, the need for culturally competent counselors will expand.
All credentialing bodies support the research that clients report greater benefits and treatment efficacy with culturally aware and competent clinicians (Turner, 2016). Although more research is needed, it is becoming known that making cultural adaptations, which often modify western world treatments approaches, as well as increasing cultural awareness, are insufficient in treating ethnic and racial minorities (Soto et al., 2018). It becomes apparent that some key issues warrant further discussion as there is some evidence that many counselors lack the necessary knowledge, attitudes or skills of multicultural competencies when working with African Americans, particularly men. For instance, Boatwright (2019) indicates “The traditional mental health system is failing the Black community,” (p. 1) and the lack of sensitive culturally aware and competent mental health professionals deters black people from seeking and securing support and help.

As discussed, the initial Multicultural Competencies have been instrumental for social change. The MSJC is evolving into a catalyst for change by adding Social Justice to its goals and objectives and advocacy work to its overall agenda (Ratts et al., 2016). The other credentialing bodies ACA and CACREP have followed suit. The Multicultural and Social Justice Competencies embody the goal of the counseling profession to address the conditions of marginalized populations more holistically. Along with embracing the social justice and advocacy movement, there is an embracement of the emergent theories of intersectionality. These changes have now created what is termed the fifth wave of the counseling profession.
**Professional Development: Continued learning in the Counseling Profession**

Professional Development, growth development, and personal development are often closely related terms that address the experiences, knowledge and skill attainment, and development of counselors during and after their course of study and throughout their professional life (Ponce et al., 2019). Professional development is the more formal component of the process, with external forces such as CACREP, ACA and state regulatory authorities requiring some form of participation and proof of its occurrence (CACREP, 2016; ACA, 2014; Florida Department of Health, 2020).

Personal Development is more esoteric and nuanced; attitudes towards other people, work ethic, emotional maturity and many more areas are part of personal development, yet personal development, as well as professional identity, affects Professional Development of the counselor (Smith, 2016). While there is evidence that the profession of counseling has endeavored to ensure a competent and ethical workforce in the skills necessary to be a professional in the field, there is also some research that suggests that curricula and policies may not have increased culturally relevant skills for a key demographic (BrckaLorenz et al., 2021). BrckaLorenz et al. (2020) argues that the personal development such as attitudes, perceptions, acceptance, and inclusion practice that students will later need to demonstrate for GLBTIQ2-S populations are broadly impacted by the successful integration of culturally aware coursework, as well as the creation of microclimates that embrace diversity and cultural relevance.

To support this claim BrckaLorenz et al. (2020) indicated that students that do not receive the necessary exposure to role models, policies and practices of cultural inclusion are less likely to place importance on this area, despite the goals and objectives of
CACREP and other accrediting bodies to improve social justice advocacy and multicultural competent practice. Therefore, professional development as a counselor is impacted by personal development or any “internal motivations” an individual counselor might possess to increase their multicultural competencies.

The review was relevant due to continued changing demographics of the United States and the goals of the counseling profession to increase the awareness and perhaps the participation of counselors in social justice and advocacy, along with improved healthcare outcomes (Ratts et al., 2016). Against the background of these changing demographics, the counseling profession has an explicit call for social justice and the implicit call to be active in the social change and advocacy that is required to promote mental health and social justice. This is especially critical for counselors when working with African American clients (Scharff et al., 2021).

Professional Development in the counseling profession is defined in Section C of the ACA Code of Ethics, which requires counselors’ practice in professional and personal boundaries and standards of competence. Professional Development includes proper professional qualifications, proper credentialing, ensuring necessary skills, knowledge, certifications, and continuing education. Multicultural competence is expected in all areas of counseling specialties, and all counselors are expected to participate (ACA, 2014). The ACA Code of Ethics is designed to ensure competent and professional development which also includes the professional relationship not only with clients to ensure nondiscrimination, but the relationship with others in the counseling profession (ACA, 2014).
The area of Multicultural competencies is the main area of focus for this study. Professional counselors are responsible for offering their services to the public with the highest degree of care, competence, and quality. Yet, there is some indication that the professional growth after completion of the graduate programs and training may be neglected (Neimeyer et al., 2019). Professional development, which is part of continuing education, is most often state, regionally, or locally regulated, and there are vast differences in the hours, topics, offerings, and emphasis of these professional requirements. At the same time the various counseling and psychology professions and career emphasis do appear to have similar objectives to ensure a commitment to lifelong learning and involvement in knowledge, attitude, and skills (Neimeyer et al., 2019).

Smith (2016) discusses in her research that professional development is heavily dependent upon personal development. Smith (2016) argues that the profession attempts to correct personal growth needs in such formal settings as internships, supervision and consultation and perhaps mentoring. Personal development which affects professional development is enhanced when individuals undergo such activities as self-assessment and professional and university experiences (Jones, et al., 2013). Still, most continued professional development requirements are contingent upon policies of the state and credentialing groups. For example, the State of California requires continuing education in the area of cultural relevance for same gender partner violence, as well as cultural understanding for the needs of Transgender clients (Staff, 2021). The State of Florida does not require such preparation even though it is becoming similarly diverse in demographics as the State of California and the 3rd or 4th most populous state in the United States. It is important to my research to discover and identify personal
motivations that new counselors possess that impact their perceived professional
development needs in the area of multicultural skill development.

Although the profession purports to uphold the principles of diversity, cultural
awareness and healthcare equity, and social justice and advocacy, there is some evidence
that the profession may not be achieving its aim in some populations (Williams, 2017).
Williams argues that the lack of cultural competence, blatant racism, biases,
microaggressions, and other disparities cause African Americans not to seek the help they
need. Williams (2017) suggests that increased diverse student recruitment intentions,
increased professional development cultural training, and support of innovative programs
such as the barbershop initiative might expose the current workforce to improved
practices. As discussed in the competencies, additional awareness of particular
knowledge, attitude, and skills is needed to work with the ever-changing populations of
today. In short, good will and good intention, a casual awareness of kindness, self-
disclosure, and desire to help is not sufficient, and perhaps was never sufficient. It is
believed that such qualities as well-adjusted individual personalities, open-mindedness,
altruism, and high stress tolerance are present in counselors and that deficiencies in such
qualities are highlighted, revealed, and corrected through the various supervisory
experiences. There is some evidence that this is not the case and many of these qualities
may not be possessed, and just may be an unwillingness to explore qualities that might be
needed to increase multicultural competencies (Neimeyer et al., 2018).

As discussed, it is important to discover ways to influence counselors to
understand the importance of continuing their education and skill development in
multicultural counseling competencies. There are several reasons for this need, two of
which are to enhance the professional identity and improve the health of a changing populace. There is also some evidence that recruiting more individuals from marginalized populations would be part of the solution as well. Counselors that focus on improving multicultural competencies often report greater practice fulfillment and greater client utilization rates (Neimeyer et al., 2019). Although this cannot be the sole reason for an individual counselor’s consideration of this need for continuous improvement, improving utilization rates is a positive effect on the profession.

There is also some evidence of the positive effects that occur in therapeutic relationships when counselors and clients are racially similar. But as discussed in the competencies, other factors such as class, gender, and education level influence this dynamic. Nevertheless, there is a tendency to lean towards researching factors that somehow help to increase utilization rates of racial, ethnic, orientation and other cultural groups rather than improving multicultural competencies (Choudhuri, 2005).

In conducting the literature review the topic of accountability warrants discussion. Currently, the role of ensuring that counselors are accountable for ethical, professional, and competent falls to the state governments. This accountability comes in the form of requirements for continued education in certain areas, subjects, or topics. Often these requirements are referred to in the form of continuing education in hours or units, with a certain minimum of hours to be completed in a certain amount of time. Neimeyer et al. (2019) described this method as a proxy in which completing hours in continuing education is often considered professional competence. It is here where further investigation may be warranted. In the search of the literature there are only three states
that require ongoing training in diversity, multiculturalism, or cultural competence: California, New York, and Hawaii (APA, 2020; Ng et al., 2022).

This vital area is often left to the individual counselor to obtain at their good will. However, few counselors exceed the minimum requirements of their states and fewer tend to address the issue in supervision and or consultation. There is evidence that in the supervision phase or consultation, discussion of race, ethnicity, gender, and sexual orientation might even be avoided in the session when it’s obvious these intersections are occurring (Summers & Bonnel, 2020). The concept of the profession policing itself and individual counselor’s desire to develop sufficient interests to increase their multicultural skills is the foundation of this research.

**Theoretical Framework**

The study utilized the intersectionality theory to conduct this research.

Intersectionality is an Emerging Focus of Multiculturalism Social Justice Competencies.

In 1989, Crenshaw (1989) coined the term Intersectionality to address the oppression and misunderstanding of the needs of African American women. Crenshaw (1989) argued that although the needs of women in general may have begun to be addressed in feminist theory, African American women and other women of color had not been adequately portrayed in this discourse. Crenshaw’s earlier and current work highlights the continuous need to address the experiences of class, gender, sexuality, and race. Crenshaw was originally addressing political and social justice needs of African American women and other women of color. However, Intersectionality has evolved into a broader tool which allows for consideration of complex intersections of multiple systems (Grzanka et al., 2020).
The Intersectionality lens is often used in psychology and allows for a use in expanding social justice needs and the need for the broader profession to promote multicultural competency skills development (Grzanka et al., 2020). Counselors that are increasing their multicultural awareness commit to a lifelong learning process and increase their awareness of the various intersections an individual might represent. Intersectionality suggests this process requires understanding the individual in a more holistic context and making many paradigms shifts in the application of multicultural competencies (Ratts et. al., 2016). This desired continued leadership of the profession to continue growth and development in multicultural competencies has required the profession to impress upon the counselor educator the importance of modeling and continued development of students. This stewardship of Intersectionality is important for the profession to grasp. Understanding the complex marginalization of people requires special attention, and intersectionality is more than just an addendum to this complex understanding of achieving multicultural competence. Intersectionality is better understood as a field of study in itself. Moradi and Grzanka (2017) present many guidelines to using the Intersectionality lens responsibly, which include:

(a) Understanding and crediting the roots of Intersectionality in Black Feminist activism, (b) Making explicit the set of values in knowledge to expand the range of values sought to effect social change and (c) Challenging implicit prototypes of Intersectionality and the notion that it can be applied to or is relevant to some people and not to others, (d) Understanding the importance of how to integrate theories, harness existing measures and create new measures to cumulatively gather the texture and breath of peoples experiences, (e) Enact a Moratorium on
using multiple or intersecting identities language as a euphemism for Intersectionality, (f) Expand analytical approaches to Intersectionality research and evaluate research for its level of community engagement and social impact throughout the research process and (g) Envision Social Justice Research and Activism as Extricable. Use research, teaching, practice, and activism as forces for social change (pp. 501-513).

This view helps Intersectionality be further understood across disciplines by researchers, activists, clinicians, reviewers, editors, and counselor educators. Grzanka et al. (2020) argues that Intersectionality as theory and as a tool of addressing the complex issues of oppression, inequities, and cultural misappropriations have been largely rhetorical and superficial. The researchers hold that in 2020, more focused attention is being directed to proper use of intersectional approaches. These changes were partly instigated by the onset of the medical pandemic of Covid-19. The health disparities of Covid-19 challenged the healthcare profession, including mental health policy and practice. At a minimum, it demonstrated the lack of culturally aware care in almost all components of healthcare (Grzanka, et al., 2020).

The rapidly changing demographics of the United States will cause the counseling profession to examine the classroom and the continued learning of counselors as the societal needs change (Constantine & Sue, 2007). The promotion of the idea of lifelong learning in the application of multicultural competencies is one component of the literature review.
Summary

The research was conducted within the conceptual context that the practice and implementation of Multicultural philosophy is the paramount goal of counseling and psychology. The concept of the Fourth wave was the evolution of the science and methodology of counseling. The foundation theory is that multicultural clinical practice is a measurable knowledge base, representative attitude, and an objective set of skills that can be infused in counselor education programs. The research was conducted with the theory that individual counselors, although exposed to multicultural ideas and teaching, must make individual decisions to embrace, believe, and utilize a multicultural lens in their clinical practice. Although Multicultural tenets may be purported by formal organizations such as ACA and CACREP, individual clinical motivations are the intersection of where policy meets actual practice.

The literature review described the professional goals of ensuring the role of culturally competent practice as essential and inseparable from the professional identity of counselors. Although the profession holds these ideals, the profession is made up of individuals, each with their own personal development needs. New counselors are particularly vulnerable to the challenges of practicing competently, ethically, and confidently. Bandura (as cited in S. Topdemir, 2010) stated “if one believes that they do not have the ability to do something, they will be less likely to engage in that activity” (p.15). In the case of practicing culturally aware and competently, there are at least two schools of thought: (1) an overestimation of one’s ability and awareness, denial of biases and behaviors towards a marginalized group, (2) a strategic method of avoiding the genuine needs of the client and failing to fully explore the strengths of culture. There
were many other reasons for these phenomena. By identifying some motivators of current counselors, the profession can increase some insight of how to expound upon common themes once discovered in the research analysis. This explorative study aided in that new insight.
CHAPTER THREE

METHODOLOGY

Introduction

Chapter three discussed the methodology of the research design. This chapter revealed the processes of using Ground Theory as the theoretical approach, the sampling size and recruitment methods, and reference material used along with the interview questions, the data collection steps, and the initial limitations of the study. Limitations along with other steps were expanded upon for the completion of the study. The chapter concludes with a summary that further highlights the need as discussed in chapter one.

The purpose of the research was to identify motivations of new counselors for continuing professional development of multicultural competencies. The study sought to add to the awareness of the need for increased and continued professional development in the area of cultural literacy and multicultural competencies skills for beginning counselors and others in counseling related programs. Understanding the experiences and educational needs of new counselors is vital to the profession. The qualitative study helped to understand many of the actions and motivations undertaken by new counselors. The professional bodies that help to govern the profession of counseling have goals and guidelines that require all counselors to continuously assess their skill development in working with a multicultural society (ACA, 2014). The research explored the following research questions.
Research Question

Overarching Research Question

What are the processes and motivations beginning counselors describe for their continued professional development formally and informally in the area of multicultural counseling competencies and cultural literacy?

Supportive Questions

1. How do beginning counselors describe their multicultural counseling skills and cultural literacy prior to graduation and after during the licensed intern years?

2. What are the internal motivations beginning counselors identify when considering continued professional development?

3. What are the external processes beginning counselors describe in considering growth in the area of multicultural counseling competency?

4. How do beginning counselors describe their multicultural counseling skills and cultural literacy awareness prior to graduation?

5. How do beginning counselors describe their multicultural counseling skills development when autonomous from the university experience?

Research Design

Qualitative Inquiry

The research sought to identify the described motivations of new counselors in seeking multicultural competencies through a qualitative research methodology. The research used the qualitative analysis approach of grounded theory. Qualitative research methods are now a major force, particularly in the social and behavioral sciences (Creswell, 2014). Qualitative, unlike Quantitative, seeks to describe a phenomenon and
answers questions such as what and how. Whereas quantitative seeks to establish factual information used to prove a theory or disprove one, qualitative sought the rich descriptions of the phenomenon and allows theories to evolve and acknowledges there may be more theories than one (Creswell, 2014; Creswell & Poth, 2018). Qualitative seeks understanding and meaning. Qualitative research has several approaches of inquiry which include Case studies, Phenomenology, Grounded theory, Narrative, Ethnography, and historical designs. Some of the tools used in Qualitative research include Structured Interviews, Journals, focus groups, observations, and recording and videos (Attia, 2020). The particular research sought to describe the internal motivations that counselors describe for their actions, if any, to pursue increasing their individual multicultural skills and cultural competence. Grounded theory was used as the research method and a semi-structured interview was used as the tool for the inquiry.

Grounded Theory as Qualitative Inquiry

Grounded theory, introduced by Glaser and Strauss (1969, 1999) allows for the use of the inductive thematic approach to describe the gathered data from sources such as structured interviews, focus groups, observations, and journals. The use of grounded theory analysis was preferred because it is not a theory in itself, but more a process of discovering the emerging understanding of the data (Reynolds, 2017). The researcher had considered utilizing a mixed method approach, as well as participant action research.

However, Grounded theory was chosen to be the method used as it allows for a deeper understanding of the rich data that is often obtained in structured interviews. Grounded theory allows for an explicit explanation of the patterns of behavior, or actions taking place in the phenomenon being studied (Gibbs, 2010). Grounded theory has been
established as a predominant form of research inquiry. Grounded theory begins with no proposed hypothesis or preconceived ideas of what the data will inform, and it allows for emerging ideas and concepts or a grounded theory as the data is gathered (Rennie et al., 2002). Grounded theory enables the researcher to analyze data and continue to gather new information, often informing the researcher on the sampling size, location, and opportunities where further data might be obtained. Grounded theory allowed for associations and generalized themes from the practical to the abstract (Gibbs, 2010).

There were several steps taken in analyzing data from the various sources, and the methodical steps include coding of the text, notes, and information.

**Data Coding**

The process of coding and assigning meaning to the mined data is essential to grounded theory (Gibbs, 2010). Coding is the building process that helps to organize the data into categories and ultimately thematic forms (Williams & Moser, 2019). Coding allowed the researcher to better understand the continuous looping of the information from new data gathering to categories to emerging themes and introduction of new data. This constant comparison of the new data helped to build data saturation (Williams & Moser, 2019). Data coding was a rigorous process and takes place over at least three stages.

Creswell (2014) and Creswell and Poth (2018) identified three primary roles of coding: 1) Open coding, which allows for the initial capture of essential descriptions of the experience of each interview, artifact, or observation. It is important to be open-minded and allow for broad interpretations of the data with no plan to be finite at this stage. 2) Axial coding begins after the broad coding has been mined sufficiently. During
axial coding, the data was reviewed for the associations between categories. If new information was presented, it is reviewed to ensure the same process for developing categories of the earlier data was used. This helps to ensure credibility of the process. 3) Selective coding allows for more specific review of the information. Selective coding allowed for more finite development of the theory or interpretation of the descriptive data. Gibbs (2010) contends that during this process other activities are undertaken as well, such as the processes of Constant Comparison, which requires the researcher to review the data methodically to ensure categories demonstrate correct or appropriate relationships to the theory being proposed.

Grounded theory allowed for verbal descriptions of the perception of experiences of the participants. The interpretive component of grounded theory was important to the coding process. The process of coding is a lengthy process of interpreting the data from sources such as interviews (Castillo et al., 2020). The current study coded the data obtained from the semi-structured interview that allowed for description and reference data, as well as the participants’ reflections on what motivates them to south additional training. The interviews were conducted via a visual format, Zoom, and participants, as discussed in chapter four, had the option to block the video. The sessions were recorded, and the audio portion was transcribed by the researcher. This study further helped to identify some of the learning that participants expressed in their participation, if any in Social Justice Movements for marginalized communities. The next section describes the sampling procedures of the study.
Sampling

Marshall (1996) contends that qualitative research differs from quantitative research as it allows for a smaller sample size. Depending on the research questions, an appropriate sample size might be single digits. The key to sample size was to ensure sound data to achieve data saturation. Data saturation was achieved when no new themes, categories or explanations appear from data collected (Creswell, 2014; Creswell & Poth, 2018). Marshall (1996) argued that choosing a sample is vital to any research inquiry. As Qualitative samples are smaller, it is important to know the types of sampling that offer efficacy to the researcher and helps to build trustworthiness. Marshall (1996) identifies three general approaches of sampling selections in qualitative research.

Convenience Sample

Using this approach, the researcher engaged the most accessible subjects at hand. It is often believed to be less rigorous and to possess less data quality and scholarly suitability (Marshall, 1996). Etikan et al. (2016) holds that there were many examples of the use of a Convenience sample, and it is commonly used in many settings, but the data does not lend itself to generalizable conclusions. Gibbs (2010) posits that convenience sampling is often referred to as “haphazard or accidental sampling, as it assumed the sampling population is homogeneous in nature. Convenience Sampling was limited because important variables such as gender, age, economic status, and more can affect a study. To be considered more viable research convenience sampling these variables could be considered.
**Judgment Sample**

Marshall (1996) states that Judgement Sampling is often referred to as purposeful sampling. Judgment sampling allows the researcher to seek a potential research subject base that more readily represents the population under study, which would allow for the research question(s) to be answered. Often researchers might choose subjects known to them or from a particular population that have specific experiences. This is the most common sampling strategy and allows for some deviation such as snowballing when subjects refer others to be part of the study that the researcher might not have identified. The strategy is not without critics, which often indicate that variables such as gender, income and race/ethnicity might also explain the phenomena under study (Creswell, 2014; Marshall, 1996). Some researchers take many of these other variables into account in their sample population (Creswell, 2014; Creswell & Poth, 2018).

**Theoretical Sample**

Qualitative theory and grounded theory in particular, is a theory discovery process. Because it is labeled theoretical sampling, some early researchers might misinterpret the term theory with quantitative approaches (Marshall, 1996). This theory involves interpretative investigations often into human patterns of behavior, explanations, and/or descriptions. By sampling emerging theories on several samples or subjects, the interpretations can be confirmed or disconfirmed. Their confirmations are part of the process leading to themes and theory emergence (Marshall, 1996).

The researcher used a purposeful sample strategy. The researcher endeavored to recruit a sample population through a minimum of three sources to achieve the goal of sufficient samples to indicate viable data saturation. For this, purposeful sample contact
was made with the Florida Counseling Association membership, the membership of the Students with Emotional/Behavioral Disabilities Network (SEDNET), a multiagency group of stakeholders which include counselors and therapists, and the Black Mental Health of Tampa Bay membership. Recruitment of these organizations was believed to allow for significant data, with the goal of obtaining saturation for interpretation and analysis. Saturation was achieved when the data coded from the interviews began to reveal similar information and new information was harder to reveal (Creswell, 2014).

The participants for this study had all completed a CACREP accredited Clinical Mental Health, or Community Counseling graduate program. Individuals were either registered interns in mental health by the State of Florida rules or licensed individuals who had five or less years of experience. The sample size of participants was adjusted to achieve viable saturation. Permission to record the audio portion was properly solicited, and each participant underwent the semi-structured interview. Criteria for inclusion in the study was (a) completion of a CACREP accredited Clinical Mental Health or Community Counseling program, (b) currently registered as interns or licensed with five years or less experience, (c) currently engaged in clinical work, and (d). willingness to complete the semi-structured interview. The research continued to enable viable information for the study. Data collection time frames were adjusted for participant sample size and saturation of the data was reasonably determined.

**Data Collection**

After approval from the National Louis University’s Institutional Review Board (IRB), the author contacted the Florida Counseling Association (FCA), the Students with Emotional/Behavioral Disabilities Network, or SEDNET, a multiagency group of
stakeholders which include counselors and therapists, and the Black Mental Health of Tampa Bay membership for procedures to access membership requests for participation. The goal was to obtain sufficient participants to sample from the population being studied by the use of at least three sources. As a beginning researcher, the researcher chose Grounded Theory to expand research skills in qualitative methodology. The researcher had participated in previous research inquiries such as mixed method inquiries, Participant Action research inquiries, as well as evaluation teams that have used ethnographic, and phenomenological inquiry.

The researcher had previously conducted regional and national workshops in the areas of cultural competence, and skills development in working with African American men. The author had developed skills in conducting interviews, as well as recruiting participants in various studies. This study used a semi-structured interview process, and the questions were open-ended in design. Semi-structured and unstructured interviews are the most often used tool for collecting data in Grounded Theory (Foley & Timonen, 2015). The use of the semi-structured interview allowed the participants to share their perspectives and allowed for some in-depth knowledge on each question or particular questions which answer the overall research question.

All participants that self-identified interest in the study received an email from the researcher that provided an informed consent letter and welcome letter (see Appendix B). Flamez et al. (2017) suggest that a consent agreement and participation welcome letter include:

1. A brief introduction explaining the study and background information of the researcher.
2. The purpose of the study.

3. The procedures of the study such as the process for interview questions, the ability to refuse to answer, the transcription process, and the participant review.

4. The identification of the sponsor institution of the researcher along with contact information of committee, emergency, etc.

5. The potential risk of participation in the study.

6. The benefits of the study for the participant or greater goodwill.

7. The type of compensation for participation, if any.

8. The protection of information and confidentiality.

9. Voluntary participation and insurance of withdrawal at any time.


The welcome letter requested the last name, only first initial, year of birth, registered intern date or licensure date, along with racial/ethnic, gender preference. Although additional cultural information was desired, the researcher asked participants to share information such as gender pronouns, economic status, and sexual orientation at their own discretion. Additionally, each individual was asked to consent to electronic interview(s). Participants were also informed that although the interviews were projected to entail approximately ninety minutes, the quality of the discussion might require follow-ups. Participants were provided with semi-structured interview questions and advised once the interview began, they had a right to not answer, deflect and expound upon the interview questions without any penalty.

Participants were provided with the researcher’s contact information to further process any questions. The interviews began with the first consenting respondent.
Sufficient consenting respondents were sought for the study. The consent form and invitation letter were the start of the in-depth semi-structured interview. After receiving the signed consent form and demographic information, the researcher emailed each participant the approved semi-structured interview questions, (See Appendix B). Participants were interviewed with the approved semi-structured interview questions, and the researcher deferred to each individual interviewee the right to refuse, deflect and to expound upon any questions. The semi-structured interview formats consisted of nine open-ended questions, which allowed for the interviewee to provide perspectives that gave insight into their lived experiences, and often the nuances of individual behavior.

Sample questions included:

1. Describe your current professional experiences with other cultures in your practice, or employment role.
2. Can you discuss your experiences in supervision if and when you are discussing a session with someone of a racial, ethnic, gender culture other than your own?
3. When you consider your professional development requirements, what do you consider as you make your choices on CEU units? What motivates you to make the decision on classes?

Participants who agreed to be interviewed were informed of the approximate time, and several steps were taken to protect their information. Each interviewee agreed to complete a demographic information form, and the last name of the individuals was used to identify the transcribed notes. Pseudonyms were used for each individual in the coding process of the researcher. All consents, transcribed interviews, notes, and recordings will
be kept under lock and key for not less than seven years in the researcher’s home office.

Materials will then be destroyed after seven years.

**Data Analysis**

Data analysis began with the first interview transcription and involved several steps culminating in a theory of the process of development and descriptions by the participants. There were rigorous steps taken in the process which included coding, theme formations, category creation, data saturation, accuracy checks, memoing, and trustworthy steps to ensure authenticity of the study (Creswell, 2014). Data was collected using a semi-structured interview format, and participants were included in the study once the researcher had received the consents which included a consent to be recorded. The researcher transcribed the interviews meticulously by hand. According to Holton (2010), the conceptualizing of the data collected is a foundational component of Grounded theory.

However, coding of the data helped the researcher understand and interpret the findings, which ultimately helped to formulate the theory(ies) (Holton, 2010). As discussed, data analysis began with the receipt of the first interview, because the first interview allowed for the start of the coding process of Grounded Theory (Creswell, 2014). As qualitative research has continued to evolve, new strategies, collection tools and data management tools have been developed. Additional coding strategies have evolved in other qualitative research methodologies, e.g. Phenomenology. However, Grounded theory uses the essential three step process of Open, Axial, and Selective stages (Williams & Moser, 2019). The following process was used in analyzing the data to increase credibility of the study.
1. The researcher obtained an intent and consent letter from participants and informed them of the engagement period and the process for member check in.

2. The researcher then emailed the structured interview and informed the participants of the estimated time to complete, the option to answer in writing and discuss, and that the interviews would be recorded.

3. The researcher then conducted the interview.

4. The researcher then transcribed the recorded interview.

5. The researcher shared the transcribed interview with participants, the first Member Check.

6. The researcher incorporated any suggested edits and amended as needed from Member Check in.

7. The researcher continued the structured process with each interview.

8. The researcher began the initial coding stage of each edited interview.

9. The researcher shared the initial and broad coding with participants, 2nd Member Checking.

10. The researcher shared level 1 and 2 stages of coding with Peer Reviewer.

11. The researcher ensured sufficient interviews have been conducted for saturation with Peer Reviewer and committee chair.

12. The researcher then coded data to review for theory development.

13. The researcher reviewed emerged theories from the saturated data with Peer Reviewer.

14. The researcher summarized the emerging theories.
Crucial to the methods of Grounded Theory was the coding process. Flamez et al. (2017) suggests that the process began with the first receipt of the interviews from participants. Creswell (2014) outlined at least three vital coding stages.

**Open Coding**

Williams and Moser (2019) state that the initial coding or Open Coding is the broad gathering of themes, ideas, and concepts. During this phase, the researcher shifted through the data and organized the data making comparisons of similar words, phrases, and concepts. For the research the data analysis began from the first receipt of an interview. Each individual interview was transcribed to print by the researcher. The pseudonym names were assigned to the audio recorded interview. This allowed for the Open Coding process to begin as each individual interview was mined for key words and phrases (Creswell, 2014). According to Williams and Moser (2019), central to the effectiveness of open coding is organization and systematic ways of often reviewing many pages of data.

During this initial coding phase, the researcher went word by word and sentence by sentence to code what the data revealed. The researcher coded broadly during this phase seeking aligned terms e.g. motivations, actions, etc. All terms and potential codes were mined for alignment with the structured interview questions and data related to the overall research question and sub questions. Throughout the collection of interviews and information the data was analyzed simultaneously (Gibbs, 2010). Data was analyzed to produce information that could be grouped with similar information through the open coding process as discussed in the description of grounded theory.
\textit{Axial Coding}

According to Williams and Moser (2019), Axial Coding was the second phase of coding in the process. Open coding produces many themes and codes through the several pages of data, while axial coding causes the researcher to collapse and refine the large amount of data further into codes, thematic references, and groupings. During this phase, the researcher compared the data for similarity and relational comparisons amongst interviews using a table to demonstrate the comparisons (Williams & Moser, 2019). The charting helped to form categories of the data. Throughout the collection of data and analysis there was the process of constant comparison, which informed the researcher about any new data and helped to refine the categories as new information was constantly compared for similar or varying information. This process was deliberate and lengthy to fully immerse in the data in order to make a determination of saturation. Saturation was achieved when the new data began to be similar to the previously coded data (Perjessy, 2013).

\textit{Selective Coding}

Williams and Moser (2019) state that selective coding is the third phase of the coding process. It is rigorous and challenging as it now causes the researcher to further form thematic concepts that help to explain the meaning and overall capture the learning from the data. The theory emerges from the process of codes to categories to themes. Holton (2010) corroborated that selective coding requires the researcher to identify the core essential variable from the data. By identifying the core variable and the categories closely related to it, the theory was able to emerge. The emerging theory helped to explain the core variables which rose from all the interrelated themes and categories.
Theory

Grounded Theory was selected as the research methodology as the author considered it suitable and viable to answer the research questions. After collapsing the data from the selective coding and constant comparison, it was projected the data would reveal the storyline of what the process and experiences with the phenomena were to the participants. The description was the theory; the ultimate goal of grounded theory is to describe, diagram, and record what the data reveals as the theory of the process the participants may be experiencing. The theory was the conceptualization of the experiences, process, or phenomena the researcher interpreted for the process participants (Williams & Moser, 2019). The process of gathering data, coding and use of constant comparison is often called classical grounded theory, and this is employed by that process (Creswell, 2014).

Grounded Theory is inductive or deductive, in that the analysis produces an explanation of the data (Marshall, 1986). The use of the semi-structured interview was a major component of the grounded theory, most usually with open-ended questions. During the study, the author was not bound to the information limits of the semi-structured interview questions. The interviewees were authorized to offer information such as evaluations of cultural training, perspectives on self-report instruments and other insights that might be useful to the overall theory development. It was projected that several theories might evolve leading to understanding the process of motivation for increasing professional development in multicultural competencies. The study could lead to further study of the phenomenon by future researchers which may offer similar or different results, an important component of trustworthiness (Creswell, 2014).
**Trustworthiness**

The ACA Codes of Ethics (2014) dictate that all research, whether Qualitative or Quantitative, must demonstrate ethical, reliable, and valid procedures to maintain the public trust. These guidelines and processes were constantly reviewed while conducting the study to ensure the integrity of the study. Qualitative research labels this assurance of ethical and valid interpretation of the data as trustworthiness of the study (Williams & Moser, 2019). Trustworthiness may be the single most important quality of qualitative research as it assures valid interpretation of the data, and the findings are reported accurately and holds truth value (Barrow, 2019).

Creswell (2014) described that trustworthiness is enhanced when the qualitative study has been deliberate to meet at minimum four steps: (a) Credibility, the research is conducted with integrity and accountable practices and ethical guidelines, it is accurately reported; (b) Transferability, this ensures the research can be transferred to similar populations, using the same inquiry methods; (c) Conformability, this assures that the data is recorded, and described by the participants with demonstration of chain of data control and protection, and as free as possible of researcher inaccurate presentations, (d) Dependability, the process that demonstrates the research could be conducted by others following the guidelines of the original researcher and similar results would be discovered (Barrow, 2019). In addition, Flamez et al. (2017) recommended several steps to enhance trustworthiness of a study, which includes member check-ins, audit trails, triangulation, and peer reviews. The researcher used two of these processes to increase trustworthiness of the study.
**Member Checking**

Flamez et al. (2017) describes the member check-in as the process of sharing of the transcribed interviews, and the transparent practice of the researcher sharing notes and thoughts with the individual who provided the information. This helps to build trust in the interviewee and may increase further sharing. Member checking throughout the process of data collection and analysis is an important part of building credibility in the study.

For the study the researcher conducted two-member checking processes as the interviews were transcribed and analyzed. The sharing of the transcribed interviews and findings of the research was shared with participants. This step helped to determine if the participant’s own interview was captured, and that the meaning and perspective of the participant was captured accurately. Participants were authorized to decline to answer some of the semi-structured interviews and could withdraw at any time from the study. Interviews, transcriptions, memos, and notes were taken, and the subsequent coding was shared during the member-check process.

**Peer Review**

Achieving a credible study is the aim of qualitative research (Creswell, 2014). By using Peer Review processes, more of the data can be reviewed objectively by another trained researcher. Conducting Peer review is an important component, through the process of conformability. The congruence of two or more independent people checking for accuracy, relevance, and meaning is part of Peer Review (Holton, 2010). Having another researcher review the study data and interpretation lends credibility to the study.
The researcher conducted a peer review of the data, theory, and findings. Peer review helped the researcher to remain true to the data and provided new insight to the gathered data, notes, and materials (Perjessy, 2013). The researcher secured guidance of an expert who is a trained researcher in qualitative and quantitative methods. Although the expert was not a mental health clinician but is a well-regarded Anthropologist with research experiences in ethnography, phenomenology, and case study. The expert also has conducted program and policy evaluations and served as a research associate at a top-tier research university and is familiar with grounded theory processes and qualified to conduct peer review.

Audit Trail

Flamez et al. (2017) also lists several ways to create trustworthiness and soundness in a study. Audit Trails are another component along with the other described steps that will help to create soundness in the proposed research. Audit Trails are the process of reviewing and presenting the findings by reviewing all the gathered raw data, steps taken, process uses, notes gathered, and more to trace the path of beginning and ending of the study.

For this study, the researcher has made available notes, memos, tools for coding the material, and electronic interviews. Maintenance helps future researchers to conduct similar inquiries, addressing a similar phenomenon.

Summary

There exists increased heightened interest in the development of multicultural counseling skills, attitudes and knowledge for all counselors and related fields of psychology and counseling (ACA, 2014; APA, 2018). The interest often supports the
development of proficient and competent counselors to address the changing demographics of the United States. The United States as a multicultural nation with many cultures requires different and varying responses to the populace healthcare needs, including mental health. The perception of the counseling profession to demonstrate a multicultural perspective is vital to the overall public trust. Additionally, the profession must address the overall need for social justice and equity, as it was essential to the core tenets of the profession.

All graduate programs in the counseling profession that enable an individual to be eligible for licensure (along with individual state requirements), must be accredited by the Council on Accreditation of Counseling and Educationally Related Programs, (CACREP, 2016). There are designed coursework of study in these graduate programs and all programs require at least one course in Multicultural Counseling exposure, methods, awareness, and practice. Exposing future clinicians to the importance of culture, the changing demographics of the United States and the shift from purely western Eurocentric worldviews are just three of the goals of the curricula in the many universities and colleges that produce counselors. The varying coursework had many unifying themes, at least one of which is to increase self-awareness of counselor cultural literacy, often by exploring beliefs, actions, skill sets, and so forth. Individual instructors, professors, and counselor educators often use various self-report instruments to enable skill, knowledge, and awareness of their students.

By using such instruments as the Multicultural Awareness, Knowledge, and Skills Survey, (MAKASS); Cross-Cultural Counseling Inventory–Revised (CCCI-R); or Implicit Association Test (IAT), Counselor educators provide a reliable, safe, and helpful
format for students to explore these beliefs and skills. These instruments provide an objective score, although a self-report, which can further be explored. At the same time, some ongoing research indicates that those who report mastering multicultural competencies may not be performing any better than those who do not educate themselves (Worthington et al., 2007). The research will add to the body of knowledge by exploring what individuals do with the self-report knowledge as they are preparing for licensure. There is some research that indicates that during the experience building period of 1-5 years after graduate school there was some decline in memory retention of the many courses. The pass/fail rate of a key clinical skills exam is currently 55-45% for the National Clinical Counseling Exam. During this critical period, it is important to better understand the experience and motivation for continued professional skill development of these counselors in training. The study focused on the area of continued development in Multicultural counseling skills, knowledge, and attitude change.
CHAPTER FOUR

FINDINGS

Introduction

The purpose of the research was to identify motivations of new counselors for continuing professional development of multicultural competencies. The study sought to add to the awareness of the need for increased and continued professional development in the area of cultural literacy and multicultural competencies skills for beginning counselors and others in the counseling related programs. The researcher sought to better understand the experiences and educational needs of new counselors believed to be vital to the profession. This qualitative study will therefore help to better understand some of the actions and motivations undertaken by new counselors. Increasing the self-awareness of their own thoughts, feelings, beliefs, evolvement, and allegiance of their own culture lens, as well as awareness of biases, assumptions, internalized/externalized actions, and beliefs towards other cultures may lead to improved individual counseling relationships, improved outcomes for clients, and overall evidence informed practices.

The findings of the study were presented in this chapter. They were obtained by means of one semi-structured interview with each of the seven participants, researcher observation/field notes, and participant member checks. All interviews were audio recorded and transcribed by the researcher. The researcher analyzed documents for rich data and extricated significant statements concerning the experience of registered interns and newly licensed individuals. The confidentiality of each participant was prioritized and maintained throughout the period of data collection and data analysis. The two foundational research questions and two sub-questions are examined below. In order to address the research questions, the findings of the study are presented from each participant’s viewpoint through
expression of individual experiences and quotes from participants validating these
experiences. Included is also participant demographic information.

**Research Question**

**Overarching Research Question**

What are the processes and motivations beginning counselors describe for their
continued professional development formally and informally in the area of multicultural
counseling competencies and cultural literacy?

**Supportive Questions**

1. How do beginning counselors describe their multicultural counseling skills and
cultural literacy prior to graduation and after during the licensed intern years?
2. What are the internal motivations beginning counselors identify when considering
continued professional development?
3. What are the external processes beginning counselors describe in considering
growth in the area of multicultural counseling competency?
4. How do beginning counselors describe their multicultural counseling skills and
cultural literacy awareness prior to graduation?
5. How do beginning counselors describe their multicultural counseling skills
development when autonomous from the university experience?

**Participant Data**

A total of seven interviews were conducted for this research project, eight
individuals responded. However, in adhering to the IRB protocol, participants who did
not complete consents were not permitted to move forward with the interview process.
Six of the seven interviewees were registered interns, and one was licensed in the State of
Florida as a mental health counselor. Recruitment sources for the participants were from
the Florida Counseling Association, Suncoast Mental Health Counselors Association, and Tampa Bay Black Mental Health Counselor network. Five of the participants identified as Black/African American, one identified as other in racial and ethnic background, and one identified as White. Five of the seven participants identified as female and two identified as male.

The participants ranged in age from 29 to 43 years of age. Six of the participants completed the required graduate degree for mental health counselors, and one individual was enrolled as a doctoral student with three years completed. One of the participants was from the southern United States, five were from the Northeastern United States, and one was from a Caribbean country. The participants were employed in community mental health centers, university settings, in independent contractor roles, and private practice. The information in Table 1 summarizes demographic data of the participants based on the demographic questionnaire given to participants at the beginning of the consent process. Participants’ codes and participant choose or researcher assigned pseudonyms were noted in the demographic summary table, but henceforth, participants will be referred to only by their researcher assigned pseudonyms.
There were seven participants in the study. They were predominantly people of African descent, with only one individual identifying as having European descent. Five of the participants were females, and two were males. Only one participant identified as GLBITQ2-S. Although the data was rich, explorative, and informative, the study would have been

<table>
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<tr>
<th>Participant Code</th>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Education</th>
<th>Orientation</th>
<th>Employment type</th>
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<tr>
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<td>07</td>
<td>Cher</td>
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<td>F</td>
<td>Caribbean African</td>
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enhanced with more diverse participants in culture and gender identities. The participants came primarily from the Tampa Bay region, with only one individual identifying as being from the Central Florida region. Although the Tampa Bay region has a significant population, it is nevertheless a smaller geographic region. Six of the participants in the study were registered interns and one was newly licensed less than two years. Individuals that are registered are balancing many roles as they seek to gain awareness of the nuances of the profession.

Counselor supervision and exposure to role models was a critical aspect of continuing skill development. The majority of the individuals reported adequate supervision as far as the mechanics of the counseling sessions. However, only the newly licensed individual described multicultural counseling skills as a priority area of the participant’s intern experience. Individuals during the intern years (cannot be less than 2 years) may be too focused on applying classroom learning to real world experiences as they navigate their individual organizations and other places of practice.

The participant size was appropriate and accurate for this study as saturation was achieved with seven participants. The findings from the current study were in line with previous research which indicated that achieving saturation was an important criterion for a grounded theory study (Creswell, 2014). To emphasize the point Keaton (2022) explained that sample size of a grounded theory study depends on the scope and complexity of the intended study. As, discussed the sample size revealed two complexities: (1) the issue of homogenous populations, and multicultural skills amongst same race, or ethnic group, but vast regional differences, e.g. one participant was from the Caribbean culture and remarked the differences before moving to the United States.
(2) another individual remarked that experiences in the GLBTIQ2-S populations have been vastly racialized. These themes might be explored further in future study. Thus, the reliability of the study is enhanced as discussed in chapter four, data Analysis.

As an experienced individual on the subject matter, the researcher strove to reduce his influence and biases while conducting the study. The researcher consulted with the committee chair, peer mentor, and expert consultants to ensure that a bias to the findings and interviews was not modeled. Throughout the interviews, the researcher refrained from commentary and input to the responses of the interview. During the interviews the researcher kept facial identification, race and social theories on the subject matter concealed.

The data collected for the study was obtained by conducting seven semi-structured interviews. The researcher conducted all the interviews via Zoom and held strictly to the outlined protocols submitted in the IRB application. Prior to the beginning of the interviews, individuals were reminded of the option to skip, omit, or expand upon any question of the semi-structured interview. The interviews were recorded using a digital recorder and the researcher transcribed each interview by hand. The digital recording was kept separate from the transcribed interviews and the demographic information kept separated from the recording and transcription. This provided an extra step of ensuring participant identification protection. All files were locked in a secure cabinet. All respondents were assigned a pseudonym or indicated one on the demographic information gathered during the consent process. The question of what location of the USA or Florida was not asked directly. However, individuals revealed their area of practice, as well as university attended.
All interviewees came from the areas of central Florida and the Tampa Bay region. No interview conducted exceeded the 90-minute time allotment requested in the consent process. The semi-structured Interview consisted of 8 direct questions, two questions consisting of two parts, and a ninth question that served as an open question for further input. The researcher used minimal encouragers and prompts during each interview, and these were identified in the transcription. The process was identified as a tool in helping minimize researcher bias (Creswell, 2014). There were no unusual circumstances during the data collection period. Each interviewee was reminded of the next steps in the research after the initial interview, including the first member check to take place after transcription. A second member check was required during the development of the theories stage of grounded theory methodology. Members expressed no concerns and provided no editing requests during the member checks.

**Data Analysis Procedure**

The researcher used Grounded Theory as the methodology for analysis of the study. Grounded Theory, as discussed in chapter three, is a qualitative research methodology which allows for theory and theories to be developed as the data becomes saturated during the collection (Creswell, 2014; Creswell & Poth, 2018). Traditional grounded theory is conducted by using a coding process, constant comparison, saturated data information, and theory emergence (Gibbs, 2010). The researcher used the deductive process to begin the coding process. Deductive coding takes place when the codes are mostly predetermined by following the structures of the research questions, structured interviews, and other organizational information prior to coding (Corbin & Strauss, 2008). Two codes from the data were not pre-assigned; these codes emerged by
the researcher following the trend of the interviews and observing the reference of the areas by the interviewees. The coding of the data took place from the transcription of the initial interview and the researcher used broad terms in the open coding process of the first three interviews but followed key words of the semi-structured interview questions. Later, as more interviews were completed and transcribed, the researcher was able to formally adopt the wording of the question to a solid code name or phrase. As the codes became formal the process of reviewing and comparing quotes from the participants to match the codes was able to be completed. Although the entire process was rigorous, the researcher describes the codes and the following formal names assigned. Figure 1 displays the data analysis procedure which was used to derive the codes.

Figure 1: Data Analysis Procedure.

Figure 1 displays the data analysis process which was systematically used to examine and transform the data before developing the final theories for this current study. The process starts with open coding and axial coding. After applying selective coding, the theories
start to uncover with more specificity. In general, the data analysis procedure was a structured approach to transform raw data from the participants into significant and meaningful insights that informed the decision developed into the Grounded Theories for this study. Further explanation for each step of the data analysis process is given below.

Open Coding

As discussed, the open coding phase began after the completion of the transcribed interviews and the first member check. By the process of constant comparison, the data was deemed to reflect saturation to allow for fuller analysis. The researcher used broad terms to describe the initial coding. Through Deduction the following codes were assigned for the open coding process. These codes followed the semi-structured interview questions, which sought to obtain related information to the research questions. The following codes were used:

Experience/Exposure, Classes/Trainings, Professional Experiences, Supervision Experiences, External Influences, Internal Experiences, Perceptions of Requirements, and Organization/Professional Influences.

Based on the findings, the following codes were aligned with the semi-structured interview questions as follows:

1. **Experience/Exposure**: Describe your experiences and exposures to other racial, ethnic, and other cultural populations prior to graduate school.

2. **Classes and Training**: Share your perspectives on any classes that address multicultural knowledge and skills in your graduate program.

3. **Professional Experiences**: Describe your current professional experiences with other cultures in your practice or employment setting.
4. **Supervisor Experiences:** While serving as a registered intern, can you discuss your experiences in supervision? If and when you have discussed a session with someone of a race, ethnicity, gender, or culture other than your own, what did you incorporate in your next session?

5. **External Influences:** When you consider your professional development requirements, what influences your CEU choices?

6. **Internal Influences:** Can you describe any experiences you have had with self-rating tools such as the Implicit Bias Test?

7. **Perceptions of Requirements:** Please share your perspectives on the required State of Florida CEUs for mental health counselors, registered interns, etc. What do you think is the best way to increase multicultural skills development if not required by policy?

8. **Organizational/Professional Influences:** In your opinion how might the profession motivate continued learning in the area of Multicultural competence development? What do you consider to be important competencies to address?

9. **New Learning:** Is there anything else you would like to share before we wrap up our interview?

Two codes were Inductive, in that the data revealed information and the suitable code. These two codes were Supervisory Reluctance, and New Insights and Learning. The researcher reviewed the interview transcripts and found relevant statements aligning with the prescribed codes and descriptions. No code had less than 3 related data to the described codes. Most codes had 4 or more quotes related to the prescribed codes. Seven interviews were conducted, and all interviews were coded relating to the ten codes. Table
2 details the open codes and the related Axial codes. The open codes were displayed in narrative format.

**Experience and Exposure.** This code described the experiences and exposure of participants to other cultural populations and shares their lives prior to graduate school.

“So, I went to a predominantly white institution (PWI) so in my undergraduate studies, I had a lot of exposure to other cultures and other populations. I am also from Jamaica, so even exposure to African Americans in the United States; I would consider another cultural experience for me” (Cher).

“I see a variety of different cultures in my practice. I have clients that are of Asian descent, I have clients that are White, I have clients that are African American, and I also have clients that have different religious practices, which are tied to their culture” (Cher).

“I do have experience collaborating with individuals from other ethnic populations. Latin individuals, Hispanic individuals, Caucasians, Indian people, and Asian peoples, but professionally, most of the diversity came after I graduated” (Demi).

“My professional experiences with other cultures are very diverse. I currently work with different ethnicities from various backgrounds—children, college students, adult populations.” (Demi).

“I worked in admissions and advising at a university, that university was primarily a white institution. However, it did have some diverse populations that attended as well. So, I had to interact with diverse populations, particularly when it came to non-traditional students entering the institution” (Gina).

“I worked in admissions and advising at a university, that university was primarily a white institution. However, it did have some diverse populations that attended as well. So, I had to interact with diverse populations, particularly when it came to non-traditional students entering the institution” (Gina).

“Although my neighborhood was predominantly White, I went to school with white, Black, and Asian, my best friend was an African American teen. During my high school I hung out with all cultures” (Mennie).

“I was working as the secretary in the multicultural affairs dept. We would allow a variety of students to come and work with us. We might have 6 or more students working with us” (Star).

“I get along very well with all my clients. I have a couple of Hispanic clients currently. With the Hispanic women I am working with I get along extremely well” (Star).

“I was raised in Queens, which is the most diverse borough. In fact, I think it is the most diverse place anywhere in the United States actually” (Tash).

“I started with my internship, it was at a community mental health center here in Orlando, uh I mean, I saw clients of all different cultural backgrounds” (Tash).
“I am from New Jersey, so I was introduced to other cultures during my adolescence. New Jersey was pretty much a melting pot of other cultures. So, at a young age I learned a lot about different cultures and how we are alike and different” Tally.

**Perspectives on Required professional development of Multicultural Skills.**

This code describes the participants’ perspectives on required professional development and formal influences on multicultural skills.

“In Florida there are three required courses you have to take for licensure. So, I think that it would be helpful if one of those required courses when it becomes time to renew and even when it becomes time to actually obtain your full license, a multicultural course or source should be in the list of the required” (Demi).

“I always ask clients at my intake have you ever seen a mental health professional before, and well you know I hear some horror stories, when I ask that question. I do think that all of us need to be actively working on challenging our own biases, being aware of where we have our blind spots. Yeah, like I have on my resume’ I operate from a cultural humility perspective, I don’t think multicultural competency is a term, you can’t ever really be competent in a culture that’s not my own. It should be an opportunity for learning” (Tash).

“If not required by policy. I think it is important for the clinician to be more self-aware. One must realize that things are changing constantly. As a change-agent you need to be aware of change occurring whether you like it or not “(Tally).

“Everyone in the profession, whether experienced or not, should have to take a course in working with other cultures. It should be a regular requirement” (Mennie).

**External Influences on Exploring Multicultural issues.** This code described any external influences the interviewees might had to explore multicultural needs and diverse populations.

“Oh, I would say first and foremost, is it something where I am going to be able to immediately walk away with something useful that I can implement with my clients that are kind of my gauge” (Tash).

“My ceu choices focus on for me is asking what the specific need for this moment in time is. I see myself as a change advocate and depending on the population that I serve, that I as a change agent can fulfill” (Tally)

“The subjects would be those areas I am interested in such as trauma informed, multiculturalism, and substance abuse” (Star).

“I usually try to find ceus, webinars etc. that I’m not very well versed in, so for instance, one of the recent ones I attended, (I can’t remember the exact title), but it was addressing
LGBT+ individuals that engage in self-harm, and I actually have a client like that, even though it’s not the bulk of my caseload” (Gina).

**New Insights and Development.** This code describes new information and further insights the interviewees have learned and considered being a more culturally aware clinician and/or for the profession.

“I do believe competencies should be spread out a lot. I know it’s talked about a lot, but in general that does not always seem to be the case. That also has to do with the fact that I am at a PWI, and the faculty is mostly white. I wonder if that also plays a part too” (Gina).

“With the over representation of white women and the services provided, having people that are part of the LGBTQ+ being able to provide those services and shed light on some of the challenges there is needed, but also for the individual in the profession that doesn’t have the knowledge of how to support or provide the most effective treatment for individuals in the population” (Demi).

“I have a very diverse background. One thing I observed about being from the North is that I never dealt with racism until I moved to Florida” (Tally).

“More conversations about multicultural counseling skills are needed. More role models in techniques working with other cultures” (Mennie).

**Supervision Challenges.** This code describes the reluctance, avoidance, and gaps in supervision to discuss multicultural issues and/or needs of clients with the clinician while in training.

“My supervisor does not come from a minority ethnic background. I am getting what I need, but ultimately, I do believe it would have been a different experience if my supervisor had been from a different ethnicity such as my own, or from another minority population” (Demi).

“I think her heart is in the right place, but we don’t directly talk about race and different needs of people” (Mennie).

“We haven’t gotten to that part yet, but I do discuss all my clients on my caseload. When I am discussing my clients’ it’s about what I am teaching them, what are the goals, and progress. As far as specific cultural beliefs or issues we have not discussed it yet” (Star).

“Sure, as far as supervision, my qualified supervisor is of a different culture and ethnicity than myself. However, we don’t talk about multicultural techniques very much” (Tally).
**Multicultural Learning in Supervision.** This code describes the experiences in supervision when discussing multicultural populations, techniques, and perspectives on cultures different from the interviewee.

“So, I was blessed to have a really great supervisor, who would always ask (even as I would describe a case) the cultural background, the racial background, or ethnic background. That’s something I learned to consider in developing my treatment plans” (Cher).

“Yeah, I would say my supervisor is really great at addressing cultural differences. I think there’s a bit of a relation there in regard to the positionality of her understanding what my concerns are at times and she also makes sure even, if we’re not talking about it, to make sure we are addressing it” (Gina).

“So far my supervision has been good, I took a while in finding someone, but the individual I have is really willing to share her experiences and help me understand how to work with different people not so much as race or ethnicity, but in style or approach” (Mennie).

**Self-Discovery or lack of influence in multicultural exposure.** This code describes the interviewees’ willingness to participate, history and exposure of self-discovery, Personal training in multicultural issues, biases, and beliefs.

“I took the Implicit Bias instrument on African Americans and LGBTQ. I forget who suggested it to me. I was actually somewhat shocked that I did not do better. I found that I did have some blind spots and had some interactions that would cause problems for me in speaking to clients” (Mennie).

“Humm (thinking pauses) I can’t say that I have been aware, or that’s actually been a conscious choice. I don’t think I have an awareness of them fully” (Cher).

“I know what the Implicit Bias test is. I’ve seen it, but I have not utilized that in my own professional life. However, I do periodically ask for feedback of sorts with my clients to ensure they’re getting what they need and we’re on par with our treatment plan” (Demi).

“I don’t believe I have any experience with that, (to researcher, you are asking about self-assessments), I don’t believe that I have” (Gina).

**Organizational Influence and Identity.** This code describes the views of the interviewees on the counseling profession and its promotion of multicultural knowledge and/or influence after graduate school or licensure.
“I wonder how many of my peers are having those kinds of conversations. Especially, if they’re not required to really have training beyond grad school when we’re talking about multiculturalism. *(Researcher one course,)* Right **Part B.** That’s a tough one, I feel like if you are not required to do that, they won’t. I do think that potentially trying to make things available like for example, I attended the FL mental health counseling association; they have their annual conference in February. And that would have been a perfect opportunity for offering a course working on multicultural competence” *(Tash).*

“What I think is the best way to increase multicultural skill development if not required by policy, is to incorporate it into supervision. It must be part of learning into your supervision; it must be in your practicum, into the internship experiences. *(Cher)* “If it is highlighted as something that is critical to the development of a treatment plan and critical to how we approach patient care, it becomes top tier. Then it is incorporated into continued learning and that’s how the profession grows and how the profession develops, right? It can’t continue to be a secondary thought. It can’t be something we might think is okay to throw the topic into a multicultural skills class, or just add it on” *(Cher).*

“One way the profession can motivate us is to have more guests’ speakers at conferences speaking about it. I have noticed when I look at several different conferences. I am in a post Baccalaureate research health program, and I was looking at the APA conference and a lot of the topics deal with mental, but not multiculturalism, or diversity” *(Tally).*

“I think they need more variety amongst the teaching staff. We need more African Americans in higher positions and decision roles” *(Star).*

“I think a more diverse staff is needed. I think there should be more required classes in multicultural at least an application class on how to use effective cultural interviews and other type experiences” *(Mennie).*

**Perspectives on required Professional Development of Multicultural Skills.**

This code described the interviewees’ perspectives on required professional development and formal influences on Multicultural skills.

“In Florida there are three required courses you have to take for licensure. So, I think that it would be helpful if one of those required courses when it becomes time to renew and even when it becomes time to actually obtain your full license, a multicultural course or source should be in the list of the required” *(Demi).*

“I always ask clients at my intake if you have ever seen a mental health professional before, and well you know I hear some horror stories, when I ask that question. I do think that all of us need to be actively working on challenging our own biases, being aware of where we have our blind spots. Yeah, like I have on my resume’ I operate from a cultural humility perspective, I don’t think multicultural competency is a term, you can’t ever really be competent in a culture that’s not my own. It should be an opportunity for learning” *(Tash).*
“If not required by policy. I think it is important for the clinician to be more self-aware. One must realize that things are changing constantly. As a change-agent you need to be aware of change occurring whether you like it or not “(Tally).
“Everyone in the profession, whether experienced or not, should have to take a course in working with other cultures. It should be a regular requirement” (Mennie).

**Axial Coding**

The second phase of coding was axial coding. This phase allowed the researcher to group interrelated open codes and patterns into a functional category (Creswell, 2014; W. Creswell & J. D. Creswell, 2023). During this phase, the researcher reviewed the nine open codes and made associations with the interview data using key words from the research questions to create the categories. The four categories created from the key words of the research questions were:

**Category I: Lived and Formal Experience.** How do beginning counselors describe their multicultural counseling skills and cultural literacy and the awareness prior to graduation?

**Category II: Intrinsic Values.** What are the internal motivations beginning counselors identify when considering continued professional development?

**Category III: Professional Exposure.** What are the external processes beginning counselors describe in considering growth in the area of multicultural counseling competency?

**Category IV: New Learning.** How do beginning counselors describe their multicultural counseling skills development when autonomous from the university experience? The researcher was able to group all the open codes into the categories. This data is displayed in Table 2.
Table 1

*Results of Axial Coding*

<table>
<thead>
<tr>
<th>Axial Code Concept</th>
<th>Relational Open Codes</th>
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<tbody>
<tr>
<td>Lived and Formal Experience</td>
<td>Exposure and experiences</td>
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<tr>
<td>Intrinsic Values</td>
<td>Classes, Self-exploration, Trainings</td>
</tr>
<tr>
<td>Professional Exposure</td>
<td>Professional Experiences, Organization Identity, and Influence</td>
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<tr>
<td>Legal requirements</td>
<td>External influences on Professional Development</td>
</tr>
<tr>
<td>New Learning</td>
<td>Supervision Role-modeling, New Insights, and personal development</td>
</tr>
</tbody>
</table>

The information in Table 2 indicates the results of axial coding. It shows the axial code concept and the relational open codes. In essence, the author used axial coding as a method to develop the analysis of the qualitative data from the participants to categorize and organize the findings into a more structured format. The iterative process involved breaking down findings (data) into smaller components and then restructuring those components based on similarities and relationships. The objective of the axial coding step was to identify themes and key concepts that emerged from the data. These themes and key concepts form the basis for the grounded theories.

*Selective Coding*

The next stage of analyzing the data was distilling the categories and patterns into selective codes. Bringing the Axial codes into common themes, the researcher was able to identify themes related to the emerging theories (Creswell, 2014; J. W. Creswell & J. D. Creswell, 2023; Creswell & Poth, 2018). The seven interviews all related to the open
codes, axial codes, selective codes, and the emerging theories. The selective codes allowed the researcher to utilize more of the data from the interviews and to capture the “essence” of what the interviewees wanted to share and voice. Their statements were profound and guided the creation of the theories beyond the coding process. Table 3 shows the relational codes of axial to selective coding:

Table 2

_Relational Codes of Axial to Selective Coding_

<table>
<thead>
<tr>
<th>Axial Category</th>
<th>Selective Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lived and Formal Experience Intrinsic Values</td>
<td>Cultural Knowledge, Skills, and experiences</td>
</tr>
<tr>
<td>Professional Exposure Legal requirements</td>
<td>Professional Identity</td>
</tr>
<tr>
<td>New Learning</td>
<td>Self-Discovery</td>
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</table>

The information in Table 3 displays the transformation from relational codes of axial to selective coding. With axial coding, the data or findings are organized and categorized into broader categories while selective coding is to identify the most meaningful concepts or categories in the data. These concepts and categories are linked together in a way that reflects the underlying relationships with the findings.

**Emerging Theories**

The defining feature of grounded theory is that the data allows for the emergence of theories. The theory was grounded in the data, as the patterns evolved and rose (Creswell, 2014). As selective coding helped combine all the codes into specific categories, emerging theories develop from this combination, the process of constant comparison, and familiarity with the data. The researcher was able to identify key
patterns of the flow of the data from the semi-structured interviews and the feedback from participants through the member check.

Figure 2: Theory of Motivations for New Counselors

Figure 2 illustrates the theory of motivations for new counselors to continue their professional development in multicultural competencies that emerged from the findings. The themes suggest the theories of motivations of new counselors for continuing professional development of multicultural competencies includes motivations for cultural knowledge, skills and exposure, motivations for fulfilling the standards and ideals of the counseling profession, and motivations for cultural motivations for self-discovery and a desire to learn new skills. The thoughts and discussions the participants shared helped to reveal information that may lead to improved individual counseling relationships, improved outcomes for clients, and overall evidence-informed practices. The need has never been greater for counselors who were able to work effectively with people from
diverse cultural backgrounds. The diagram shows a complex and multi-faceted issue of counselors' competencies.

The findings from the study suggested that the theories of motivations for new counselors form the grounded theories that sought to explain the fundamental or underlying factors that motivate individuals to become counselors. These theories are pointing primarily to counselors just starting their careers in counseling. These theories are based on the idea that new counselors' motivations can significantly impact counselors’ success and satisfaction in the field, as well as the outcomes of their clients.

**Theory One:** *Beginning Counselors, particularly ones from racial and ethnic minorities believe they are motivated by exposure through upbringing, geography, or proximity to interact positively with other cultures.* This theory emerged from the selective code Cultural Knowledge, skills, and exposure. Five of the seven interviewees referenced their upbringing and diversity of their neighborhoods as they addressed their multicultural skills and knowledge prior to graduate school.

Cher: “I had mainly positive experiences, and some not so pleasant, but mostly positive experiences of other cultural populations, racial and ethnic groups prior to graduate school.”

Demi: “Well on impact I come from a racial minority population which is African American. So, on a personal level, a lot of experiences as a member of that population. I used to work in corporate America so professionally, most of the diversity came after I graduated. In graduate school there was one, but it really didn’t dive into some of the core discussion such as the differences in treatment and how to approach it when you are providing services to someone from a different ethnicity than your own. They should have done more. Currently, my professional experiences with other cultures are very diverse. I currently work with different ethnicities from various backgrounds children, college students, and adults. And those populations, the biggest population I work with are African Americans.”

Tash: “Sure, I was born and raised in NYC, so I feel like I have been exposed to other cultural populations, pretty much from birth. Growing up in NYC, you are exposed to all different cultures and ethnic backgrounds. I am a first generation American; Queens is very diverse, and we had to take a multicultural
competencies class. It was a fantastic experience. The learning was enhanced by
the attitude of culturally competent care the professor maintained.”

These references indicated that the interviewees equate exposure and experienced
with diversity groups as indicators of cultural knowledge and/or skills. Most of the
interviewees were from ethnic and racial minorities so it appears natural that their lived
experience would ensure a higher level of cultural sensitivity than someone from a non-
community of color or ethnic group. This is not to imply that the individuals had done
any of the pre-work such as moving beyond dissonance to a higher level such as Emerson
as referenced on cultural identity models (Cross, 1991). Rather, the participants may view
themselves in the context of an organizational or professional agent of the overall
counseling profession. After taking classes, completing the requirements, and agreeing to
the ethics of the profession, the interviewees viewed themselves beyond Cultural
Destructiveness to a level of Pre-Competence, as suggested by the (Cross, 2020).

Theory Two: Beginning counselors are motivated to fulfill the standards and
ideals of the counseling profession. These standards hold counselors to a higher level of
citizenry and human dignity.

Throughout the interviews, the participants discussed their belief in the goals of
the profession to uphold the expectation of a culturally open, diverse, and accepting
profession. They expressed thoughts on the profession serving as an advocate for an
inclusive and knowledgeable community. They wanted to be part of, and identified with,
such an inclusive community and saw themselves as part of the solution. All seven
respondents commented on the profession of counseling having such a role:

Cher: “It can’t continue to be a secondary thought. It can’t be something we might
think is okay to throw the topic into a multicultural skills class, or just add it on
the backside of a theory class and that’s it. But I think it’s important to
incorporate that learning at every level. I think it would be so great for every class
we could incorporate multicultural competence. We should ask how this affects Asian, and Latinos, Blacks, we should ask how does race play into all of these classes we take? Because the difference is there. So, I just think it’s important to incorporate it into every facet of learning. I think there should be a comprehensive consideration of different factors like such things as race, or factors like racial identity, or ethnic identity, or gender. Sometimes things like ability or disability are a factor. Certainly, gender identity. So different things must be considered when classes are being considered discussing multicultural competence.”

Demi: “For the graduate programs to have more than one class in multicultural competencies. This would ensure that everyone understands the importance of multicultural competencies and then all the organizations like the FL mental health counselors association, Suncoast mental health counselors association are currently working on expanding their diversity, equity, and inclusion footprint, as well as offering different programs or webinars that lead to the advocacy of multicultural competencies and counseling. I think first and foremost how to build a strong therapeutic alliance with someone that is from an ethnicity other than your own. Increase understanding of evidence-based approaches for specific ethnicities, and how you can leverage those to establish that strong therapeutic relationship.”

At the same time there was a sentiment that the profession often fell short of providing the proper emphasis on diversity and multicultural learning as a whole. The interviewees were able to see the reality from the ideal and voiced it.

Gina: “So I think it’s disheartening sometimes in the profession, because we want to see an increase in both multicultural competencies and individuals that look like us in the field. There feels like there are several barriers that prevent us from being in the counseling profession. I could go on and on, but we know that’s what’s happening in the education period. Education is a privileged space somewhat, often based on who gets what. I think it starts with such things as admissions, who we are letting in, and why we are dismissing people who can’t pay. Some generally want to help people and make a difference in policy.”

Mennie: “I think more diverse staff is needed. I think there should be more required classes in multicultural, at least an application class on how to use effective cultural interviews and other types of experiences. All the skills are important, but I think people have to realize they should specialize. I think the curriculum is so broad people get lost and get the impression they must do it all. They may not get the right exposure in grad school but may not know how to ask or seek internships that offer them that exposure. They might make mistakes with clients unknowingly, and never know why without additional supervision.”

Star: “Schools must teach the students. They must give them the knowledge that they need to work with other cultures. We too often stick to our own cultural beliefs. For me it’s very fascinating to learn about another culture. Sometimes we
must realize that many things we are taught about other cultures may not be correct. How well do we apply what we have learned about another culture? We can forget our perspective and beliefs might be causing problems with what we learn about other cultures.”
Tash: “I think that as a profession, the messages must be coming from the highest level. So, we need more leadership on the importance of Multicultural counseling skills from the ACA, we need to hear from the American Mental Health Counseling Assoc. The NBCC is another one.”

Thoughts on the profession and the legal requirements were conjoined as it related to multicultural counseling skills. There was also a tendency to conflate diversity in the population of staff, clients, students, etc. with understanding multicultural approaches, attitudes and skills sets.

Theory Three: Beginning Counselors may be motivated by self-discovery and a desire to learn new skills, including multicultural skills. The majority of the interviewees were registered individuals. These individuals concentrated most “free” time on completing their hours and requirements to sit for the counseling exam. They voiced their hard work navigating some of the requirements of the profession. The majority of the interviewees were very interested in learning about Trauma Informed care, which has a multicultural emphasis if done properly.

Demi: “I know what the Implicit Bias test is. I’ve seen it, but I have not utilized that in my own professional life. However, I do periodically ask for feedback of sorts with my clients to ensure they’re getting what they need and we’re on par with our treatment plan.”
Tally: “If I had not been encouraged to learn about my own culture during a class project, I would not have learned about the vast differences in my own family background. I took it upon myself to go further. I learned a lot about the ways Pacific Islanders interact. It was eye opening. I think there should be more presenters, it’s important to know and hear about new research, data collection and more.”

Trauma Informed care and clinical intervention, or new learning in the areas of assessment, was the predominant new skills sought by the interviewees.
Star: “I am interested in techniques of intervention for trauma informed, multiculturalism, and substance abuse. We are required to take certain courses now with my job, things that pertain to my job. I stay informed on my professional development. I want to be kept updated and informed of new techniques and skills and whatever else that I am not familiar with that is new. Gina: “because I don’t believe I am well versed in the area of multicultural skills as it pertains to the LGBT community, I took some training in that area, and I feel like I wanted to add that to my toolbox, because I want to always assist my clients best. I know I need ceu’s, but because I am a fulltime student, I work part-time. I do my best on being intentional in choosing new learning in areas that I find relatable or what I want to learn more about.”

The motivations to pursue multicultural counseling skills were present in all the interviewees. However, as witnessed by the statement only three individuals had thus far enrolled in an actual training, or seminar. This inaction might warrant further study.

Evidence of Trustworthiness

Credibility

Creswell (2014) described credibility as an essential component of qualitative research. As discussed in Chapter 3, member checking and respondent verification is a method to ensure accuracy of member data, supporting credibility (Creswell, 2014; Gibbs, 2017). The researcher transcribed the interviews by hand after listening to the recorded audio. Each recording was listened to a minimum of twice and transcribed line by line. In each transcription the researcher italicized all comments and sentences that were made by the researcher or vocalized by the respondents that were not directly related to the participants’ responses to the semi-structured interview. The researcher provided the transcribed reports to each participant as a member check.

Another step that helped to promote credibility was to use a peer review (Creswell, 2014; J. W. Creswell & J. D. Creswell, 2023; Creswell & Poth, 2018). The researcher held two peer review feedback sessions. The peer reviewer was a trained anthropologist experienced in multicultural research, as well as public health models.
similar to mental health. The researcher provided the peer reviewer with the transcribed interviews with pseudonym names only and the initial open codes. In the second submission, the researcher provided the previous open codes along with the axial codes, select codes and the theory emergence. Throughout the process the peer reviewer had leeway to contact the researcher with any thoughts on researcher bias or data that needed to be corrected in coding. The entire chapter 4 was shared to the dissertation committee for feedback and edits.

Lastly, the researcher kept some important notes on the coding process. The researcher recalled a few quotes that provided new insights into the interviews. The transcription, coding and theory process was arduous, but meaningful. The feedback from all parties was received with an open mind and zeal.

**Transferability**

The next step to promote trustworthiness in the grounded theory data analysis was the transferability of the study. Transferability occurs when the research can be transferred to similar populations, using the same inquiry methods (Creswell, 2014; Creswell & Poth, 2018; Flamez et al., 2017). The emerging theories described the common experiences and motivations of beginning counselors. The researcher used thorough descriptions of the participants' experiences and voices to develop the emergent theories. Triangulation, comparing the data from similar populations, organizations, geography, education, and other variables might lead to similar results. The researcher recruited from three large organizations with memberships from many regions of the Eastern USA, as well as diverse racial and ethnic backgrounds. However, the respondents which agreed to consent were limited to primarily African Americans, and
predominantly female. The age range of participants spanned four decades, but the educational background was very similar. The researcher made diligent efforts to capture the nuances and the uniqueness of the participants' experiences. Limitations and implications for future study were discussed in Chapter five.

**Conformability**

This step assured that the data was recorded and described by the participants with demonstration of chain of data control and protection and was as free as possible of researcher inaccurate presentations (Creswell, 2014; Gibbs 2010). As discussed with credibility, the researcher followed the steps outlined in the IRB application. Each respondent to the original recruitment process through select agencies received a welcome email describing the study, the consent process, the confidentiality statement, the option to end the study, the demographic process, as well as contact for all authorities beyond the researcher. This included the Chair of the research committee and IRB chair and co-chair. Individuals reviewed protocols before interviews began. As discussed, a key process to ensure authentic representation was the process of member checking. This was conducted with the interviewees. All recorded interviews are kept separate in a secure safe in the researcher’s home. All consent forms, as well as the demographic forms are kept in a separate secure file. All information will be eradicated in seven years.

Conformability is also increased when the researcher has addressed unintentional bias that might occur while conducting the research in interviews, observations, and other data gathering or analysis (Fisher, 2019; Keaton, 2022). While conducting the interviews, the researcher kept the respondents’ anonymity by reminding the interviewees they could be off camera. The researcher was off camera as well. This eliminated the
background visuals in the setting, as well as the researcher visual cues in response to the interviewees’ points of view. Additionally, as the researcher is highly culturally developed, great rigor was taken to ensure the researcher's name and address were not exposed, to avoid any interruption of the process. During the interview transcriptions, points that were made or clarifying questions from the structured interview were transcribed in italics to help the participants understand their comments rather than the researcher’s opinion. The researcher’s comments were kept to a minimum. The researcher endeavored to assume the role of gatherer of information, to best understand the assignment of codes and themes of the interviews.

*Dependability*

This process helped to demonstrate that the research could be conducted by others following the guidelines of the original researcher. It predicts similar results would be discovered (Barrow, 2019; Flamez et al., 2017). The primary way the researcher documented the data analysis was handwritten notes in a notebook dedicated to the researcher. Although the notes did not follow any particular order, they showed the progressive thought process of constructing codes. After the important steps of peer review, feedback, and periodic oversight via committee chair, the researcher was able to make some adjustments to the coding process and display of the data. These notes may not necessarily follow the process of an audit trail, but they gave some insight into the coding steps and evolution of what the researcher believed the data revealed. Tables 2 and 3 display the primary code names, and the relation of Axial codes and themes. For the descriptions of the primary codes, the researcher chose a narrative format, with the interview responses aligned with the open code names.
Summary

Chapter 4 provided background information of the participants and data analysis of the study, including the role of the researcher, the coding process, and the emerging theories. From this research three theories emerged answering the research question: what were the processes and motivations beginning counselors describe for their continued professional development formally and informally in the area of multicultural counseling competencies and cultural literacy? These three theories are (1) Beginning Counselors, particularly ones from racial and ethnic minorities, believe they are motivated by exposure through upbringing, geography, or proximity to interact positively with other cultures; (2) Beginning counselors are motivated to fulfill the standards and ideals of the counseling profession, which include having multicultural counseling skills, and (3) Beginning Counselors may be motivated by self-discovery and a desire to learn new skills, including multicultural skills. Chapter 5 will provide a historical reference and context of when the research took place, its importance, conclusions based on the results, a discussion of findings with previous literature, the limitations for the study, and implications for practice and recommendations for further research.
CHAPTER FIVE

DISCUSSIONS AND CONCLUSIONS

The purpose of the research was to identify motivations of new counselors for continuing professional development of multicultural competencies. This chapter will provide a summary, discussion, and conclusions based on the results of the research study investigating the motivations of new counselors for continuing professional development of multicultural competencies. The chapter discussed the historical background that promoted the study, the limitations of the study and recommendations for future research. The chapter summarized the findings.

Discussion

The need to study multicultural counseling skills development post graduate school and training was prompted by the populations’ demographics and societal changes of the United States. The research hoped to bring awareness of the need for increased and continued professional development in the area of cultural literacy and multicultural competencies skills for beginning counselors and others in counseling related programs. At the micro level, the research may bring self-awareness to a new clinician concerning their own culture lens, as well as awareness of biases, assumptions, internalized/externalized actions, and beliefs towards other cultures. This may lead to improved individual counseling relationships, improved outcomes for clients, and overall evidence for informed practices.

However, at the macro level it was important to record and address what was happening in the US populations and the changing and expanding cultures. This research took place during 2020-2022, a time of many cultural changes in the USA. Two major
events occurred during that time period: 1. An emerging interest of most social sciences that explore culture(s), e.g. anthropology, sociology, psychology, and counseling perhaps recharged due to the George Floyd incidents. The changing demographics of the USA, including cultures, had ramifications on the counseling profession. 2. The renewed interest in disproportionality and social determinants of healthcare access, practice, and policy. Efforts to consider policies, practices, rules, and even conversations around systemic racism, homophobia, sexism, classism and other intersectionalities, had become commonplace. This prompted the ACA to issue a letter for a call to advocacy. The researcher held at least two main events that played a part, and they affected the research questions and the results of the study.

The Covid-19 epidemic began in January 2020 and created enormous anxiety for an entire nation. This anxiety spreads throughout the population and the mental health community had been tremendously taxed by addressing their needs from young children to adults for an extended period of time. Additionally, the loss of more than 1 million lives has caused trauma, grief, and other mental health challenges for a generation.

The Covid-19 virus began in a remote village in China, and quickly spread around the world. The virus quickly showed up in the USA, which was dismissed as inconsequential by the then president of the United States. Between March 2020 and the completion of this dissertation, enormous events have occurred. The entire nation underwent quarantines, the nation’s schools closed, and the majority of businesses closed. The virus caused tremendous economic challenges; by June 2020, 40 million Americans were out of work. The unemployment rate reached 14.3%, unparalleled since the 1930 great depression (Iacurci, 2020). The state governments were the chief coordinators of
the response to Covid-19, and orchestrated school closings, social distancing procedures, economic shutdowns and ramp up plans, and so much more. At the start of this research inquiry and literature review, over 110,000 had died from Covid-19 and more infections and deaths were calculated (Centers for Disease Control and Prevention [CDC], 2021). In addition to the need for increased social justice action for healthcare in general, including mental health, it should be noted that the Covid-19 deaths and infections were disproportionately spread amongst African Americans and other communities of color, such as Native and Indigenous People.

The other event that had an effect on the overall research question was the societal responses and social justice movements in March 2020 and August 2020. On May 25, 2020, an African American man, George Floyd, was arrested and brutally murdered by the police in Minneapolis. Since that date in 2020, there has been a changing dialogue on the policies, treatment, and public attitude towards ethnic minorities and other historically oppressed and maltreated cultures. In 2020, mass demonstrations took place throughout the United States, Canada, and other places around the world, reminiscent of the 1960’s. Also occurring simultaneously, was the death of a young man named Ahmaud Arbery, who was chased after by three white men while jogging in his own neighborhood and gunned down. That death was similar to the death of Trayvon Martin, a 17-year-old youth that was killed in Florida for walking in his own neighborhood. His death led to the creation of Black Lives Matter campaign in 2012.

As the literature review indicated, the counseling profession itself is part of the healthcare system. Since the profession strives to create an honorable and respected identity, the profession must take a stand on the existence of inequitable and culturally
insensitive healthcare practices. On May 18, 2020, the American Counseling Association (ACA) issued a public statement on the events that happened over the period prior to releasing and further addressing the use of violence in policing, racially motivated violent incidents, and implicit bias. The ACA letter highlighted the historical maltreatment and traumatic practices against marginalized citizens that had occurred for centuries, particularly targeting African Americans. The statement called upon Professional Counselors to support populations with trauma-informed and culturally responsive practices. It encouraged all related counseling professions to engage in clinical practice, research, community outreach, advocacy and education that support the wellness of communities affected by violent and negligent policing (ACA, 2020). These civil unrest called to action was consistent with the literature on the integration of social justice along with multicultural competencies. Identifying, describing, and interpreting the motivations that might cause counselors to unitize increased training and professional development became more relevant for the research study.

As discussed, the participants in the study ranged in age from 29-63. One participant was Caucasian, and the other participants were of African Descent. All the participants expressed great interest in the study topic and participated authentically and eagerly during the semi-structured interview. All of the participants had completed at least one course in multicultural counseling skills and one participant, Tash, noted that she completed two. This was due to the required coursework of her doctoral counselor education curriculum. All the participants expressed great concern for the varying cultures that exist in the USA, and a genuine desire to be considered culturally sensitive and competent in their skills, knowledge, and awareness. The participants were aware of
the historical events before discussing and identifying with the sentiment of the overall profession. The stance of the organization and their minority status encouraged them to participate in the study. Five of the participants indicated that it was their first-time taking part in a study. Two of the emergent theories for beginning counselors were supported by the data and indicated: Theory One: Beginning Counselors, particularly ones from racial and ethnic minorities, believe they are motivated by exposure through upbringing, geography, or proximity to interact positively with other cultures. Theory Two: Beginning counselors are motivated to fulfill the standards and ideals of the counseling profession.

All of the participants expressed a desire to learn more about skill development in the area of multicultural counseling skills, even on their own. There was increased interest in instruments such as the Implicit Bias, and MaKAS. Two participants, Tash and Demi, stated that they would like to communicate with the researcher when they had the opportunity to complete such instruments. Their minoritized status and identity as advocates promoted this increased interest and all participants discussed renewed interest in some form of increased learning. This was represented in Theory Three: Beginning Counselors may be motivated by self-discovery and a desire to learn new skills, including multicultural skills.

The expressed interests in the topic of the study did not rise to the level of action. This inaction is consistent with the literature that many counselors do not address this important area of skill development outside of requirements and or mentoring. As the profession is dominated by individuals of European Descent, increasing diversity of populations rather than creating culturally competent workforces becomes more
important (Goode-Crossman & Grim, 2014; Prescod-Weinstein, 2019). Members of the profession that purposefully commit to serving diverse clients and consciously incorporate cultural considerations are stated to by practicing intentionality (Keaton, 2022). The participants in the study were beginning counselors, so they had not reached the level of performance noted above, nor did they have the awareness that they needed to increase their overall skills. The interviewees acknowledged a need to address their biases, assumptions, and beliefs not only of other cultures different from their own, but also interculturally.

**Delimitations**

In most research there are delimitations and limitations, and this study was not an exception. Delimitations help define the scope of the research and were believed to be characteristics and qualifiers under the control of the researcher (Leslie, 2020). One delimitation of the study was the recruitment sources. The researcher made contact with what was believed to be viable sources of potential participants. Further expansion or a second request from the three main sources may have helped to increase the participant pool. A second delimitation was the use of gift cards which were awarded to participants that were able to complete the semi-structured interview and meet the criteria of the research. Some research indicates that the use of such tools helps to increase participation. The use of higher amounts may have had a positive effect on sample size. A third delimitation for the study was the research topic itself. The study of multicultural and racial concerns, diversity, and other areas that seek to examine marginalized populations, while needed, was often sidetracked. Organizations and individuals,
particularly predominantly white institutions (PWI), and clinicians of European descent find it challenging to address and discuss these topics (Prescod-Weinstein, 2019).

**Limitations**

At the start of the research, the author identified that limitations of the research existed. Limitations, according to Leslie (2020), are thought to be out of the control of the researcher. As discussed during the introduction of the study, there is a need that exists to understand phenomena concerning the motivations of counselors continuing their education, professional development, and personal development. Understanding the role of counselors and advocacy for social justice warrants a periodic review. This research had several limitations which have impacted the outcomes of the findings. These limitations include but are not limited to participant demographics, participant experiences with the subject matter, sampling size, and researcher influences. However, the following represents a more specific set of limitations.

The first limitation may have been the timing of the study, which took place during a period of national attention on multicultural issues and civil unrest in the United States. The second limitation was the experience of self-report tools such as IAT which many individuals may not have familiarity with. A third limitation of the study was researcher bias. The author attests that a gap exists in perceptions of what beginning counselors should attend to and what the author believes beginning counselors should know. This is partly due to the expectation the researcher holds that the profession should have multicultural competency skill development. The research was conducted by an African American male who is described as a highly culturally developed Afrocentric advocate. The researcher was constantly aware that his own familiarity with the subject
matter affected his belief constructs and theory orientation. The researcher has experience in cultural identity models and cultural competence. The researcher strived to ensure through reflection and consultation that biases did not taint the data and the learning gap that exists in multicultural competency development.

**Implications**

The global pandemic of 2020 and the killing of several hundred people of African descent brought renewed interests in social justice advocacy, health equity, diversity, and cultural awareness. Over twenty years after Dr. Courtland Lee gave the call for action of the counseling profession to address multicultural issues in the profession, the ACA purports to renew that charge. The US Census also took place during that same year. The data indicates that people that are non-white and of European descent will be a larger segment of the US populace. Yet, despite these societal changes, the counseling profession remains mostly white female dominated in the clinical workforce, and white male and female dominated in the doctoral levels and beyond. The current workforce demographics have implications for the counseling profession. Organizations and professions that do not have individuals with sufficient skills to address the numerous cultures in the United States are a weight upon the professions. Keaton (2022) indicated that the counseling profession purports to stand for social change, advocacy, and social justice. To ensure this workforce, the profession must prepare via curricula and further professional development counselor educators, supervisors, mentors, and counselors that are racially, gender, ethnically and economically diverse. Implications for the study are based on existing research that describes the importance of counselors, counselor educators, and supervisors promoting multicultural competence and skills as foundational
to the counseling profession. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and the American Counseling Association (ACA) has standards of education and codes of ethics that govern the progress and professional development of counselors and counselor educators. Specifically, the standards and ethics require that counselors and counselor educators are to pursue knowledge, awareness, and skills continuously to enhance their multicultural competence.

The development of theories of how to motivate counselors, counselor educators, and supervisors to attend more actively to the attainment of multicultural counseling skills and culturally aware counseling becomes an important contribution of the research. The theories that arose from the coding process gave some insight from the sample group on motivations of personal desire, professional identity, and hunger for new skills. Nevertheless, as previously discussed, desire is not fulfillment. At least three assumptions arose from the interviews and the literature review.

One assumption that appears is the belief that diversity in populations, selections of staff, recruitment of students, and pairings of counselors with different cultures ensures and/or promotes multicultural skills developments, and culturally aware practices. This assumption holds that these populations have somehow acknowledged and did the hard work of challenging their biases, prejudices and sexisms and ethnocentrism (Keaton, 2022). Another assumption that arose was the belief that being part of a minority or marginalized population ensures that the individual will engage in cultural practices and exude knowledge of sound multicultural competence. The assumption ignores such forces as sexism, classism, heterosexism, and ethnocentrism. Ratts et al. (2016) and
Cross (1991) indicate these forces can occur in all cultures and groups. In the African American community this is a monumental challenge, along with deep rooted homophobia. This assumption that African Americans or other counselors of color do not need continued training in the importance of addressing their biases and beliefs, continues to serve as a deterrent to African Americans seeking counseling services, or seeing the profession as a viable part of the healthcare system accessible to them (Leslie, 2020). Another assumption held by the profession is that all or most counselors place equal value on continued learning after completing graduate school, particularly attending to increasing their skills beyond a novice and generalist level. The research does not support this assumption, particularly in the area of multicultural counseling skills development. Multiple literature sources indicate that this is a life-long process. As discussed in the literature, California and Hawaii are currently the only two states that require licensed professionals to attend to this important area. These indications remain a challenge for the profession as a whole to tackle, and eventually overcome.

**Recommendations for Future Research**

The findings of the study could be utilized by the counseling profession to further investigate ways to prepare culturally competent counselors, and multicultural and diverse environments. A qualitative case study might help to understand the beliefs and attitudinal changes 3 or more diverse counselors might experience when completing a multicultural experience such as a class or training. An Ethnography study might allow for a counselor to fully immerse in the cultural learning firsthand by being amongst another culture. Participant Action Research would produce narratives of learning while working on a project but measuring the counselor’s growth. A quantitative study might
help measure the change in behavior a counselor might demonstrate towards others after completing a multicultural knowledge or skills instrument or experience. A mixed approach might explore client satisfaction on a Likert Scale with pre- and post-experiences, particularly in a psycho-educational group format or similar.

Further research is needed because demographic make-up was racially limited. Although, as discussed there are complexities amongst same racial and ethnic groups, as no group is monolithic. A study with more participants, along with varied racial, gender, sexual orientation, socio-economic status, geographic diversity and even years of experience would add to the validity and reliability of the study. European descent women are the largest population currently in the counseling profession workforce. A study on how that population considers, values, and attain multicultural counseling skills would be very informative.

Finally, the research looked at motivations described as the general desire or willingness of someone to do something. There are at least four types of motivation; extrinsic, intrinsic, introjected, and identified (https://www.verywellmind, n.d). The study primarily explored intrinsic motivations. A study focused on other areas such as extrinsic motivations would lend further value to understanding how best to obtain a workforce that values employing multicultural counseling.

**Conclusion**

The study sought to describe the motivations internal and external of beginning counselors that decide to pursue additional multicultural counseling skills beyond graduate school through professional development means. Three theories emerged from the semi-structured interviews that describe the experiences and identified motivations of a viable sample of individuals in various stages of their career development. The researcher used constant
comparison, reflexivity, and peer feedback to add to the trustworthiness of the study. It is the researcher’s belief that the findings will add to the body of knowledge for future counselor-educators, and overall for increasing multicultural counseling skills in the counseling profession.
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Appendix A: IRB Approval Letter

March 16, 2022

Larry English

Dear Larry English:

The Institutional Review Board (IRB) has received your application for your research study “Identifying Motivations of New Counselors for Continuing Professional Development of Multicultural Competencies: A Qualitative Study” IRB has noted that your application is complete and that your study has been approved by your primary advisor and an IRB representative. Your application has been filed as Expedited in the Office of the Provost.

IRB: ER01089

Please note that the approval for your study is for one year, from 15-Mar-2022 to 15-Mar-2023.

As you carry out your research, you must report any adverse events or reactions to the IRB. At the end of your approved year, please inform the IRB in writing of the status of the study (i.e. complete, continuing). During this time, if your study changes in ways that impact human participants differently or more significantly than indicated in the current application, please submit a Change of Research Study form to the IRB, which may be found on NLU’s IRB website.

All good wishes for the successful completion of your research.

Sincerely,

Shaunti Knauth, Ph.D.
Chair, IRB
Appendix B: Informed Consent Semi-Structured Interview

My name is Larry English, LMHC, and I am a Doctoral Student in Counselor Education and Supervision at National Louis University. I am requesting that you participate in this study, “Identifying Motivations of New Counselors for Continuing Professional Development of Multicultural Competencies”, occurring from March, 2022 through August, 2022. The purpose of this study is to investigate what takes place with individuals that may pursue formal education and professional development in the area of multicultural counseling approaches, knowledge and skills. This form outlines the purpose of the study and provides a description of your involvement and rights as a participant.

By signing below, you are providing consent to participate in a research project conducted by Larry English, Doctoral Student at National Louis University, Tampa, Florida.

Please understand the purpose of this research is to understand the need for increased and continued professional development in the area of Multicultural, Social Justice and cultural literacy skills. The study is designed for registered and newly licensed counselors that are currently in a clinical practice setting. Participation in this study will include:

1. Completion of a brief demographic profile.
2. Completion of an approximate 90-minute semi-structured verbal interview, or written response interview.
3. Completion of an approximate 45-minute member check in for accuracy of interview transcription.
4. The researcher shall take notes during the interviews to aid in coding and analyzing data. Participants may view notes taken for their interview.
5. Audio portions of the interview shall be recorded.

Your participation is voluntary and can be discontinued at any time without penalty or bias. The results of this study may be published or otherwise reported at conferences, and seminars. Should such occur, identities shall in no way be revealed (data will be reported anonymously and bear no identifiers that could connect data to individual participants).

To ensure confidentiality, the researcher will secure all materials for this study including, demographic forms (separate file), digital interview recordings on USB, transcribed written interviews, researcher notes, data coding and results will be stored in separated file, in a locked file cabinet in the researchers locked home office for the 7 years period and then destroyed. Only Larry English will have access to this data.

Risks

It is projected to be minimal risk for the participants no greater than that of everyday life. Should any participants experience any visceral reactions to sharing experiences addressing multicultural populations, they will be supported in this process, first by the researcher. Should any additional support be required by any participant for any reason, individuals will be referred to their local consultant supervisor. There are potentially several benefits from this research; such as by adding to the profession more culturally sensitive clinicians.
You will receive a $20 gift card for your participation in the study. Upon request you may receive summary results from the study and copies of any publication that may occur. Please email the researcher, Larry G. English, to request results from this study.

In the event that you have any questions or require additional information, please contact the researcher, Larry English, or .

If you have questions or concerns before or during participation that have not been addressed by the researcher, you may contact Dr. Tremaine N. Leslie, Ph.D., LPC, NCC., Dissertation Chair at 479-888-0765 or tleslie1@nl.edu, the chair of NLU’s Institutional Review Board: Dr. Shaunti Knauth: Shaunti.knauth@nl.edu, 312-261-3526, or Dr. Christopher Rector, CReector@nl.edu, 312-621-3112 located at National Louis University, 122 South Michigan Ave. Chicago, IL.

Thank you for your consideration.

Consent: I understand that by signing below, I am agreeing to participate in the study, “Identifying Motivations of New Counselors for Continuing Professional Development of Multicultural Competencies.” My participation will consist of the activities below during March/2022-August/2022.

A. Completion of a brief demographic profile.
B. Completion of an approximate 90-minute semi-structured verbal interview, or written response interview.
C. Completion of an approximate 45-minute member check-in for accuracy of interview transcription.

Participant Signature: __________________________ Date: ________________
Signature of Investigator: ______________________ Date: ________________
Appendix C: Invitation Letter

My name is Larry English, and I am a doctoral candidate in the Counselor Education and Supervision program at the National Louis University. I am conducting my dissertation research on *Identifying Motivations of New Counselors for Continuing Professional Development of Multicultural Competencies: A Qualitative Study.*

I invite you to participate in this study if you:
1. Are a Registered Intern or have been licensed.
2. Reside in the State of Florida, or licensed to practice here, including state compacts.

**Participation:** Your participation in this study will include (1) 90-minute semi-structured interview which also includes completion of a demographic information section. The interview questions are designed to capture your unique story. The interview will be recorded and the audio transcribed to preserve the integrity of your participation. A $20 compensation for participation in the interview. After the transcription of the interview, you will be contacted to participate in (1) member check, where you will get a chance to review the transcript and validate, or make any needed corrections regarding the information you shared. This should take 45-60 minutes.

If you meet the above criteria and are interested in participating in the study, please email me at [email protected], or [email protected]. Additionally, if you know someone that might be interested in participating, please feel free to pass on my contact information.

I appreciate your time and consideration.

Warmest regards,
Larry English, M.Ed., LMHC

This study is supervised by the National- Louis University Institutional Board (IRB). If you have any queries about your rights as a research subject, please contact the IRB Chair at 321-261-3526.
Appendix D: Demographic Information

Date of interview: _____________________________________________________

Time of interview: _____________________________________________________

Place: _____________________________________________________

Interviewer: _____________________________________________________

Interviewee: _____________________________________________________

Pseudonym: _____________________________________________________

1. Age: _______________________________

2. Gender Identification: _____ Male _____ Female ______________Other Pronoun Preference ______

3. Ethnicity: _____ African American _____ Hispanic _____ White _______ Other

4. Degree Identification: education: _______________Masters _____ Ed. D./PhD _____

5. Employment status: ______ Agency______ Self-Employed ______ Contractor
   ______Other
Appendix E: Interview Protocol

1. Confirm understanding of consent and obtain verbal agreement to proceed.

2. Answer any questions that may have developed after sending semi-structured interviews.

3. Confirm preferred pronouns and pseudonym if chosen.

4. Reconfirm options to not answer, or expand upon questions of the interview.

5. Conduct an interview with the participant.

6. Upon completion of the interview, reconfirm next steps, inform of transcribing and member check.

7. Remind participants of safeguards, contact information, and follow up.

8. Thank the participants for participating in the interview and reassure them of confidentiality.
Appendix F: Semi-Structured Interview

This interview is being used by a future counselor educator to inform the profession in the important area of Multicultural competence skill development. Results of this research may help to create articles, trainings and professional objectives that may further the professional roles of counselors. The following questions will help to describe your experiences in the professional development area of Multicultural Competence skills and knowledge. Think of the items in terms of how your development as a professional counselor has remained the same, changed and evolved since graduate school. There are no right, or wrong answers and your participation/answers will help to inform the profession. You may decide to not answer all questions and expand upon some others.

1. The questions will be asked during the interview you agreed to, and the researcher will transcribe your replies, record the video and audio, or your written answers. Describe your experiences, and exposures to other racial, ethnic, and other cultural populations prior to graduate school.

2. Share your perspectives on any classes that address multicultural knowledge and skills in your graduate program.

3. Describe your current professional experiences with other cultures in your practice, or employment setting.

4. While serving as a registered intern, can you discuss your experiences in supervision. If, and when you are discussed(ing) a session with someone of a racial, ethnic, gender culture other than your own?

5. When you consider your professional development requirements, what influence your CEU choices?
6. Can you describe any experiences you have had with self-rating tools such as the Implicit Bias Test?

7. Please share your perspectives on the required State of FL cues for mental health counselors, registered interns etc. What do you think is the best way to increase multicultural skills development if not required by policy?

8. In your opinion how might the profession motivate continued learning in the area of Multicultural competence development? What do you consider to be important? competencies to address?

9. Is there anything else you would like to share before we wrap up our interview?
Appendix G: Invitation Flyer

Invitation Flyer for Florida Counseling Association and other sources

“Identifying Motivations of New Counselors for Continuing Professional Development of Multicultural Competencies: A Qualitative Study”

My name is Larry G. English, and I write to you as a doctoral candidate in the Counselor Education and Supervision program at National Louis University. This qualitative dissertation study investigates the internal and external motivations new counselors possess prompting pursuit of skill development in the area of multicultural counseling competencies. **I invite you to participate in this study:**

A. If you are a registered intern or licensed clinician in the State of Florida, or other state but a member of the FCA, with five years or less experience, you are ideal for this study.

B. Have taken any additional training(s) or other professional development in the area of Multicultural Competencies post-graduation.

Participation entails the completion of a demographic form, an approximate 90 confidential semi-structured interview, methodical interview checking and feedback on your interview if you desire. You will receive a $20 gift card for participation.

Participation is voluntary, protected and obligation free. If interested, please contact me at the following email: [redacted] Feel free to share the information with others that might be interested.

Larry G. English, M.Ed., LMHC

This study is supervised by the National Louis University Institutional Board (IRB). If you have any queries about your rights as a research subject, please contact the IRB Chair: Dr. Shaunti Knauth: Shaunti.knauth@nl.edu, 312-261-3526, or Dr. Christopher Rector, Christopher.rector@nl.edu, 312-621-3112.