Multicultural Competencies: A 30-Year Content Analysis of American Counseling Association Journals

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Abstract

We conducted a 30-year content analysis (1987–2017) on quantitative literature about multicultural counseling competencies (MCC) in American Counseling Association journals. Fifty-five articles were coded for leading contributors, specialty, intrapersonal counselor characteristics, training/education curriculum, study design, multicultural perception, and counseling outcomes. We discuss gaps in the literature and make recommendations for counselor education, teaching, and future research.

Significance to the Public

This study assessed literature that measured multicultural counseling competencies (MCC) in American Counseling Association (ACA) journals over a 30-year time period. Findings suggest researchers over-rely on self-evaluation of multicultural skillset. The study can help strengthen teaching practices and assist in changing the training and evaluation of multicultural counseling competencies.

Over four decades ago, Sue and colleagues (1982) proposed the multicultural counseling competencies (MCC) model, which focuses on beliefs and attitudes, knowledge, and skills of the counselor. As a result of this seminal work, multiculturalism has become one of the defining commitments of the counseling profession and is known as the "fourth force" in counseling (Fleuridas & Krafcik, 2019). In 2015, the MCC model was updated to include social justice and intersectionality and it was retitled as multicultural and social justice counseling competencies (MSJCC). Despite the revision of this seminal work, there is limited literature on the assessment of MSJCC in counselor education (Gantt-Howrey et al., 2022). Therefore, the purpose

of the current review is to take stock of the quantitative literature measuring MCC within counseling journals to help address gaps in the literature as the profession strengthens the assessment and integration of MSJCC.

Historical Overview of Multicultural Counseling Competencies

The ethical case for the multicultural movement stemmed from repeated demonstrations that mental health professions were not addressing the needs of ethnically diverse clients in culturally responsive ways (Sue et al., 1982). The United States was becoming more racially diverse, which further

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amplified the need to improve multicultural competence within the counseling profession. Thus, leaders in counseling and other allied professions called for the integration of multicultural values into all aspects of training to more effectively address the needs of clients with varying cultural identities (Arredondo et al., 1996). Many scholars trace the early commitment to addressing multicultural issues to a conference sponsored by the National Institute of Mental Health, where the ethical implications of treating culturally diverse clients were amplified (Korman, 1974). This amplification led to significant implications for graduate training programs, including the recommendation that counselor education programs infuse cultural content into core curriculum (Pope-Davis et al., 2003).

Sue et al. (1982) claimed counseling practices originated in Western Eurocentric norms and emphasized the need for multicultural training that addressed varying cultural identities and defined competence. A multiculturally competent counselor is defined as someone seeking awareness of their beliefs and biases, acquiring knowledge about clients' cultural differences, and developing culturally relevant skills and interventions (Sue et al., 1982). In 1992, the standardization of the MCC model was published in the *Journal of Multicultural Counseling and Development* (*JMCD*), highlighting the importance of using MCC in assessment, clinical work, training, and research. Shortly after the standardization of the MCC model, counseling organizations (e.g., American Counseling Association [ACA], Council for Accreditation of Counseling and Related Educational Programs [CACREP]) began to endorse and implement MCC into their training requirements and ethical standards (Sue et al., 1992).

Since the model was endorsed, counselor education programs have sought to diversify faculty and students, incorporated models that account for intersectionality, and infused multicultural and social issues into the core curriculum (Fuentes et al., 2020; Zalaquett et al., 2008). Although the profession has distanced itself from a Eurocentric approach, work is needed to propel multiculturalism forward and strengthen the measurement of training and implementation practices (Fleuridas & Krafcik, 2019; Pieterse et al., 2009).

The model was strengthened with the 2015 revision to include social justice in MCC. The push to include social justice in MSJCC was due to the profession's awareness of the salient intersectional identities among clients and across communities they serve, and the increasing need to help clients address challenges around inequity (Ratts et al., 2016). Furthermore, the addition of the social justice component sought to go beyond the primary focus of "attitudes, knowledge and skills" to a focus that was inclusive of counselors broaching and addressing issues such as power, privilege, and oppression (Ratts et al., 2016). The MSJCC reflect a more comprehensive understanding of multiculturalism, intersectionality, privilege, and oppression, and counselors' responsibility to promote equity through social justice advocacy (Ratts et al., 2016). The first three domains in the MSJCC, attitude, knowledge, and skill, are foundational to the MCC model. However, the MSJCC expand on the MCC by including social justice advocacy as a fourth action-oriented competency (Ratts et al., 2016).

Despite the creation of the MSJCC, most assessment tools used in multicultural work were developed based on the original tripartite model (Hays, 2020). Additionally, results from a content analysis on MSJCC in ACA journals reveal that only 7.62% of ACA journals briefly mention MSJCC, and only 1.33% of articles study the model as a concept or variable (Gantt-Howrey et al., 2022). Further, there is limited research on social justice in the counseling literature. As recently as 2019, researchers documented that, in a 13-year review of articles in 23 counseling journals, only about 4% assessed social justice topics and an even smaller portion of the articles were empirically based (Storlie et al., 2019). As scholars begin creating measures to assess MSJCC and more intentionally incorporate the model into study design and teaching, it is important to understand how MCC were evaluated and measured. Therefore,

a review of prior literature is necessary to effectively implement MSJCC going forward.

Taking Stock of Quantitative Literature

Counselor educators have sought to define the next set of goals related to MSJCC. Content analyses (CA) provide a means of clarifying future direction, documenting the state of literature, and highlighting any significant gaps. Although several CAs focused on MCC, existing reviews looked at narrow aspects of the field and general coding schemas (e.g., review of one journal, 5–10-year timeframe, groups discussed, leading contributors, page length, and broader multicultural topical areas; Arredondo et al., 2005; Leach et al., 1996; Ponterotto, 1986). The most comprehensive CA on multicultural literature was completed by Worthington et al. (2007), but this review took place nearly 2 decades ago and centered on literature in psychology. There is no known CA that examines the body of work on MCC quantitative literature within all ACA-affiliated journals prior to the transition to MSJCC in 2015. Therefore, a review of prior work on MCC is needed to maintain a positive trajectory as we move to the assessment of MSJCC and operationalization of the model in the classroom.

Purpose of the Present Study

The purpose of the present CA was to survey quantitative literature on MCC within ACA journals over the last three decades (i.e., 1987 to 2017). This focus is novel compared to prior CAs and is intended to highlight any gaps in the quantitative measurement of MCC as scholars create measures to assess MSJCC and operationalize the model in the classroom. We were interested in three research questions (RQ):

1. What types of quantitative articles on MCC are published in ACA-affiliated journals?

2. What variables are being researched that may contribute to MCC?

3. How are we quantitatively measuring MCC as they relate to skill development.

3a. Are MCC related to client outcome?

Method

Study Design and Inclusion Criteria

This study used a deductive (quantitative) content analysis framework that involved an a priori design and defined the parameters for coding based on our research questions (Krippendorff, 2018). We used a four-step approach including: (a) unitizing data, (b) sampling units, (c) recording categories, and (d) reducing units into categories (McKibben et al., 2020). The unit of analysis consisted of all ACA journals over the last three decades (i.e., 1987 to 2017). To draw our sample, we examined quantitative literature on MCC published in an ACA journal between 1987 and 2017 and had a quantitative measure of general MCC. To identify articles that met the inclusion criteria we used a three-step process: (a) searches in PsychInfo, (b) a parallel search of Google Scholar using Publish or Perish, and (c) reference sections of included articles. We used the search terms "*multicultural counseling competence,*" "*multicultural competency,*" and "*multicultural competencies*" and ACA journal outlets (for a full list reference ACA's website). It is important to note that *Professional School Counseling* (*PSC*) was included in the study because the journal was endorsed during the timeframe under review. Additionally, without *PSC*, school counseling representation would have been minimal. Fifty-five articles from 11 ACA journals (see Table 1) met the inclusion criteria listed previously.

Coding Procedure

Recording categories and the parameters for the coding schema were guided by our research questions in addition to support from schemes used in prior CAs on MCC (Arredondo et al., 2005; Ponterotto, 1986; Worthington et al., 2007). Because of overlapping topical areas and the study's deductive orientation, codes from Worthington et al.'s (2007) CA were used (i.e., lead contributor, client perception, client outcome, objective ratings of MCC, MCC training interventions, intrapersonal correlates of the

counselors' MCC, study design, and counseling process). After creating the coding scheme, the first author trained two additional coders. At the time of the study, the coding team had three doctoral students in counselor education and counseling psychology programs. Following the training, we moved into the reducing phase by piloting the coding system on three articles following a deductive CA approach. After completion of the pilot test, we added two additional codes to contextualize the coding scheme to the training of counselors (specialty area, population sampled).

The final coding system included 7 categories:

- Leading contributor: trends in authorship and journal outlets

- Specialty area: professional specialty of participants (school counseling, mental health, rehabilitation counseling, other)

- Intrapersonal correlates of counselors' MCC: (demographics, racial identity, MCC experiences, number of MCC courses/training, and years of clinical experience)

- Multicultural counseling training/education/curriculum interventions: counselor training to promote MCC (counselor education programs, immersion/service learning, graduate courses, workshop/in-service, training needs, other)

- Study design: included participant role (counselor, client [pseudo-client], trainee, supervisors, observers), research design (experimental, descriptive), MCC measurement, and analysis (correlation, regression, moderation)

- MCC perception: evaluation of counselors' MCC: self-report, objective rating (case conceptualization, vignettes, pseudo-client interaction), or client perceptions (counselor effectiveness, general counseling relationship)

- Counseling outcomes: included counseling process (therapeutic relationship, counselor behaviors, working alliance) and client outcomes (early termination, length of treatment, successful completion of treatment, transfer, decrease in symptomology, agency outcomes)

The first author coded all 55 articles, the second author coded 27 of the 55 articles, and the third author coded 26 of the 55, leaving each article read by two coders over a 1-month timeframe. Using a deductive approach, subsets met weekly to address discrepancies and enhance coding accuracy. Consensus was reached by cross-referencing notes and discussing differences during weekly meetings (Berelson, 1952; Gantt-Howrey et al., 2022). Agreement between coders was adequate and interrater reliability improved as coding progressed (Cohen kappa with second coder = 0.61; Cohen kappa with third coder = 0.63).

Results

Results are summarized in the three tables that follow. Table 1 displays CA categories, Table 2 lists MCC measures and evaluator, and Table 3 focuses on study design. Regarding RQ1, types of quantitative articles on MCC published in ACA-affiliated journals, we found the lead contributor was a counseling psychologist, JMCD housed the most quantitative articles on MCC, and the majority of studies focused on mental health. To calculate leading contributors, we used a weighted, proportional counting system created by Howard et al. (1987). The productivity index assigns each article 1.0 point and distributes the point by the number of authors (e.g., 1 author; 1.0 point; 2 authors; 0.6, 0.4 points; 3 authors; 0.47, 0.32, 0.21 points; 4 authors; 0.42, 0.28, 0.18, 0.12 points; 5 authors; 0.38, 0.26, 0.17, 0.11, 0.08 points; and so forth). Constantine was the leading contributor on MCC in ACA journals (4.92; counseling psychologist), followed by Holcomb-McCoy (2.6; school counseling), Bellini (rehabilitation counseling), and Bidell (professional counselor), both at 2.0. Regarding publication outlets, *JMCD* published the largest number of articles (*n* = 18), followed by *Journal of Counseling and*

Table 1

Content Analysis Categories for Multicultural Counseling Competencies Quantitative Studies

Content Analysis Category	*n*	%
Leading Contributor:		
Journal of Multicultural Counseling and Development	18	32.7%
Journal of Counseling and Development	14	25.5%
Journal of Counselor Education and Supervision	6	10.9%
Professional School Counseling	5	9.09%
Rehabilitation Counseling Bulletin	5	9.09%
Journal of Mental Health	2	3.64%
Journal of Addiction and Offender Counseling	1	1.82%
Journal of College Counseling	1	1.82%
Career Development Quarterly	1	1.82%
Journal of Specialist in Group Work	1	1.82%
Journal of LGBTQ Issues in Counseling	1	1.82%
Intrapersonal Correlates of Counselors' MCC:		
Demographics	33	60.0%
MCC courses/training	24	43.6%
MCC experiences	15	27.3%
Racial identity development	10	18.2%
Years of clinical experience	9	16.4%
MCC Training/Education/Curriculum:		
MCC course	8	14.5%
Immersion/service learning	4	7.27%
Other	4	7.27%
Workshop/in service	2	3.64%
Counselor education	1	1.82%
Training needs	1	1.82%

Note. MCC = Multicultural counseling competence.

Table 2

Multicultural Counseling Competency Measurement

MCC Measurement	*n*	%
MCC Measure Utilized:		
MCI	13	23.6%
MCKAS	11	20%
MAKSS	6	10.9%
CCCI-R	6	10.9%
MAKSS-CE-R	4	7.27%
MCAS-B	3	5.45%
MCCTS	3	5.45%
Multicultural case conceptualization	3	5.45%
MCCTS-R	2	3.64%
CBMCS	1	1.82%
CMI	1	1.82%
GAP	1	1.82%
Likert scale	1	1.82%
MCKAS-R	1	1.82%
MCC Assessment:		
Counselor self-report	50	90.9%
Observer/other assessment	12	21.8%
Client perception	0	0.00%
MCC Outcome Measurement:		
Counseling outcome	2	3.64%
Client process	2	3.64%

Note. CBMCS = California Brief Multicultural Counseling Competence Scale; CCCI-R = Cross-Cultural Counseling Inventory-Revised; CMI = Cultural Mistrust Inventory; GAP = Gay Affirmative Practice Scale; MCAS-B = Multicultural Counseling Awareness Scale-Form B; MCC = Multicultural counseling competence; MCCTS = Multicultural Counseling Competence Training Survey; MCCTS-R = Multicultural Counseling Competence Training Survey-Revised; MCI = Multicultural Counseling Inventory; MCKAS = Multicultural Counseling Knowledge and Awareness Scale; MCKAS-R = Multicultural Counseling Knowledge and Awareness Scale-Revised; MAKSS = Multicultural Awareness-Knowledge-Skill Survey; MAKSS-CE-R = Multicultural Awareness-Knowledge-Skill Survey-Counselor Education-Revised.

Table 3

Research Design of the Multicultural Counseling Competencies Quantitative Studies

Study Design Variable	*n*	%
Evaluator of MCC:		
Trainee	24	43.6%
Counselor	16	29.1%
Observer	6	10.9%
Counselor and trainee	5	9.09%
Trainee and observer	3	5.45%
Counselor and observer	1	1.82%
Study Design:		
Correlation	34	61.8%
Quasi-experimental	12	21.8%
Analogue	8	14.5%
Single case research design	1	1.82%
Sampling Type:		
Convenience	43	78.2%
Random	8	14.5%
Stratified	2	3.64%
Snowball	1	1.82%
Unspecified	1	1.82%
Analysis Conducted:		
Hierarchical linear regression	20	36.4%
MANOVA	18	32.7%
Correlation	15	27.3%
ANOVA	14	25.5%
T-test	10	18.2%
MANCOVA	3	5.45%
Two-way ANOVA	2	3.64%
Descriptive statistics	2	3.64%
Structural equation modeling	2	3.64%
Mediation	2	3.64%
ANCOVA	1	1.82%
Wilcoxon	1	1.82%

Note. ANCOVA = Analysis of Covariance; ANOVA = Analysis of Variance; MANCOVA = Multivariate Analysis of Covariance; MANOVA = Multivariate Analysis of Variance; MCC = Multicultural counseling competence.

Development (*JCD; n* = 14). The leading specialty area was mental health (*n* = 10), followed by school counseling (*n* = 9), other (*n* = 8; career, substance use, marriage and family therapy, counseling psychology, and college counselors), and rehabilitation counseling (*n* = 5).

In reference to RQ2, Table 1 displays the variables researched that may contribute to MCC (e.g., intrapersonal correlates of the counselor and multicultural training). The majority of studies (*n* = 43, 78.2%) focused on intrapersonal correlates of counselors' MCC (e.g., demographics, racial identity development, MCC experiences). The most researched intrapersonal correlate was counselor demographics (i.e., ethnicity, gender, age; *n* = 33, 60.0%), followed by the number of multicultural courses or training taken (*n* = 24, 43.6%). The multicultural training/education/curriculum category was next as a leading variable (*n* = 20, 36.32%). More specifically, most studies focused on courses (graduate and postgraduate studies) and influence on MCC (*n* = 8, 14.5%), followed by immersion/service learning–specific studies (*n* = 4, 7.27%; See Table 1 for full breakdown).

Table 2 and Table 3 present frequencies of measurement, evaluator, and research design. Regarding RQ3 and RQ3a, how MCC are being measured and their relationship to client outcome, we found several studies relied on trainee data, the Multicultural Counseling Inventory (MCI) was the most used measure, correlation design was used most frequently, convenience sampling was the preferred form of sampling, the majority of studies relied on self-report, and little focus was given to client outcome research. When looking at measurements, many studies used the MCI (*n* = 13; 23.6%) followed closely by the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; *n* = 11; 20%; see Table 2 for a full list of measures). To evaluate MCC, most studies (*n* = 50, 90.9%) relied on self-reports, few used observer report/assessment (*n* = 12; 21.8%), and we found no studies that examined client assessment of MCC (see Table 2). Additionally, few studies examined relationships between counseling outcomes (e.g., length of treatment, successful completion of

treatment) and MCC (*n* = 2; 3.64%) or included counseling process variables (e.g., therapeutic relationship, working alliance; *n* = 2, 3.64%). In terms of participant role, most studies focused on graduate students (*n* = 34; 61.8%), although some studies used samples of licensed or certified professionals (*n* = 17; 30.9%; note that titles other than counselor as recognized in the two mentioned codes above included supervisors, psychologists, social workers, human services personnel, university staff, and community members). Regarding study design, the majority of studies used a correlation design (*n* = 34; 61.8%), followed by quasi-experimental (*n* = 12; 21.8%). Convenience sampling was most used (*n* = 43; 78.2%), with random sampling falling far behind in second (*n* = 8; 14.5%). Regarding analysis, hierarchical linear regression (HLR) was used in 36.4% (*n* = 20) of studies, with multivariate analysis of variance (MANOVA) as a close second and used in 32.7% of studies (*n* = 18; see Table 3 for full study design breakdown).

Discussion

This article takes stock of quantitative literature on MCC published in ACA-affiliated journals. In this study, we systematically reviewed literature published between 1987–2017 to examine trends in (a) leading contributors, (b) specialty area, (c) intrapersonal counselor characteristics, (d) training and education curriculum, (e) study design, (f) multicultural counseling perception, and (g) counseling outcomes.

Our review has several important findings related to counselor training and MCC measurements unique to counselor education. Related to types of quantitative articles published in ACA journals, we found that the leading contributor was not a counselor educator, *JMCD* published more quantitative articles on MCC, and mental health was the most represented specialty area. Based on our review, the top author was a counseling psychologist. Lead contributors produced about 25% of all articles reviewed for this

study. Authors averaged two to three quantitative publications, meaning the number of articles written was relatively low. Findings converge with Worthington et al. (2007), revealing that top contributing authors only published a few articles related to MCC. This raises concerns about the need for more programmatic research in counselor education, as two of the four leading contributors in counseling journals have psychology backgrounds. Of the 22 affiliated journals, *JMCD* was the leading contributor. Findings align with *JMCD*'s mission to focus on research, theory, and program application of multicultural and ethnic minority interests in the counseling profession (ACA, 2019). With only 50% of ACA journals meeting the inclusion criteria to incorporate a general measurement of MCC, there is a need to quantitatively assess MCC across all journal outlets beyond a general mention, to continue to move the model forward with stronger empirical evidence (Hays 2020; Worthington et al., 2007). Additionally, articles focused on mental health counseling were most frequently published, which is no surprise considering mental health is the largest area of counseling (CACREP, 2019). The underrepresentation of rehabilitation and school counseling literature is of growing importance considering the continued diversification of clients/students needing these specialized services (Harris et al., 2018; Matrone & Leahy, 2005). These findings highlight gaps in the literature and provide counselor educators with recommendations related to sampling, instrument development, and measurement of the MSJCC model.

Looking at the variables studied and their contribution to MCC, we found most studies focused on intrapersonal correlates of counselors' MCC (e.g., demographics, racial identity, MCC classes), followed by counselor training, education, and curriculum intervention. Thus, similarly to Worthington et al.'s (2007) findings, most articles reviewed in this study focused on intrapersonal correlates of the counselor and the impact of training on self-reports of MCC. This finding highlights the gap in MCC literature connected to whether intrapersonal correlates of self-reported MCC and training interventions are also related to observer ratings of MCC. This is especially

important to counselor education training programs and the operationalization of MSJCC in core curriculum, including the multicultural class.

This gap brings us to our next questions about how scholars are quantitatively measuring MCC as they relate to skill development, and whether MCC are related to client outcomes. We found that studies relied heavily on self-reports of MCC and used the MCI most often. Only about 1 in 5 used other reports of MCC. There is also a strong need for studies that examine MCC in actual counseling relationships as opposed to analog studies or correlation design. Within the studies examined, most researchers relied on convenience sampling of counseling trainees. Given the contextual nature of culture, we were surprised and concerned that none of the studies examined used client perspectives of MCC. The lack of actual client data is a significant gap, considering historical and current critiques of MCC and the need for more empirical data to support the theoretical model (Hays, 2020; Ponterotto et al., 2000; Worthington et al., 2007). Over 2 decades ago, Ponterotto et al. (2000) identified weaknesses in MCC literature related to over-reliance on self-report, yet these issues persist and continue to challenge the validity of MCC (Vandiver et al., 2021). Additionally, few studies have examined the relationship between counseling outcomes and MCC, or included counseling process variables.

Limitations

First, we limited the search to ACA-affiliated journals within a 30-year range, at the beginning of the transition to the MSJCC model. Although we completed an extensive search of MCC literature, based on our inclusion criteria, we did not include interdisciplinary journals or qualitative literature. The decision to focus on quantitative measures was made to capture how scholars have assessed MCC in the past to assist in the creation and measurement of MSJCC moving forward. Thus, our sample does not represent an exhaustive list of empirical MCC literature within the counseling profession. Additionally, although interrater reliability was adequate, we noted lower initial interrater

agreement trends with the subcodes "counselor education" and "graduate coursework" in the "education, curriculum, and training" domain during the first phases of the coding process. Initially, the subcodes "counselor education" and "graduate coursework" were difficult for coders to parse out; however, after further finetuning of the code book distinctive definitions were given to help delineate the differences between the two subcodes. Despite the listed limitations, we hope readers will find the results from this study helpful in guiding their teaching and scholarship of multicultural competencies.

Suggestions for Future Research

An important implication of this CA is the need to connect theory to practice and client outcome research. The following recommendations are based on findings from the original tripartite model, which we believe will help inform the utilization and study of MSJCC. In the current review, our first question focused on types of quantitative articles written about MCC in ACA journals. We found a small number of scholars contributing to this body of literature within counseling journals. This highlights Atkinson and Israel's (2003) historical concerns regarding research trends, creativity, and measurement of MCC. These concerns align with Hay's (2020) findings identifying research gaps related to MSJCC (e.g., limited assessment tools, insufficient understanding of the construct, and lack of empirical evidence on client outcome). Additionally, with only half of ACA journal outlets included, there is a need to expand the publishing of quantitative measurement of multicultural competence to all affiliated journals to strengthen empirical support. These findings align with Gantt-Howrey and colleagues' (2022) study highlighting MSJCC mention/measurement in only 11 of the 21 ACA journal outlets. Another recommendation would be to address the underrepresentation of the quantitative assessment of MSJCC in rehabilitation and school counseling research. Addressing this gap is of growing importance considering the continued diversification of clients/students needing these discipline-specific services (Harris et al., 2018;

Matrone & Leahy, 2005). Counselor educators have an opportunity to address this gap in the literature with an intentional focus on the MSJCC model through measurement development and evaluation across disciplines and publishing outlets.

Regarding variables researched, intrapersonal counselor characteristics were the most studied variables, specifically demographics. However, there is little research exploring relationships with self-reported variables that contribute to MCC and observer comparison. Like Hays (2020), this gap highlights the need to move beyond self-report and gather observer and client data to measure the assessment of actual competence. Counselor educators can infuse the practice and observation of multicultural skills into core curriculum by operationalizing the MSJCC model and incorporating the multicultural orientation framework (MCO) into training programs. By providing trainees with tools like the MCO model, which covers cultural humility, cultural comfort, and cultural opportunity, we are providing supervisors and researchers with observable behaviors to measure multicultural competence.

Regarding measurement, most studies relied on convenience sampling. Only two studies attempted to examine the relationship between counseling outcomes and MCC, and there were no measures of client perception of the counselor's MCC; instead, scholars used mock counseling sessions. Additionally, most studies relied on analogue or correlation design. Measurement is key to moving the profession forward, and incorporating more methodological rigor within the multicultural literature and client outcome research is an essential first step, including the use of client data, longitudinal design, and more rigorous sampling methodology (Fleuridas & Krafcik, 2019; Hays, 2020; Worthington et al., 2007). One way to gather additional data is to assess the Kruger and Dunning (1999) effect on MSJCC and counselor trainees in counselor education programs. The Kruger and Dunning effect states that less experienced individuals tend to overestimate their ability, and advanced/experienced individuals more accurately assess their skill level over time (Luke et al., 2017).

Accuracy of self-report is essential because multicultural competence impacts therapeutic relationships, trust, and the scope of practice (Crockett & Hays, 2015).

Conclusion

We hope this article serves as a call to counselor education to further investigate multicultural competence and move beyond the reliance on self-report. By focusing on process/outcome studies and client data, scholars can help bridge the theory–research gap in MSJCC literature and further strengthen and validate their efforts to assess multicultural skills (Fleuridas & Krafcik, 2019; Hays, 2020). In addition, these important bodies of work can continue to progress counselor education and inform better teaching practices, skill development, and therapeutic outcomes.

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