

Promoting moral reasoning and multicultural competence during internship

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This paper reports a study designed to increase the moral reasoning and multicultural competence of White students in a counselling internship. An intervention was conducted to determine the effectiveness of using a deliberate psychological education (DPE) approach that incorporated issues of cultural competence, oppression and diversity. This study attempted to discern if the DPE model could make a difference in the promotion of moral reasoning and multicultural competence of counsellor interns. The Intervention Group showed significant gains compared to Comparison Group 1 and 2 in moral reasoning as measured by the Defining Issues Test-2, as well as significant gains on the Knowledge subscale of the Multicultural Counseling Knowledge and Awareness Scale.

Introduction

In the USA, the majority of master's level counselling students continue to be White (Hill, 2003) while projected demographic trends show that ethnic minorities are expected to constitute half of the US population by 2050 (US Bureau of the Census, 2000). Research findings suggest that members of the White majority group are both less knowledgeable about multicultural issues and less multiculturally aware than minority group members (Yeh & Arora, 2003). In response to the potential impact of increased diversity on the counselling profession, Sue and colleagues (1992) constructed 31 multicultural counselling competencies (MCCs) to introduce counsellors to more effective ways to serve ethnic minorities. These competencies were designed to ensure counsellors' ability to attend to cultural factors in clients' lives and in the counselling relationship (Fuertes *et al.*, 2001). Sue *et al.* (1992), in the MCC standards, argued that counsellors should be self-aware, examine their beliefs and attitudes regarding other cultures, understand how various forms of oppression influence counselling and use culturally appropriate assessments and interventions.

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During their master's program, counselling students complete a year-long field placement (internship), which is designed to be the cornerstone experience, moving them from a theoretical to professional stance. Researchers (e.g. Sue *et al.*, 1992; Sadowsky, 1996; Arredondo, 1998) have suggested that counsellor education fails to adequately address the relationship between race, culture and counselling. Since the internship plays a critical role in assisting students to integrate awareness and knowledge into practice as they develop into professionals, it is arguably the ideal environment to infuse counsellor development with a thoughtful and intentional focus on multicultural competence. Barber (1963, cited in Rest & Narvaez, 1994) described a professional as one who is in a line of work having a high degree of generalised, systematic knowledge, is oriented to community interest rather than self-interest and who has a high degree of self-control and self-monitoring of his or her behaviour with that behaviour being regulated by a professional code of ethics. Rest and Narvaez (1994) have used the term 'professional' to refer to those with special expertise in the work setting 'in which there is some discretion for action involving moral judgment' (p. xi).

Arredondo & Arciniega (2001) have urged counselling programs to reframe themselves into learning organisations that respond to environmental changes by challenging and changing existing norms. A learning organisation is characterised as one that develops the ability to question, challenge and change operating norms and assumptions. Given the fact that the US population is becoming more diverse culturally, ethnically and racially, counsellor education programs are ethically bound to prepare their students for the populations they will serve (USA Bureau of the Census, 2000; American Counseling Association [ACA], 2005). The ACA's (2005) Code of Ethics states: 'Counselors gain knowledge, personal awareness, sensitivity and skills pertinent to working with a diverse client population' (p. 9, Section C.2.a.).

The internship year provides counsellor educators with the opportunity to assist future counselling professionals in a pivotal stage of development. Research indicates that higher levels of psychological maturity in adults predict desirable counselling behaviour, such as higher levels of empathy and a greater capacity to comprehend and match the needs of clients (Holloway & Wolleat, 1980; Holloway & Wampold, 1986). Culturally competent counsellors are defined as those who have self-awareness of values and biases, understand client worldviews and intervene in a culturally appropriate manner (Sue & Sue, 2003). Despite this ideal, trainees have reported the desire for more in-service instruction, a multicultural resource centre, increased leadership and support for multicultural issues, additional bilingual faculty members and consistent and continual MCC assessment (Fuentes *et al.*, 2001). Additionally, counsellor trainees reported feelings of defensiveness and guilt and insufficient time for processing readings and classroom discussions, when multicultural issues were addressed (Brendel *et al.*, 2002). Therefore, a fresh perspective is needed that incorporates the recognition of an increasingly diverse society with the need for counsellor education programs to prepare interns for the challenges they will face. It has been noted, for example, that the unexamined cultural assumptions

of White counsellors might cause them to view the behaviour and values of other cultural groups as deviant rather than simply different from their own (Sue & Sue, 2003). This intervention presents a Deliberate Psychological Education model (DPE: Mosher & Sprinthall, 1971; Sprinthall, 1994) that was infused with an intentional focus on multicultural competence as related to the development of students' conceptions of fairness in social practices and critical moral reflection regarding existing social norms and systems. The DPE was designed to allow interns to experience an environment that, while challenging, allowed for adequate support and reflection as they navigated new roles.

The DPE relies on the cognitive-developmental theories that study the processes and nature of several related domains of development. These interpersonal, dynamic theories also focus on the developmental transformations that occur as humans may sequentially pass through the stages of the domain under consideration (Rest, 1988; Day, 1991; Rest & Narvaez, 1994). For example, Mosher and Sprinthall (1971) suggested that two conditions are needed to provoke growth. The first involves creating or experiencing cognitive conflict or dissonance. The second entails a process referred to as scaffolding or mismatching. This involves assisting trainees to engage in a mode of thought one stage above their present level. In the present study, because of the ethical considerations mentioned previously, moral development was the outcome variable related to this construct. These transformations enable individuals to adapt more flexibly to complex life circumstances by understanding the self, others and the environment from more advanced conceptual frameworks that incorporate increased depth and a multiplicity of perspective-taking (Hunt, 1975; Sprinthall, 1994). One of the ways in which the DPE model stimulates growth is to offer opportunities to consider decisions about situations that give rise to contradictions (e.g. moral dilemmas).

Cognitive growth occurs as individuals interact with their environment, thus allowing movement from one stage to the next (Hunt, 1975; Paisley, 1990). Growth, however, is thought to be domain specific and modal. For example, individuals are described on a continuum of increasing moral development, self-awareness and independence (Kohlberg, 1975; Kegan, 1982). Individuals at lower cognitive developmental levels tend to be more impulsive, rigid and concrete in their thinking (Sprinthall, 1989). A significant body of research supports the claim that higher stages of cognitive development provide better tools for decision making (Miller, 1981; Duckett & Ryden, 1999). Higher levels are thought to be related to greater empathetic communication, more autonomy, more flexibility and, thus, better problem solving when working with diverse individuals (Foster & McAdams, 1998).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) lists multicultural competence as a core of counsellor preparation, but does not yet mandate specific teaching modalities, nor specific lesson content (CACREP, 2001). Knowledge of diverse cultures, including information about beliefs, customs and history, is central to counsellor preparation and to all helping professions (Hill, 2003). Self-awareness, including exploring one's own culture, values, beliefs and biases is also critical to counsellor training (Arredondo &

Arciniega, 2001). Individuals who train counsellors and other helping professionals must meet the twin challenges of providing conditions suitable for psychological growth while infusing issues of cultural competence into the curriculum. This research study describes one such effort using cognitive developmental theory as its conceptual framework.

Cognitive developmental theory

Cognitive developmental theory (CDT) is a philosophy of human growth and development focused on the cognitive processes that affect behaviour over the lifespan. Much research has been conducted on cognitive development and its relationship to counselling efficacy over the past 40 years (Griffin *et al.*, in press). Even in 1967, Ware and Harvey found that counsellors with higher levels of cognitive complexity were better able to avoid stereotyping and were not as biased in clinical judgement in relation to variables such as age, race and sex. Additionally, levels of high complexity have been linked with the ability to appropriately empathise with clients from different cultures (Chung & Bemak, 2002; Granello, 2002; Frame & Williams, 2005) and higher stages of moral development have been linked to increases in empathy (Rest, 1988; Lyons & Hazler, 2002).

Moral development. Kohlberg's (1975) theory of moral development described a hierarchical movement from heteronomy to autonomy in justice reasoning based upon a Rawlsian philosophy. A framework of progressive elaboration of reasoning about socio-moral dilemmas was organised into sequential stages of justice operations, each representing more complex cognitive structures. Originally, Kohlberg assumed that his stage theory was pertinent to all sorts of moral dilemmas; later, he revised his position, limiting his theory to what has been termed macro-morality (Rest *et al.*, 1999), representing a concern with the formal structures of society such as laws, rules, institutions and policies regarding rights and responsibilities of a cooperative community. The developmental stage theory further posited a structured wholeness in reasoning, asserting that most individuals invoke a modal stage response to solving ethical dilemmas, augmented by a limited application of stage adjacent reasoning, using a sort of staircase metaphor of upward movement.

The Neo-Kohlbergian approach, evolving out of research on the Defining Issues Test (DIT) conceptualises growth in schemas that occur in overlapping stages, as opposed to hard stage growth (Rest *et al.*, 1999). Schemas are general knowledge structures residing in long-term memory and are formed as people recognise similarities in stimuli. The function of schemas guide attention to new information and provide pathways for additional learning and integration of new information. This model posits that people have multiple ways of reasoning about problems, suggesting that moral reasoning is only one component of moral functioning. The Four Component Model suggests that 'moral reasoning is the result of at least four component processes: moral sensitivity, moral judgments, moral motivation and moral character' (Thoma, 2006, p. 72). Rest and Narvaez (1994) asserted that the

process of moral development must involve an engagement of cognitive-affective interaction.

Researchers have investigated the manner in which transitions in moral reasoning occur and how these changes may affect behaviour (Derryberry & Thoma, 2002; Cummings, Harlow & Maddux, 2007). During challenging periods of growth, such as the internship, as individuals are confronted with new stimuli that may not fit existing schema, periods of consolidation and transition occur. Thoma and Rest (1999) observed that consolidation and transitional periods affect the degree to which individuals refer to and rely on Kohlberg's stages. Blum (2002) found that Whites at higher levels of moral development are better able to recognise and take responsibility for White privilege and respond to the disadvantaged with empathy.

The evolution of effective interventions for nurturing counsellor growth and development during preparation is detailed in the research literature on cognitive development, supervision and counsellor development (Blocher, 1983; Stoltenberg & Delworth, 1987; Bernard & Goodyear, 1998). Despite this evolution, there is a paucity of research that specifically addresses the need for higher levels of cognitive development of interns who must navigate the complexity of a diverse society while exhibiting cultural competence in clinical practice. An example of cultural competence in practice is counsellors' ability to recognise how dominant culture perspectives can lead to pathologising some behaviour that is in fact normative for other cultural groups (Sue & Sue, 2003).

Given the assertion that higher levels of cognitive development appear to align with enhanced counsellor abilities, disposition and skills, 'research has revealed the ineffectiveness of traditional skills-based models of instruction and supervision for various professional disciplines at promoting growth in developmental domains' (Foster & McAdams, 1998, p.8). However, the DPE has been successful in promoting desired developmental growth in numerous studies with various populations (e.g. preservice teachers, school counsellors, supervising teachers) (Brendel *et al.*, 2002). Specifically, the use of cognitive developmental theory with DPE conditions in supervision has enhanced the cognitive development of supervisees (Foster & McAdams, 1998; Sprinthall *et al.*, 2000).

Reiman and Peace (2002) described five fundamental components of the DPE, all of which were utilised in this study:

1. New role taking. When interns undertake complex new human-helping roles, the role taking (action) precedes and shapes the intellectual consciousness that grows out of it.
2. Guided reflection. Also termed integrated inquiry, this includes both analysis and reflection. Carefully planned activities that encourage self-analysis of performance, integration of readings to provide rationale and theoretical understanding, ongoing discussion and journaling. These analysis and reflection activities are guided by a more capable other (the internship supervisor).
3. Balance between action and reflection. Action (new role taking) and inquiry must remain in balance such that the helping activity (counselling) is sequenced with adequate guided reflection each week. Too great a time lag between action

and reflection, or too little opportunity for reflection, appears to halt the growth process.

4. Continuity. The complex goal of fostering integrating learning, including interpersonal, conceptual and moral development, requires a continuous interplay between action, self-analysis of performance and reflection. Typically, at least six months are needed for psychological growth to occur.
5. Support and challenge. Providing a 'zone of proximal growth', as conceptualized by Vygotsky (1978, p. 55), support (encouragement) and challenge (prompting the learner to accommodate new learning) are necessary for integrated learning. Disequilibrium is necessary for growth, but should not be overwhelming.

Additionally, in order to promote transition to higher stages, individuals must have life experiences that are structurally disequilibrating, personally salient, emotionally engaging and interpersonal. This intervention attempted to integrate all of these essential ingredients.

The purpose of this study was to integrate a cognitive-developmental approach with a counselling internship to promote the moral (principled) reasoning and multicultural competence of graduate counselling students. More cognitively complex interns may be better able to apply the multicultural knowledge, awareness and skills needed when working with clients from different cultures (Abreu, Chung & Atkinson, 2000; Adams & Zhou-McGovern, 1993). This exploratory study examined the effect of DPE intervention on levels of moral reasoning and perceived multicultural competence of White master's-level counselling students during their internship. Specifically, there were two research hypotheses in this study: (1) the Intervention Group will show significantly higher post-test levels of moral judgement development than Comparison Group 1 and 2 as measured by the DIT-2 (P and N2 score); and (2) the Intervention Group will show significantly higher post-test scores than Comparison Group 1 and 2 on the MCKAS (Knowledge and Awareness subscales).

Methods

Participants

The sample was drawn from the accessible population of graduate-level counselling interns who were enrolled in three CACREP accredited courses titled Supervised Internship in Community Counseling. The Intervention Group was comprised of interns at a suburban university, while Comparison Group 1 and 2 were comprised, respectively, of interns at an urban university and at a rural university. All three universities were small and were located in the same mid-Atlantic state. All three groups met once a week for two-and-a-half hours, over two 15-week semesters. The researcher obtained a sample size of 30, which represented only White participants. Participants ranged in age from 24–55 years and the mean age was 31.7 years. The sample was 80% female ($n=25$) and 20% male ($n=5$), with two males in each

comparison group and one male in the Intervention Group. At the time of the study, 60% of participants ($n=18$) had not previously taken a multicultural counselling course, while 40% ($n=12$) of participants had taken one multicultural counselling course. This ratio of students who had not taken a multicultural course to those who had (60:40%), was evenly reflected throughout each of the three groups in the study, therefore minimising the likelihood that this experience may have confounded the study results.

Procedure and instrument

Informed consent, a demographic form, the Defining Issues Test-2 (DIT2: Center for the Study of Ethical Development, 2004) and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS: Ponterotto *et al.*, 2002) were administered to all interns. Participants were pre-tested on all measures during the first class in August 2004, with a post-test on all measures in April 2005. The DIT2, a new and improved version of the DIT, consists of five contemporary moral dilemmas and is scored in the same manner as the original DIT. Participants are presented with five moral dilemmas and are asked to rate the importance of each of 12 different items according to its value used in making a decision about the dilemma presented by using a 5-point Likert scale ranging from 'no importance' to 'great importance'. Participants are then asked to rank order the four items that they consider most important in making their decision. By rating and ranking as highly important the arguments that best fit their preferred schemas for making moral judgements, participants demonstrate the level at which they most readily make moral decisions. The presumption of the test is that the underlying structure of moral judgement assessed by the DIT2 consists of three developmental schemas: personal interest, maintaining norms and post-conventional (Rest *et al.*, 1999).

The Principled Reasoning score (P score) is the most commonly used assessment of moral judgement development on the DIT2. This score, usually expressed as a percentage, may range from 0–95. Bebeau *et al.* (2003) generated norms for the DIT2 from an analysis of 10,870 completed tests and reported a mean P score of 41.1 (SD=15.77) for respondents who had either attained or were working on a master's degree. The P score describes the percentage of principled reasoning (e.g. post-conventional morality) being utilised by participants. The DIT2 uses a P score as well as an N2 index, to provide checks, with the former considered to be the most valid single score (Bebeau & Thoma, 2003). According to Bebeau and Thoma, the P score and N2 score are highly correlated with each other ($r=.81$).

The DIT2 is a reliable replication of the original DIT, which has well-documented reliability and validity and is frequently used in developmental research (Rest, 1988; Bebeau & Thoma, 2003). Test-retest reliabilities of the DIT2 have ranged from .70 to .80 and above over periods ranging from a few weeks to a few months. Evidence of concurrent validity has been demonstrated in obtaining correlations from .60 to .70 between DIT2 scores and both desirable professional decision making and

pro-social behaviour (Rest *et al.*, 1999; Center for the Study of Ethical Development, 2004).

The MCKAS and its precursor, the Multicultural Counseling Awareness Scale (MCAS: Ponterotto *et al.*, 1996), share the Multicultural Counseling Competencies (Sue, Arredondo & McDavis, 1992) as their conceptual base. The MCKAS measures general knowledge regarding multicultural counselling competence and subtle Eurocentric worldview bias. The MCKAS consists of two subscales, Knowledge and Awareness. The Knowledge subscale measures general knowledge related to multicultural counselling (e.g. 'I am aware of the differential effects of non-verbal communication [e.g. personal space, eye contact, handshakes] on different ethnic cultures.'). The Awareness subscale measures subtle Eurocentric worldview bias, assessing counsellors' attitudes and beliefs about working with diverse clients (e.g. 'I think clients who do not discuss intimate aspects of their lives are being resistant and defensive.'). Developed by Ponterotto and Alexander (1997), this instrument is a 32-item self-report multicultural counselling competency measure with a seven-point Likert scale (responses range from 'not at all true' to 'totally true'). The Knowledge subscale contains 20 items and the Awareness subscale contains 12 items. Constantine and Ladany (2000) found negative correlations between social desirability and the Awareness subscale and no positive correlations have been reported between either the Knowledge or the Awareness subscales and general measures of social desirability. Ponterotto *et al.* (2002) reported alphas as .90 for the Knowledge subscale and .80 for the Awareness subscale.

Content validity of the MCKAS was established through multicultural expert ratings of item clarity and domain appropriateness, independent card-sort procedures and the use of a graduate student focus group (Ponterotto *et al.*, 1996). Convergent validity for the Knowledge subscale is indicated by its significant correlation with the Knowledge subscales of the Multicultural Counseling Inventory (MCI) and the Multicultural Awareness-Knowledge-Skills Survey (Pope-Davis & Dings, 1994; Sadowsky, 1996; Constantine & Ladany, 2000).

The coefficient alpha for the Knowledge subscale was in the .90s for six of seven samples and in the .70s–.80s for the Awareness subscale (Ponterotto *et al.*, 2002). For the total scale, Cronbach's alphas were in the range of .89–.93 (Ponterotto & Alexander, 1997). Subscale intercorrelations were reported to be low to moderate, with a .37 mean across studies, lending support for the argument that the subscales measure distinct constructs (Ponterotto *et al.*, 2002). Ponterotto and Potere (2003) found that test-retest reliability coefficients after 10 months were .70 for the Knowledge subscale and .73 for the Awareness subscale and the authors deemed these coefficients very satisfactory.

Description of the intervention

The course was taught by co-instructors, both White men. The lead instructor conducted a DPE intervention as part of his doctoral work and has 20 years experience in community counselling. The co-instructor has worked as a substance

abuse counsellor and as a crisis counsellor in the public mental health setting and has six years of counselling experience. The multicultural deliberate psychological education model was incorporated into the design and implementation of the course.

At the start of each group supervision session, the instructors led a 30–40 minute discussion of a relevant topic in the form of a scenario with a counselling dilemma that had been given to students in class the previous week. Students were expected to read the scenarios each week and to come to class prepared to discuss them. Before discussions began, the instructors reiterated that there were no right or wrong answers. The purpose of the exercise was to explore the dimensions of each dilemma. Students were encouraged to give reasons for their answers and not simply state their decisions about issues. An example of a dilemma is as follows: Joan works in a hospital as a counsellor and has been assigned a client from Cambodia whom the physician, a White male, has labeled ‘uncooperative’. Mekala has come in for prenatal care but will not let the doctor do an internal examination. She has also expressed a fear of needles and has indicated she will not allow any stitches after the birth. Joan’s task, according to the doctor, is to make the patient understand what is necessary for her to allow the hospital to do for a healthy delivery. What should Joan do next?

In this example, as many students as possible were given the opportunity to respond in order to determine that there were differing viewpoints regarding what Joan should do. Students were prompted to respond to each other, rather than to the instructors. After several minutes of discussion, sub-groups of students were chosen, with each student given a role to take (e.g. Joan, Mekala and physician). Students were instructed to use their own ideas about what they believed to be right, but to discuss them as their character would talk about them.

Dilemma discussions were designed to promote not only development of moral reasoning, but also growth in conceptual complexity as the dimensions of each issue were fully analysed. Additionally, students were challenged to examine their own assumptions and biases about the characters in the dilemmas, based on their particular identity as individuals from the dominant culture. Clinical case presentations were required to take into account and discuss any relevant cultural factors that may influence the counsellor/client relationship. These included both counsellor and client variables, but were not limited to issues of racism, power, privilege, gender, sexual orientation, disability, spirituality and religion.

Components of the DPE used in the intervention

Through group dilemma discussions, students actively engaged in reflection as they read and discussed ethical issues related to the dilemmas presented by the group leaders. They were also encouraged to share examples of ethical dilemmas they were facing at their internship sites (e.g. working with clients whose religious affiliations, sexual orientations or views on abortion differed from their own). The leaders verbally reflected on participants’ contributions by restating and reflectively

questioning so that understanding and acceptance of their perspectives was acknowledged (e.g. 'You feel conflicted, because while you believe that abortion is wrong, you know that ethically your client has a right to know all of her options.'). The intent of the dilemma discussions was to explore differences in counselling strategies, principled reasoning, racial attitudes and students' perceived multi-cultural counselling competence.

Interns were encouraged to explore how their values impacted their perspectives on the dilemmas posed to them (e.g. 'How does your Christian identity impact your work with a young man struggling with his sexual identity?'). As interns engaged in their roles as helpers in a real world context (the internship site) the intervention using the DPE format provided them with support (e.g. a place to process and construct meaning of their experience). As they struggled with the demands of incorporating knowledge and skills into real practice with clients, interns' experiences at their field sites provided the dissonance and disequilibrium that can lead to psychological growth.

Interns were required to keep weekly journals about their internship experience, about the dilemma discussions and about their experiences in the Internship Group. Each week, a specific journal topic was assigned, but students were encouraged to expand their responses as they saw fit to do (e.g. 'What has been the most challenging experience you have had with a client who comes from a different culture than you do?'). The supervisors read weekly entries and responded by providing written comments designed to evoke further considerations of their responses (e.g. 'You have written that you expect all of your clients to arrive on time for appointments, but what about clients who must rely on public transportation?'). There was a combination of support and challenge in these comments. Feedback and guided reflection provided the appropriate levels of support and challenge.

Balance between the real experience and reflection was maintained by the structure of the class itself, which provided interns with opportunities to reflect on experiences on a weekly basis during their internship. Continuity was achieved by administering the intervention for two consecutive semesters, a nine-month period. In addition to the role of counsellor intern, challenge was provided by field assignments in which interns actualised training goals in videotaped counselling sessions. Opportunities for sufficient support and feedback came through the frequency of journaling and individual and large group reflection on these sessions.

Results and data analysis

Because groups were not randomly selected, four separate analyses of variance (ANOVA) were conducted to determine if groups significantly differed on the pre-test measures for the DIT2 (P and N2 score) and MCKAS (Knowledge and Awareness subscales). No significant differences were found between the three groups on the P pre-test scores ($F[2, 28] = .186, p > .01$), N2 pre-test scores ($F[2, 28] = .434, p > .01$), MCKAS K scores ($F[2, 28] = 1.39, p > .01$) and MCKAS A scores ($F[2, 28] = 1.15, p > .01$). Table 1 presents a summary of scores on the dependent measures.

Table 1. Group means and standard deviations for dependent measures

Measurement	Intervention Group			Comparison Group 1			Comparison Group 2		
	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>
DIT-2 P pre	50.0	11.5	10	45.8	11.9	10	46.6	10.1	10
DIT-2 P post	59.8	10.1	10	49.2	10.7	10	45.2	10.8	10
DIT-2 N2 pre	49.8	10.8	10	44.3	10.3	10	44.7	12.2	10
DIT-2 N2 post	58.4	10.9	10	47.5	11.6	10	45.5	10.4	10
MCKAS K pre	102.7	9.67	10	94.0	10.6	10	93.7	10.6	10
MCKAS K post	113.5	8.23	10	108.4	9.0	10	98.2	7.8	10
MCKAS A pre	68.4	7.6	10	70.1	7.8	10	64.5	8.4	10
MCKAS A post	78.2	6.1	10	65.0	8.2	10	67.9	6.0	10

A 3×2 repeated measures multivariate analysis of variance (MANOVA) was used to determine differences between the Intervention Group, Comparison Group 1, and Comparison Group 2 on the dependent measures (DIT-2 and MCKAS). The MANOVA produced significant main effects for group ($F [3, 26] = 3.712, p < .05$; eta squared = .30). There was also a significant main effect for time ($F [3, 25] = 11.967, p < .05$; eta squared = .59). The MANOVA also produced a significant interaction for group by time ($[3, 26] = 3.155, p < .05$; eta squared = .27).

Review of hypotheses

The first hypothesis was that the Intervention Group would show significantly higher post-test levels of moral judgement development than the comparison groups as measured by the DIT2. A 3×2 repeated measures, analysis of variance (ANOVA) was used to determine the differences between the Intervention Group, Comparison Group 1, and Comparison Group 2 on the DIT2 post-test (P and N2 score). For the P score, the Intervention Group ($M = 59.8$) scored significantly higher than both Comparison Group 1 ($M = 49.2$) and Comparison Group 2 ($[M = 45.2]$, $F [2, 27] = 5.56, p < .05$). There was a significant main effect for time on the P score, but the effect size was small (eta squared = .15). There was also a significant group by time interaction ($F [2, 27] = 6.45, p < .05$). For the N2 score, the Intervention Group ($M = 58.4$) also scored significantly higher than both Comparison Group 1 ($M = 47.5$) and Comparison Group 2 ($[M = 45.5]$, $F [2, 27] = 5.77, p < .05$). There was a significant main effect for time on the N2 score, but again, the effect size was small (eta squared = .17).

The second research hypothesis was that the intervention group would show significantly higher post-test scores than the comparison groups on the MCKAS. A 3×2 repeated measures, analysis of variance (ANOVA) was used to determine the differences between the Intervention Group, Comparison Group 1 and Comparison Group 2 on the post-test MCKAS. For the Knowledge scale, the Intervention Group ($M = 113.5$) did not score significantly higher than Comparison Group 1

($M=108.4$) but did score significantly higher than Comparison Group 2 ($[M=98.2]$, $F [2, 27]=4.48$, $p<.05$). The effect size was moderate ($\eta^2=.25$). There was also a significant main effect for time ($F [2, 27]=10.37$, $p<.05$). The effect size was also moderate ($\eta^2=.27$). There was no significant group by time interaction. For the Awareness scale, the Intervention Group ($M=74.2$) did not score significantly higher than either Comparison Group 1 ($M=65.0$) or Comparison Group 2 ($M=67.9$). There were no significant group differences, time differences or time-by-group interactions found. These findings partially confirmed the second hypothesis. A reduction in power resulting from small sample size may have contributed to the lack of significant findings.

Discussion

The purpose of this study was to examine the impact of the DPE model on the moral development and perceived multicultural competence of master's level counsellor interns. Specifically, participants enrolled in the intervention group, which had the multiculturally infused DPE, were hypothesised to show significantly higher post-test scores on the instruments measuring moral development (DIT-2) and perceived multicultural competence (MCKAS). The results of this study did not confirm all of the research hypotheses, but the researcher observed some positive trends.

The failure of the results to indicate improvement on the MCKAS may reside in three arenas. First, since the MCKAS assesses respondents' perceptions of competence rather than their actual competence, scores may in fact be a reflection of one's ability to self-assess rather than an appraisal of the quality of one's multicultural counselling awareness, knowledge or skills. Specifically, Kagan and Tippins (1992) assessed the perceived teaching competence of 60 teacher trainees and found that those at higher levels of development held more rigorous standards for their teaching performance and thus gave more critical self-evaluations than did those at lower levels of development. White counsellor interns at higher levels of development may have been able to critique their abilities more accurately than those at lower levels of moral development when completing the MCKAS. They may have been better able to recognise their limitations and been more aware of areas for growth and improvement. As a result, those with lower N2-scores may have overestimated their competencies and those with higher N2-scores may have reported a more realistic assessment of their competencies, thus resulting in a difference in scores that was not significant.

Second, this intervention combined a core emphasis on clinical skill development with the dilemma discussion method traditionally employed with promoting justice reasoning in group contexts. However, this method may be less useful for students for whom clinical practice presents more personally salient and cognitively disruptive experiences. If students do not perceive the issues related to multicultural competence as central to the role of self, or if these students lack a self-directed central accountability for the tasks and challenges associated with multicultural competence, such as reducing bias, coping with shame and guilt and reconceptualising

clinical practices, then perhaps this education format of the DPE is insufficient to promote change.

Last, the DPE model is predicated upon a predominantly cognitive process. Innovations such as this intervention venture into less well-defined territory that relates to the junctures and distinctions of cultural identity and personal identity. Wren and Mendoza (2004) noted that 'the evolving organization of cultural knowledge indicates that people routinely invoke consistent cultural frames or schemas across very different life situations. Because these cultural frames play central roles in how people think, feel and behave, it is not surprising to discover that individuals are simply not prone to change them' (p. 256). Despite the effectiveness of this intervention in promoting moral reasoning, it may have lacked the strength and the supportive contexts for facilitating shifts in schemas related to culture, race and identity, at least as measured by the MCKAS.

Factors in the research design and methodology may have also influenced the findings, including the small size and homogeneous nature of the three groups, the limited duration of the study, the experimental manipulation process and the measurement instruments. Observation ratings, for example of multicultural competence, could contribute to a measurement of actual skills in multicultural practice acquired throughout the intervention. Also, future studies should investigate whether developmental gains are directly related to enhanced counselling skills with diverse populations.

Nonetheless, this study adds to the ongoing examination of how counsellor education programs infuse issues of diversity, power, race and privilege into the CACREP-guided curriculum. Although this study did not produce evidence that a DPE intervention was more effective than a standard internship at producing psychological growth on all of the dependent measures, it did produce some encouraging trends that may be useful to future researchers. Interventions such as the one described have the potential to effectively produce thoughtful counsellors who are prepared to work in a complex, rapidly-changing environment. One way to strengthen this intervention would have been to place more emphasis on macro-morality as it relates to issues of micro-morality in the counselling process. Exploring the personal frames of reference and engaging students in more central and direct activities and opportunities for relaxed reflection specific to these frames of reference may be necessary to promote multicultural competence. As a result, interns might then have made a stronger connection between the importance of developing a therapeutic alliance with diverse clients, working through their own biases and the larger issues related to social justice.

Counsellor educators have a responsibility to be at the vanguard of training modalities when it comes to the important task of preparing competent practitioners and are encouraged to make explicit the ways in which they incorporate the multicultural counselling competencies into the training process. In this way, educational outcomes will move beyond simple knowledge and awareness of cultural diversity towards the ultimate goal of improving skills for working with diverse clients.

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