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An exploration of the relationship between school counselors' moral development, multicultural counseling competency, and their participation in clinical supervision

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William & Mary - School of Education

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AN EXPLORATION OF THE RELATIONSHIP BETWEEN SCHOOL COUNSELORS’ MORAL DEVELOPMENT, MULTICULTURAL COUNSELING COMPETENCY, AND THEIR PARTICIPATION IN CLINICAL SUPERVISION

A Dissertation
presented to
The Faculty of the School of Education
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Charles F. Gressard, Ph.D., Advisor

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

By
Timothy J. P. Grothaus
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AN EXPLORATION OF THE RELATIONSHIP BETWEEN SCHOOL COUNSELORS’ MORAL DEVELOPMENT, MULTICULTURAL COUNSELING COMPETENCY, AND THEIR PARTICIPATION IN CLINICAL SUPERVISION

By

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Abstract

The purpose of this study was to investigate the relationship between school counselors' moral development level, their self-perceived multicultural counseling competence level and their level of participation in clinical supervision. The professional literature suggests that school counselors are facing enhanced job complexity and demands in increasingly diverse school communities. The literature also suggests that school counselors' skills and performance are more likely to decline than improve over the years. In addition, there is a dearth of research concerning the professional development of school counselors. Given the support in the literature regarding the benefits of participation in clinical supervision, the theoretical frameworks of moral development and multicultural counseling were utilized to examine the provision of clinical supervision as a means of assisting school counselors in meeting these complex challenges and opportunities.

The findings did not support the hypotheses for this study. The relationship between participation in clinical supervision and enhanced moral development and increased levels of multicultural counseling competence was not statistically significant. Also, no statistically significant relationship was discovered between the instruments employed to measure moral development (Defining Issues Test, Short Version) and self-perceived multicultural counseling competency (Multicultural Counseling Knowledge and Awareness Scale). Implications of the findings and suggestions for further research were discussed.
Chapter One

Introduction

Overview

The purpose of this study is to investigate the relationship between school counselors' moral development level, their self-perceived multicultural counseling competence level and their level of participation in clinical supervision. This chapter will give a brief historical overview of the school counseling profession, review the current demands on school counselors, and examine the increasing cultural diversity in U.S. schools. Given the demands and enhanced diversity, the theoretical frameworks of moral development and multicultural counseling will be utilized to examine the provision of clinical supervision as a means of assisting school counselors in meeting these complex challenges. A delineation of the research hypotheses, definition of terms, and discussion of research methods concludes the chapter.

Introduction

Since the inception of the profession more than a century ago, school counselors' roles and functions have been responsive to the influential social, political, and economic concerns of the times (Baker, 2000; Davis, 2005; Paisley & Borders, 1995). In its nascence, pioneers in the field engaged in vocational guidance and character education with adolescents. In the years following these early efforts, the advent of large group psychometric testing during the First
World War was accompanied by a shift in school counselor duties to accommodate this development. The decades following the war witnessed school counselors adding numerous administrative duties, such as discipline and attendance concerns, to their job descriptions. Subsequently, Carl Roger's popularity in the 1940s and 1950s led many school counselors to emphasize individual person-centered counseling as a key aspect of their role.

In 1957, the Soviet satellite Sputnik "launched" a new round of cold war competition with the USSR. Part of the US response was the passage of the National Defense Education Act in 1958. This featured an influx of federal funds to train school counselors to identify academically talented students and guide them into strategically beneficial areas of study. The recognition that this narrow focus left many pertinent needs unserved spurred a call for more comprehensive and developmentally oriented school counseling programs in the late 1960's (Hayes & Lewis, 2002; Lapan, Gysbers, & Sun, 1997). This movement has gained momentum in subsequent years. The 1990's began with the American Association of Counseling and Development's call for counselors to be multiculturally competent (Baker, 2000). Currently, the new National Model for School Counseling (American School Counseling Association, 2003) extends the comprehensive developmental model to include: educational leadership, advocacy, collaboration, and systemic change. With these recent developments, the school counseling profession is poised to define itself (as opposed to being reactive to external influences) and to enhance its image within and outside of
the educational arena (Lapan, 2001; Paisley & McMahon, 2001). Accomplishing this will be quite difficult due to the challenging current climate for school counselors.

Statement of the Problem

"The demands and expectations placed on counselors continue to grow in complexity and degree" (Sprinthall, Peace, & Kennington, 2000, p. 23). While the aforementioned authors were referring to the counseling field as a whole, the literature is replete with similar statements regarding the job demands of school counselors (Crutchfield & Borders, 1997; Dahir & Stone, 2003; Paisley & McMahon, 2001; Myrick, 1997; Peace, 1995; Shechtman & Wirzberger, 1999). One source of concern for counselors who strive to leave no child behind and ensure equal access to counseling services is their caseload. While the American School Counseling Association (ASCA) recommends a counselor to student ratio no greater than 1:250, the actual average in U.S. public schools is 1:513, more than double the prescribed ratio (Erford, 2003).

The size of the caseload is not its only difficulty; the young people on those caseloads face complex challenges (Kraus, 1996; Paisley & Peace, 1996). School counselors are confronted with students' poverty (which disproportionately affects children of non-White European American cultures) and homelessness (Herring, 1997; Myrick, 1997). Additionally, school counselors deal with students' child abuse, severe depression and suicidal ideation, pregnancy, substance abuse, school violence, and other acute and chronic counseling needs.
(Herlihy, Gray, & McCollum, 2002; Paisley & McMahon, 2001). Pollack (1998) cites Dr. C. Wayne Sells from the Department of Pediatrics at the University of California: "The major causes of mortality and morbidity among teenagers have shifted from infectious to behavioral etiologies" (p. 341).

These serious issues supplement the more traditional demands on school counselors that include students' academic learning difficulties, personal identity issues, and peer and family relationships (Gysbers and Henderson, 2001). Augmenting these concerns is the widespread practice of administrators assigning counselors noncounseling-related tasks (e.g. scheduling, hall or bus monitoring, administering student records, coordinating a broad range of testing programs) that decrease time available for the aforementioned student concerns (Erford, 2003). In addition, tensions between school counselors and a small but vocal contingent of parents have been added to the mix in recent years (Kaplan, 1996; Miller, 1995). This has been associated at times with restrictions placed on school counselors by state and local legislatures and/or school boards (Erford, 2003).

Adding to the aforementioned duties are the increased accountability demands associated with the reform movement that has ushered in high stakes testing (Dahir & Stone, 2003; Paisley, 2001). Meanwhile, the school counselor is expected to build and maintain a comprehensive developmental school counseling program that is balanced between proactive prevention efforts and interventions aimed at existing needs (Baker, 2000) while striving to eliminate
the achievement gap that exists along racial and socio-economic lines in today’s schools (Dahir & Stone, 2003; Lapan, 2001). School counselors are also charged with implementing the new National Model (American School Counseling Association, 2003). This extends the comprehensive developmental model to include leadership, advocacy, collaboration, and systemic change within the school and community.

Another significant factor contributing to the enhanced complexity of the professional school counselor’s job is the increasing racial and ethnic diversity of the school-age population. Those now considered racial and ethnic minorities could constitute the majority of the school student census nationwide as early as the year 2020 (Constantine & Yeh, 2001; Holcomb-McCoy, 2001; Lee, 1995). In fact, many of the urban school districts (e.g. New York, Los Angeles, Chicago, Washington, DC) already experience a majority census of non-White, European-American students (Holcomb-McCoy, 2001). At this time, the vast majority of school counselors in the U.S. are White European-American (Herring, 1997; Milliken & Grothaus, 2003). Research findings suggest that members of this majority group are both less knowledgeable about multicultural issues and less multicultural aware than minority group members (Yeh & Aurora, 2003). This scenario suggests the potential for ethical dilemmas inherent in the possibly conflicting demands on school counselors to serve all of the students yet to refrain from practicing in areas where training or competency is lacking (Arredondo, 1998; Hobson & Kanitz, 1996; Paisley & McMahon, 2001; Wehrly,
1995). Counselors “will be pressed to develop a host of new competencies that will enable them to work effectively with people from various cultural backgrounds” (Daniels & D’Andrea, 1996, p. 167).

Adding to the challenges outlined above is the current lack of clarity regarding school counseling program definitions, school counselor roles, and counseling program goals (Baker, 2000; Erford, 2003; Gysbers & Henderson, 2001; Herlihy, et al., 2002; Matthes, 1992; Peace, 1995). Paisley & Borders (1995) assert “the school counselor’s role continues to be either explicitly or implicitly defined (if not dictated) by a number of sources, few of whom have any background or experience in school counseling and who often provide somewhat contradictory direction” (p. 151). This arrangement contributes significantly to the confusion regarding appropriate focus for school counseling programs. This confusion may be crucial in determining school counseling program success. There appears to be a positive relationship between successful school counseling programs and school counselors and administrators having a clear understanding about the goals of the school counseling program. This condition was generally lacking in failing programs (Sutton & Fall, 1995). In addition, two statewide studies suggest that schools with more fully implemented comprehensive developmental school counseling programs are associated with several positive student outcomes: higher grades, enhanced feelings of safety and belonging, better relationships with teachers, and belief that education was relevant and important to their future (Lapan, Gysbers, & Petroski, 2001; Lapan,
Gysbers, & Sun, 1997). Even with the relative success of the comprehensive developmental programs, many of these programs do not adequately deal with multicultural issues (Lapan, 2001; Sink & MacDonald, 1998). With the demographic changes toward increasing diversity highlighted above, developing cultural competency in students is a desirable outcome that merits more attention (Edgar, Patton, & Day-Vines, 2002).

There are some indications that school counselors' skills and performance are more likely to decline than improve over the years (Crutchfield & Borders, 1997; Kraus, 1996; Peace, 1995: Wiggins, 1993). Given the complexities of building and managing an effective comprehensive developmental school counseling program, the challenges and opportunities inherent in the increasing diversity of school populations, and the serious difficulties faced by many students today; which qualities, skills and characteristics are needed for school counselors to successfully discharge these responsibilities? Which professional development opportunities might assist school counselors to enhance their skills in order to meet the numerous demands of a diverse school community?

Need for the study

Acknowledging the complex challenges and concerns described above, it is interesting to note that there has been little focus on professional development for professional school counselors in educational policy or in the professional literature (Borders & Schmidt, 1992; Brott & Myers, 1999; Erford, 2003; Paisley & McMahon, 2001). It would appear to be worthwhile to examine possible
vehicles to assist in the professional development of school counselors. One possibility is the utilization of in-service training programs. Unfortunately, it appears that these are insufficient as the sole means of assistance (Brown, 1989; Paisley & McMahon, 2001). An analogous meta-analytic review of more than 200 studies of teacher training conducted in 1995 by Joyce & Showers found that effect sizes averaged zero without continued supervision (cited in Peace & Sprinthall, 1998).

The aforementioned meta-analysis appears to highlight supervision as a possible means of assisting professional development. Indeed, the potential benefits of participating in clinical supervision include the alleviation of job related stress and burnout as well as enhanced: counseling skills, professional identity, clarity in role definition, support, confidence, accountability, cognitive developmental level, multicultural counseling competency, and services to the school community (Baker & Gerler, 2001; Constantine, 1997; Kraus, 1996; Martinez & Holloway, 1997; McMahon & Patton, 2000; Paisley & McMahon, 2001; Wiley & Ray, 1986). In contrast with these benefits is the possibility of eroded skills, increased stress, stagnated cognitive developmental levels, and enhanced susceptibility to legal and/or ethical misconduct associated with the failure to participate in clinical supervision (Crutchfield & Borders, 1997; Crutchfield, Price, McGarity, Pennington, Richardson, & Tsolis, 1997; Kraus, 1996; Peace, 1995: Wiggins, 1993; Wiley & Ray, 1986). Adding to this concern is the suggestion by Remley (2002) that "school counselors, to a greater degree than counselors who
practice in other settings, are continually challenged with legal and ethical problems” (p. 1). One can legitimately wonder why the practice of clinical supervision for school counselors is not more pervasive.

Despite concern dating back to the 1920's (Magnuson, Norem, & Bradley, 2001) about the lack of appropriate school counselor supervision, this important topic received scant attention (and less research) until the 90's (Borders & Schmidt, 1992). A survey of Nationally Certified Counselors (NCCs) found that school counselors were less likely to participate in clinical supervision than other counselors (Borders and Usher, 1992). Research has been conducted on the number of school counselors desiring (63-79%) and actually receiving (20-37%) clinical supervision (Roberts & Borders, 1994; Page, Pietrzak, & Sutton, 2001; Sutton & Page, 1994). In each of the three studies, the number of school counselors desiring clinical supervision was more than twice the number of those actually participating in supervision.

Clinical supervision for school counselors is still not universally acknowledged or endorsed (e.g. a survey of recently published school counseling textbooks revealed that only two of the five texts discussed clinical supervision for post-graduate school counselors; neither of the two school supervision textbooks examined featured a section covering supervision of school counselors; the new National Model for School Counseling Programs emphasizes the need for professional development but does not mention clinical supervision). Yet an increasing body of literature supports the call for clinical supervision for school
counselors (Borders and Schmidt, 1992; Crutchfield & Borders, 1997; Gysbers & Henderson, 2000; Herlihy, et al., 2002; Page, Pietrzak, & Sutton, 2001; Diambra, 1997; Paisley & Borders, 1995; Paisley & McMahon, 2001; Peace, 1995; Schmidt, 1996). In addition, the application for the Nationally Certified School Counselor (NCSC) credential requires documentation of participation in clinical supervision.

Some current models of clinical supervision with school counselors failed to register significant gains on post-supervision measures (other than indicators that participating counselors valued the experience). This may be due to the lack of continuity or infrequency of supervisory sessions (Agnew, Vaught, Getz, & Fortune, 2000; Crutchfield & Borders, 1997; Paisley & McMahon, 2001). On the other hand, a cognitive developmentally based model with consistent weekly sessions found significant, positive gain in the moral development of school counselors (Peace, 1995; Peace & Sprinthall, 1998). In addition, "supervision has often been considered the place where the development of the competent multicultural practitioner could occur" (Martinez & Holloway, 1997, p. 329; see also Paisley & McMahon, 2001).

Given the aforementioned benefits of clinical supervision, the complexity of the school counselors' roles and functions, the increasing diversity in schools and communities as well as the potential impact school counseling programs may have on students, it seems vital to ascertain whether participating in clinical supervision is related to enhanced levels of desirable qualities or characteristics in school counselors.
Theoretical Rationale

Cognitive Developmental Theory.

In response to the challenging and complex circumstances alluded to above, Sprinthall, Peace, & Kennington (2000) issue a call to arms. "The need to develop in counselors higher levels of thinking, problem solving, and ethical actions is greater than ever" (p.24). Sprinthall et al., also posit that competent counselors work to promote justice and equality both within and beyond their place of employment (2000). The application of this assertion for school counselors is championed by Erford (2003). Cognitive developmental theory offers a lens to examine the levels of problem solving, thinking, and moral reasoning utilized by school counselors.

Cognitive developmental theory describes how humans use cognitive processes to make meaning from their experience. It emerged in the 1950s and 1960s as an alternative to the maturational and environmental views of development (Hayes, 1994). Kohlberg credits John Dewey with the genesis of a cognitive-developmental approach in education (1975b). Jean Piaget also contributed by laying the foundations for subsequent theories in this realm with his stages of cognitive development (Sprinthall, 1978). Piaget elucidated key concepts concerning the nature of developmental growth. He posited that people have organized patterns of mental operations that he labeled schemas. When presented with an environmental stimulus that does not fit one’s expectations or worldview, an individual’s desire to return to a state of cognitive equilibrium...
prompts a response. A person can choose to fit the new experience into existing schema (assimilation) or modify existing schema/create new schema (accommodation). The latter response poses potential for cognitive developmental growth.

Growth is not automatic then, it depends on the interaction between the person and their environment. Sprinthall, et al., (2000) delineate some of the assumptions behind the cognitive reorganization of experience that occurs with developmental growth. “Humans create meaning from experience- a cognitive process… these cognitive structures form into a stage of development. Cognitive stages form a hierarchical and invariant sequence of meaning making from the less complex to increasingly greater levels of complexity of thinking… (This) is a life long process” (pp. 5-6). These developmental stages differ qualitatively from each other. Individual’s thinking, behaviors, and approaches to problem solving manifest differently for different modal stage levels (Brendel, Foster, & Kohlbert, 2002; Peace, 1995; Sprinthall et al., 2000). These aspects of the various domains of cognitive development (e.g. Loevinger’s Ego Development, Perry’s Intellectual and Ethical Development, Hunt’s Conceptual Levels) have been documented by thousands of studies (Sprinthall, et al., 2000). Cognitive developmental theory (CDT) offers an empirically tested framework from which the development of school counselors can be examined (Peace, 1995; Peace & Sprinthall, 1998).

Numerous studies have supported the CDT premise that persons at higher levels of cognitive development are able to: utilize more complex moral
reasoning in problem solving situations, display greater adaptive behavior, deliver enhanced empathic communication with a greater variety of clients, act with increased autonomy, exhibit lower levels of prejudice, enjoy increased self-awareness, possess enhanced communication and information processing skills, and appreciate cultural diversity more than persons at lower CDT levels (Brendel, Kolbert, & Foster 2002; Crutchfield & Borders, 1997; Lambie, 2002; Sprinthall, et al. 2000). The qualities associated with higher levels of cognitive development, as delineated above, appear to be positively indicated for school counselors to successfully negotiate the complex roles in the diverse community that exists in many schools. Moving beyond a focus on periodic skills development to a focus which includes counselor development seems warranted (Lapan, 2001; McAdams, 2001).

Moral Development.

In Kohlberg’s conceptualization, moral development refers basically to thought processes (i.e., to judgment, reasoning, or decision-making) in situations where the person has conflicting responsibilities (Mosher and Sullivan, 1976). Kohlberg posited that moral reasoning develops in a hierarchical and invariant sequence of stages. The six stages of moral development include the obedience and punishment avoidance focus of Stage 1. A focus of Stage 2 moral reasoning is an instrumentalism in fulfilling one’s own need. Stages 3 and 4 are considered “conventional” (and modal for American adults as a group). In these stages, one progresses from a focus on conformity and seeking other’s approval to an
interest in maintaining the social order. The post conventional stages, 5 and 6, move from a law and order orientation to utilization of the concept of a social contract to guide cooperation within a culture or society that honors the rights and welfare of others. The evolution to level six involves a commitment to a “universal ethical principle orientation” oriented around justice, equality, and respect for rights and persons (Blatt & Kohlberg, 1975).

Numerous studies support the correlation of higher moral reasoning stages relationship with the enhanced positive qualities described above for counselors, teachers, counseling students, child care supervisors, police officers and others (e.g. Chang, 1994; Foster & McAdams, 1998; Morgan, Morgan, Foster, & Kohlbert, 2000; Peace, 1995; Reiman & Thies-Sprinthall, 1993; Sprinthall, 1994). Given the increasingly complex challenges facing school counselors and the beneficial nature of advancing in moral development as indicated above, it appears clear that higher stages of moral reasoning are better. It behooves us to investigate interventions related to growth in moral development for school counselors. As indicated previously, clinical supervision holds promise in this regard (Crutchfield & Borders, 1997; Peace, 1995; Peace & Sprinthall, 1998).

Multicultural Counseling Competencies.

It is argued that every counselor-client encounter is a multicultural interaction (Bernard & Goodyear, 1998; Fuertes & Gretchen, 2001; Pedersen, Draguns, Lonner, & Trimble, 2002; Sue, Carter, Casas, Fouad, Ivey, Jensen, LaFromboise, Manese, Ponterotto, & Vasquez-Nutall, 1998; Sue & Sue, 2003;
Vinson & Neimeyer, 2000) and that “all helping practice is based on a set of
cultural assumptions” (Ivey, 1993, p. 225; see also Wehrly, 1995). Given the
profound and pervasive influence of culture on both the counselor and the client
(Pedersen, Draguns, Lonner, & Trimble, 1996), it is evident that every school
counselor needs to be multiculturally competent (Fuertes & Gretchen, 2001;

Though relatively new to the counseling landscape (Jackson, 1995),
multicultural counseling theories and models are emerging as a vibrant and
diverse movement within the counseling field. Theorists and scholars in the
multicultural domain appear to endorse the notion that no single theory,
construct, or tradition could adequately represent the richness of the
multicultural field, nor will any individual theory be universally effective with
clients (Corey, 1996; Fuertes & Gretchen, 2001). Still, there does appear to be
considerable support for the notion that counselors may enhance their
competence and effectiveness by engaging in training and supervision that is
guided by multicultural theory (Constantine, 1997; D’Andrea & Daniels, 1997;
Fuertes & Gretchen, 2001; Martinez & Holloway, 1997).

Until the late 1980’s, research and theory or model building in
multicultural counseling was considered to be in its infancy. To wit, a review of
80 multicultural studies published in national journals in the late 1980’s found
only 28 that were “well grounded” in counseling or psychological theory
(Ponterotto & Casas, 1991). The 1990’s witnessed the evolution toward
maturation of this field due to a proliferation of research and theory development and testing as well as an abundance of multicultural literature (Ponterotto, Fuertes, & Chen, 2000). While some still decry the absence of lucid theoretical models for multicultural counseling (Fischer, Jome, & Atkinson, 1998), two recent literature reviews discussed sixteen theories or models of multicultural counseling (Fuertes & Gretchen, 2001; Ponterotto, Fuertes, & Chen, 2000). Of these sixteen, most are promising but emerging theories or models that have little or no record of operationalization and empirical testing of their concepts. Two notable exceptions are the foundational theories of racial identity pioneered by Cross (1971) and Helms (1984, 1995) and the multicultural counseling competency model championed by Sue, Arredondo and numerous others (1982, 1992, 1996, & 1998). While each is distinct, these foundational constructs have been found to be significantly related to each other in theoretically expected directions (Ladany, N., Inman, A. G., Constantine, M. G., & Hofheinz, E. W., 1997; Ottavi, Pope-Davis, & Dings, 1994; Ponterotto, et al., 2000; Vinson & Neimeyer, 2000).

A note about the nomenclature used: various scholars in the field differ in the designations utilized. Earlier expositions seemed inclined toward the terms multicultural counseling “approaches” (Carter & Qureshi, 1995), “movement” (Pedersen, Draguns, Lonner, and Trimble, 1996; Sue, Carter, Casas, Fouad, Ivey, Jensen, LaFromboise, Manese, Ponterotto, Vasquez-Nuttall, 1998) or “perspective” (Pedersen, 1990). The moniker “model” has some currency currently (Ponterotto, Fuertes, & Chen, 2000). The term “theory” is becoming
more prevalent when referring to comprehensive, operationalizable constructs concerning multicultural counseling (Fuertes & Gretchen, 2001; Pedersen, 1999; Ridley & Lingle, 1996; Sue, Ivey, & Pedersen, 1996; Sue & Sue, 2003). It appears that multiculturalism is gaining recognition as the “fourth force” in counseling and that multicultural counseling competence is seen as an integral and generic component of effective and ethical counseling (Pedersen, Draguns, Lonner, & Trimble, 2002).

The foundational lodestar for the racial identity aspect of multicultural theory is perhaps best exemplified by Helms (1984, 1995, 1996) who built on Cross’ Nigrescence theory. She developed a White identity model consisting of six ego statuses and a People of Color identity model with four statuses and constructed instruments to operationalize each model (White Racial Identity Attitudes Scale, WRIAS, and People of Color Racial Identity Attitudes Scale, POCRIAS). These instruments have stimulated a relatively large number of empirical studies. While some reviewers extol the empirical research support for these instruments as having "considerable merit" (Carter, 1996), others found that "many expected relationships between racial identity statuses and select variables that were not supported in these studies" (Ponterotto, et al., 2000, p. 652), and questioned the long term stability of some of the subscales in both the WRIAS and the POCRIAS (Vinson & Neimeyer, 2003). The concern about the "precise utility" of Helms model (Ponterotto, et al., 2000) and the potential practical difficulties involved in distributing appropriate scales to a multicultural
sample via the mail made the second foundational model the more viable choice for this study.

The multicultural counseling competency model is acknowledged as the "longest standing model of multicultural counseling" (Ponterotto, et al., 2000, p. 640). It was initially presented in a 1982 American Psychology Association (APA) Division 17 position paper by Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttal. This original list of eleven competencies was expanded to 31 in 1992 (Sue, Arredondo, & McDavis). There are three categories of competencies: counselor awareness of their own assumptions, values, and biases; understanding the worldview of culturally diverse clients; and developing appropriate interventions for use with these clients. Within each of these categories, individual competencies were divided into three areas: awareness, knowledge, and skills. Arredondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler operationalized this list of 31 competencies with 119 explanatory statements in 1996. Although the list was further expanded to 34 competencies in 1998, the 31 competency model has received the most research attention and the endorsement of the American Counseling Association (ACA), the Association for Counselor Education and Supervision (ACES), the American School Counseling Association (ASCA), the Association for Multicultural Counseling and Development (AMCD) and two divisions (17 & 45) of APA.

In addition to the endorsements mentioned above, other support for content validity comes from the 25+ studies that provide at least indirect support
for clusters of competencies in the model (Ponterotto, et al., 2000). Additionally, the competencies have been operationalized by several independent teams of geographically dispersed researchers in the form of self-report and observer report multicultural cultural competency measures and the aforementioned behavioral descriptions (Arredondo, et al., 1996). Finally, numerous multicultural scholars have worked with the competencies for over twenty years. This appears to support the construct's "conceptual vibrancy" and the experts' sense of its veracity (Ponterotto, et al., 2000). While the question of whether multiculturally competent counselors garner improved counseling outcomes with diverse clients is still unresolved due to limited direct empirical testing and support (Constantine & Ladany, 2000); some aspects of the competencies appear to be linked with desirable counseling outcomes (Sue & Sundberg, 1996). There is also growing support for the view that the competencies provide guidelines for best practices and a reference point to examine multicultural counseling models or theories (Arredondo, 1998; Corey, 1996; Lee, 1997; Vinson & Neimeyer, 2000).

In addition, the multicultural counseling competency model has been incorporated as a crucial component of the comprehensive meta-theory of multicultural counseling and therapy (MCT) promulgated by Sue, Ivey, & Pedersen (1996) (Nuttall, Sanchez, & Webber, 1996; Ponterotto, et al., 2002). Initial reviews cite difficulties with a lack of clarity regarding some key terms in this meta-theory (Casas & Mann, 1996; Fuertes & Gretchen, 2001) and call for more research (Casas & Mann, 1996; Sue, Ivey, & Pedersen, 1996); yet it
garners positive notice for its utility with all cultural groups (Pope-Davis & Constantine, 1996), its constructive suggestions for overcoming ethnocentrism (Daniels & D’Andrea, 1996), and the manner in which it captures “the philosophical and spiritual essence of the multicultural movement in counseling” (Fuertes & Gretchen, 2001, p. 510). This meta-theory is not conceived as being in competition with behavioral, humanistic, or psychoanalytical theories. Rather, given the multicultural nature of counseling relationships, it enhances existing theories, making them more effective, relevant, and applicable (Pedersen, Draguns, Lonner, & Trimble, 1996).

As for the model’s view of the efficacy of supervision to enhance the multicultural competency of counselors, Ponterotto, et al., (2000) cite several recent studies that found significant positive correlations between clinical supervision and multicultural counseling competency scores. As was noted previously, there does appear to be support for the notion that counselors may enhance their multicultural counseling competence and effectiveness by engaging in training and supervision that is guided by multicultural theory (Constantine, 1997; D’Andrea & Daniels, 1997; Fuertes & Gretchen, 2001; Martinez & Holloway, 1997). An important distinction was posited by Ladany, Brittan-Powell, & Pannu (1997), supervisor multicultural competence is a key factor for significant supervisee multicultural counseling competency growth.

Given the commonly held position regarding the deficiency of counselor training in multiculturalism (Daniels & D’Andrea, 1996; Herring, 1997; Lee, 1997; Nuttall,
Sanchez, & Webber, 1996; Pope-Davis & Constantine, 1996; Sue, Ivey, & Pedersen, 1996) and the need for competence in this vital area, clinical supervision emerges as a promising intervention to rectify the deficits in this essential counseling domain.

**Correlation of Moral Development and Multicultural Counseling Competency.**

Until very recently, no studies directly measuring the correlation between moral reasoning and multicultural counseling competency were found, though several related studies provide a basis for examining this relationship. In a recent study, both moral development levels (measured by the Defining Issues Test-2, DIT-2) and multicultural counseling competence (measured by Holcomb-McCoys' Multicultural Counseling Competence and Training Survey-Revised, MCCTS-R) were found to have a statistically significant relationship with a third instrument, the New Racism Scale (NRS). However, a statistically significant relationship was not found between the measures of moral development and self-perceived multicultural counseling competency (Milliken, 2004).

The amount of multicultural training received appears to be correlated with higher levels of multicultural counseling competency (Ponterotto, et al., 2000; Ponterotto, et al., 1996; Vinson & Neimeyer, 2000). Two studies examined the possibility of multicultural training contributing to enhanced DIT scores. They failed to find significant gains in DIT scores after the administration of multicultural training (Adams & Zhou-McGovern, 1993; Taylor, 1994) but the
authors of these studies were encouraged by the trends they observed in their results and called for further research to investigate this relationship. A more recent study did find a significant relationship between multicultural experiences and a subscale of the DIT-2 that measures postconventional development (Endicott, Bock, & Narvaez, in press).

Two of three recent studies measuring moral development and constructs related to multicultural competency found a significant correlation in a theoretically expected direction. A pair of studies examined the correlation between racial identity development and moral development (multicultural counseling competency and racial identity development have been found to be significantly related to each other in theoretically expected directions: Ladany, N., Inman, A. G., Constantine, M. G., & Hofheinz, E. W., 1997; Ottavi, Pope-Davis, & Dings, 1994; Ponterotto, et al., 2000; Sandhu & Looby, 2003; Vinson & Neimeyer, 2000). These studies yielded contrasting results (Evans & Foster, 2000; Steward, Boatwright, Sauer, Baden, & Jackson, 1998). More recently, a significant relationship between moral development, (measured by the DIT-2), and the Intercultural Development Inventory (which measures views toward culturally diverse “others”) was found (Endicott, et al., in press). Given the link between higher levels of cognitive development and reduced levels of prejudicial and stereotypical thinking (Evans & Foster, 2000), continued investigation of the relationship between moral development and multicultural counseling competency seems merited.
Research Question

What type of relationship exists between school counselors' moral development level and self-perceived multicultural counseling competency level and their level of participation in clinical supervision?

Directional Hypotheses

1. School counselors who participate in clinical supervision with greater frequency will score higher on a measure of moral development than school counselors who participate in less clinical supervision.

2. School counselors who participate in clinical supervision with greater frequency will score higher on a measure of self-perceived multicultural counseling competency than school counselors who participate in less clinical supervision.

3. School counselors' scores on a measure of moral development (the DIT) will be positively correlated with their scores on a measure of self-perceived multicultural counseling competency (the MCKAS).

Definition of Terms

Moral Development describes a developmental hierarchical progression of stages or schema of moral reasoning (utilized when confronted with moral dilemmas) based on justice principles (Evans & Foster, 2000; Rest, Thoma, & Edwards, 1997).
Multicultural Counseling “refers to preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions” (Arredondo, et al., 1996, p. 43).

Clinical Supervision for school counselors occurs one-to-one or in a small group with another counselor(s) (or psychologist or social worker). Its focus is on enhancing the supervisees’ counseling skills, case conceptualization and assessment abilities, consultation competence, and professional development.

This definition of clinical supervision was synthesized from the following sources: one-to-one or small group setting (Page, et al., 2001; Sutton & Page, 1994); with another mental health professional (Bernard & Goodyear, 1998; Bradley & Kottler, 2001; Page, et al., 2001); focus on counseling skills (Bradley & Kottler, 2001; Page, et al., 2001; Roberts & Borders, 1994); focus on case conceptualization and assessment (Bradley & Kottler, 2001; Page, et al., 2001); focus on consultation skills (Roberts & Borders, 1994); focus on professional development (Bradley & Kottler, 2001; Bernard & Goodyear, 1998)

Target Population, Sample Description and Data Gathering Procedures

The target population for this study is professional school counselors in the United States. For the purposes of this study, professional school counselors are defined as those professionals who have either achieved school counseling certification in their state or are presently working as school counselors with provisional licenses while pursuing their degree or certification in school counseling. For the sample, given the low incidence of school counselor
participation in clinical supervision (Page, Pietrzak, & Sutton, 2001; Roberts & Borders, 1994; Sutton & Page, 1994) a combination of random and purposive sampling was employed. A random sample of 500 members was requested from the American School Counselor Association (ASCA). The list provided by ASCA contained a random sample of 502 members from thirteen states in the Midwestern and Western regions of the United States. In October of 2003, ASCA had 14,566 members.

In order to meet the goal of accessing at least 30 professional school counselors who participated in clinical supervision, a purposive sample of school counselors in two school districts (one in a Northeastern state and one in a mid-Atlantic state) with high incidences of school counselor participation in clinical supervision were accessed. A total of 27 research packets were sent to the counselors in these two districts. The overall goal was to secure 100 professional school counselors as participants in the research study. The sample included participants of varying: ages, racial/ethnic groups, and educational levels, with differing amounts of multicultural training and years of experience, working in a variety of school settings.

Participants were informed of the purpose of the study and the voluntary nature of their participation. They were asked to complete a demographic survey and two research instruments, the Defining Issues Test (DIT) and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). Survey packets consisted of an explanatory cover letter, two informed consent forms.
(one to keep and the other to be returned with the research instruments), the
two research instruments, a demographic survey, and an addressed and
stamped return envelope. The order of the two research instruments as they
appeared in the packet was counterbalanced. A reminder postcard was sent two
and one-half weeks after the initial mailing to the 502 ASCA members who were
accessed for this study. A reminder e-mail was sent to the supervisors of the
counselors in the two purposively selected school districts two weeks after the
research packets were sent to them.

Participants inscribed the demographic survey and research instruments in
each packet with the last four digits of their social security number to insure
accurate correlation of the data gathered. The informed consent letters were
separated from the other forms to protect participants' confidentiality. The
researcher will maintain a separate, confidential list of respondents.

Limitations of the study

The utilization of purposive sampling along with the random sampling
employed in this study limits generalizability to a larger population of school
counselors. Additionally, no demographic data is available for members of ASCA
so it is unclear if their membership accurately represents professional school
counselors in the United States. The use of volunteers also limits generalizability,
as their characteristics may not represent the target population as a whole (Gall,
Borg, & Gall, 1996). A lower than desired response rate impedes generalizing the
results obtained to the target population. The use of a non-experimental,
correlational research design does not yield a clear cause and effect finding. Also, it is impossible to control for all the extraneous variables (e.g. model of supervision used, multicultural counseling competence of the supervisors), so the results may well be influenced by factors other than those measured.

Both the MCKAS and the demographic survey are subject to the limitations inherent in mailed self-report measures, such as failing to understand the directions and/or dishonesty in a participant's response set. Additionally, the demographic survey was constructed by the researcher and tested on a small pilot group. No preliminary findings concerning the reliability and validity of this survey were obtained.

Ethical Safeguards

The explanatory cover letter and the informed consent forms enclosed in each research packet informed the participants about both the purpose of this study and the ethical safeguards employed. They were assured about the confidentiality of the data (their names will not be revealed) and that only aggregate data will be reported. They were also be informed about the voluntary nature of their participation and that they may have chosen to withdraw at any time without penalty. ACA ethical research guidelines and the guidelines of the Protection of Human Subjects Committee at The College of William and Mary were followed. Permission to carry out this study was obtained from the Protection of Human Subjects Committee at The College of William and Mary, and this researcher's dissertation committee. It is anticipated that no harm will
come to any of the participants as a result of their participation in this study. Participants were offered an opportunity to receive the results of this study via e-mail (10 requests for results have been received).

Summary

The purpose of this study was to investigate the relationship between school counselors' moral development level, their self-perceived multicultural counseling competence level and their level of participation in clinical supervision. This chapter reviewed the current demands on school counselors and the increasing cultural diversity in U.S. schools. The theoretical frameworks of moral development and multicultural counseling were utilized to examine the provision of clinical supervision as a means of assisting school counselors in meeting these complex challenges. A delineation of the research hypotheses, definition of terms, and discussion of research methods concluded the chapter. Chapter Two features a review of the literature concerning multicultural counseling and school counselors, moral development, and clinical supervision of school counselors. Chapter Three examines the research methods to be employed for this study. Chapter Four reports the analysis of the results of this study. Chapter Five concludes with a discussion of the implications of the results and suggestions for further research.
Chapter Two

A Select Review of the Literature

Introduction

The preceding chapter identified moral development theory and the multicultural competency model as lenses that can be utilized to view the abilities of school counselors to meet the complex challenges of their profession. The potential of clinical supervision to impact these areas was introduced. Chapter Two is a review of the scholarly literature that pertains to these topics. It begins with a consideration of multicultural counseling and the multicultural counseling competency model as they relate to school counselors. Subsequently, moral development theory is examined, followed by a discussion of the correlation of moral development and multicultural counseling competency. Finally, an examination of the history and current status of clinical supervision of school counselors ensues.

Multicultural Counseling and School Counselors

"Multiculturalism is no longer an exotic or special emphasis; rather, multicultural awareness is being recognized as generic to competence in counseling" (Pedersen, Draguns, Lonner, & Trimble, 2002, p. xiii). Considering the many elements that comprise one’s cultural composition (e.g. gender, race, ethnicity, socio-economic status, power status, sexual orientation, education level) every counselor-client encounter is a multicultural interaction (Bernard & Goodyear, 1998; Fuertes & Gretchen, 2001; Sue & Sue, 2003; Vinson &
Neimeyer, 2000). It follows that, to be an effective and ethical professional, every school counselor needs to be multiculturally competent (Fuertes & Gretchen, 2001; Holcomb-McCoy, 2003; Paisley & McMahon, 2001). Given that behavior is learned and enacted in a cultural context, one can conclude that counseling is also a culture-bound experience (Hayes & Lewis, 2002; Hill, 2003; Ivey, 1993; Pedersen, 2003; Wehrly, 1995). It is argued that many of the predominant counseling theories used in training professional school counselors are ethnocentric in their assumptions (Pedersen, 2002; Sue & Sue, 2003). This makes including an examination of cultural context during the counseling intervention a necessary component of effective counseling practice. With the infusion of cultural context, utilization of the aforementioned theories and practices are enhanced and rendered more viable.

This is the premise of the comprehensive meta-theory of multicultural counseling and therapy (MCT) promulgated by Sue, Ivey, & Pedersen (1996) (Nuttall, Sanchez, & Webber, 1996; Ponterotto, et al., 2002). The multicultural counseling competency model has been incorporated as a crucial component of MCT. The multicultural counseling competency model can be described as consisting of three domains featuring the following components:

- counselors' awareness of their own race, ethnicity, culture, language, and power status, and an understanding of how these components operate in the lives of their clients; understanding the worldview of the culturally
different client; and developing culturally appropriate interventions, strategies, and techniques. (Sandhu & Looby, 2003, p. 20)

Within each of the aforementioned domains are three areas of competency: beliefs and attitudes, knowledge, and skills (Arredondo et al., 1996; Sue et al., 1992). This emerging model and the research it has engendered illustrates the vital relevance of multicultural competence to excellence and ethical practice as a professional school counselor (Arredondo, 1999; Coleman, 1996; Draguns, 2002; Holcomb-McCoy, 2003; Lee, 2001; Pedersen, Draguns, Lonner, & Trimble, 2002).

This recognition of the foundational relevance of multicultural competence to effective counseling is a fairly recent phenomenon. Despite the pioneering efforts of T. Abel, G. Kelly, A. Maslow, C. H. Patterson, C. E. Vontress, C. G. Wrenn and others beginning in the 1950’s and 1960’s to call attention to the importance of culture in counseling, it was not until the 1990’s that this was generally embraced in school counselor training and practice (Hayes & Lewis, 2002; Wehrly, 1995). The 1994 Standards (and their 2001 revision) of the Council for Accreditation of Counseling and Related Educational Programs mandate that accredited counselor education programs provide knowledge and training experiences concerning cultural diversity. Many states require demonstration of multicultural knowledge to obtain professional counselor licensure (Bibbins, 2002). Additionally, the multicultural counseling competencies (Sue, et al., 1992) have gained increasing prominence. They were endorsed by
the American School Counseling Association (ASCA) in 1997 (Holcomb-McCoy, 2003), and have also gained the endorsement of the American Counseling Association (ACA), the Association for Counselor Education and Supervision (ACES), the Association for Multicultural Counseling and Development (AMCD) and two divisions (17 & 45) of the American Psychology Association (APA).

Despite the rapidly emerging prominence, relevance, and application of the multicultural counseling competency model (Sue et al., 1992) and the widespread endorsement of the competencies; a unified theory of multicultural competence has eluded our profession (Reynolds & Pope, 2003; Ridley & Kleiner, 2003). Although the competencies have been criticized as being susceptible to superficial interpretation and inadequate implementation (Toporek & Reza, 2001) and newer models are touted as being more comprehensive (e.g. D. W. Sue’s 2001 multidimensional model of cultural competence which adds organizational and institutional levels as well as a social justice component; Constantine & Ladany’s 2001 proposal which endorses six dimensions of multicultural counseling competence - adding counselor self-efficacy and the counselor-client relationship to the standard three domains) the Sue, Arredondo, and McDavis, 1992 model remains the touchstone for best practice and the foundation of much of the research regarding multicultural counseling competence in the past twenty years (Arredondo, 1998; Corey, 1996; Hayes & Lewis, 2003; Hill, 2003; Lee, 1997; Ponterotto, Fuertes, & Chen, 2000; Ridley & Kleiner, 2003; Vinson & Neimeyer, 2000; Vinson & Neimeyer, 2003).
While the ethical standards of professional counseling organizations have been challenged for their ethnocentric bias (Pedersen, 2002; Ridley, Liddle, Hill, & Li, 2001; Sue & Sue, 2003), there does appear to be an increasing emphasis on multicultural competence in the respective ethical standards. In addition to understanding the diverse cultural background of their counselees, the ASCA Ethical Standards exhort school counselors to increase their awareness of their own cultural beliefs, identity, and values and the impact these have on counseling interactions with diverse clients (ASCA, 1998). This charge extends beyond simple awareness. It also includes a responsibility to enhance the school and the community climate. To be successful, professional school counselors need to engage a variety of strategies and interventions and to utilize school and community resources (ASCA, 1999). School counselors are expected to “specifically address the needs of every student, particularly students of culturally diverse, low social-economic status and other underserved or underperforming populations” (ASCA, 2003, p. 77). Given the increasing census of culturally diverse students (Constantine & Yeh, 2001; Holcomb-McCoy, 2001; Lee, 1995), the preponderance of school counselors that identify themselves as White European-American (Herring, 1997; Milliken & Grothaus, 2003), and the professional literature that suggests that White European-Americans are less adept at key aspects of multicultural counseling than members of culturally diverse populations (Yeh & Aurora, 2003); there is reason for concern.
One might hope that counselor preparation programs would serve to correct this problem yet concern has been expressed that multicultural counseling training in counselor education programs is deficient (Daniels & D’Andrea, 1996; Herring, 1997; Lee, 1997; Nuttall, Sanchez, & Webber, 1996; Pope-Davis & Constantine, 1996; Sue, Ivey, & Pedersen, 1996). One potentially positive development is the growing number of school counseling programs accredited by CACREP with its multicultural knowledge and training mandate.

Even if a practicing professional school counselor implements a comprehensive and developmental school counseling program that complies with their state model program, multicultural competency is not assured. The most significant deficit found in the 24 state models MacDonald & Sink examined was their lack of attention to culture as they addressed developmental issues (1999). Given the foundational importance of culture in any counseling relationship, a school counselor’s failure to obtain and exercise multicultural counseling competence is increasingly seen as potentially harmful to counselees and a violation of the ethical standards of the profession (Constantine & Yeh, 2001; Hill, 2003; Hobson & Kanitz, 1996; Kim & Lyons, 2003; Kiselica, Changizi, Cureton, & Gridley, 1995; Ponterotto & Alexander, 1996; Reynolds, 1995; Sue & Sue, 2003).

Culturally diverse, non-White European-American students face more negative stereotyping, have significantly higher drop-out rates, endure higher rates of being suspended, are given special education labels in disproportionally
higher percentages and have lower numbers enrolled in gifted education programs, and are overrepresented in the lower socio-economic statuses than their White European-American counterparts (Hayes & Lewis, 2002; Kiselica, et al., 1995; Milliken & Grothaus, 2003). The cultural appropriateness of the psychoeducational and vocational assessments which lead to educational placement has long been contested (Gainor, 2001; Padilla, 2001). Schools are in need of multiculturally competent student advocates (Coleman & Baskin, 2003; Holcomb-McCoy, 2003). School counselors, with their training and skills, are uniquely positioned to play a crucial role in promoting changes needed to meet the academic, social, emotional, and career preparation needs of low income and/or underrepresented culturally diverse students (Coleman & Baskin, 2003; Hayes & Lewis, 2002; Hogan, 2002; Ponterotto & Pedersen, 1993; Sciarra, 2001). Research has begun to illuminate the relationship between students’ cultural background and their motivation level, style of interpersonal relationships, and academic interests (Hayes & Lewis, 2002). The literature is also replete with examples of successful interventions that raised achievement levels of culturally diverse students (Sciarra, 2001).

In addition to enhancing multicultural knowledge and awareness of students, faculty, staff, and parents; school counselors are called to systematically improve multicultural relations within the school (Hayes & Lewis, 2002; Hogan, 2002; Sciarra, 2001). Ideally, this would lead to the creation of a safe space for cooperative learning and interacting and it would engender a
sense of belonging in each student (Coleman & Baskin, 2003; Lewis, 2003; Pedersen, 2002). This would be done both through the traditional school counselor roles (counseling, consulting, coordinating, and classroom guidance) and the leadership, collaboration, systemic change agent, and advocacy roles promoted in the national model for school counseling programs (ASCA, 2003; Coleman & Baskin, 2003; Holcomb-McCoy, 2003). Recently, an increasing number of professionals are calling for greater community outreach that also includes advocacy for social justice in policy, institutions, and social conditions in the community (Reynolds & Pope, 2003; Sue, 2001; Sue & Sue, 2003).

As Lewis (2003) notes “The multicultural perspective is not only theoretically sound but also practical, not only right but necessary. Undoubtedly multiculturalism is at the heart of everything we do as counselors and as counselor educators” (p.261). While acknowledging the presence of numerous gaps in our knowledge base, Draguns (2002) asserts “Today, cross-cultural counseling rests on a solid empirical foundation, and its relevance and effectiveness are rarely, if ever, challenged in an absolute manner” (p. 47). In spite of this, there has been a relative paucity of literature and empirical research specifically examining school counselors’ multicultural counseling competence (Constantine & Yeh, 2001; Holcomb-McCoy, 2003).

Moral Development

Kohlberg built upon the foundational theories of Dewey and Piaget in constructing his theory of Moral Development. Dewey’s three levels of moral
development: preconventional, conventional, and autonomous are approximately congruent with Kohlberg's levels. In addition, Piaget's work with children led to his positing three stages of moral reasoning which correspond to the first two stages in Kohlberg's model (Kohlberg, 1975a). In Kohlberg's conceptualization, moral development refers basically to thought processes (i.e., to judgment, reasoning, or decision-making) in situations where the person has conflicting responsibilities (Mosher and Sullivan, 1976). People make meaning or interpret experiences involving conflicting responsibilities through moral meaning making structures or schemas based on principles of fairness and social cooperation (Kolbert, 1998).

Kohlberg posited that moral reasoning develops in a hierarchical and invariant sequence of consistent stages. He argued that each higher stage subsumed lower stage thinking and believed that there was a preference toward utilization of the highest stage at which a person was able to operate. Each stage represents a qualitatively different manner of thinking or moral reasoning. The first two stages of moral development are considered the preconventional level. These stages include the obedience and punishment avoidance focus of Stage 1. Moral reasoning at this level prefers to avoid breaking rules given the punishment associated with infractions of the rules. A focus of Stage 2 moral reasoning is an instrumentalism in fulfilling one's own need. At this stage, one follows rules when it promotes one's own interest. "Mutual back scratching" or an exchange in which one's needs are met is viewed positively. Stages 3 and 4 are
considered "conventional" (and modal for American adults as a group). In these stages, a person progresses from a focus on conformity and seeking the approval of the people one values ("being good" in their eyes) in stage 3 to an interest in maintaining societal harmony and the social order in stage 4. For stage 4, being right involves fulfilling one's duties and upholding the laws in addition to making a positive contribution to society (or some institution or group within society).

The post conventional stages, 5 and 6, feature an orientation utilizing the concept of a social contract to guide cooperation within a culture or society; a contract that honors the rights and welfare of others. At stage 5, one is aware that most rules and values are relative to one's culture or group and should be usually upheld because they represent a social contract. Some rights (e.g. life, liberty) are not relative and need to be supported even in the face of dissent from the majority. (Snarey, 1985). The evolution to level six involves a commitment to a "universal ethical principle orientation" oriented around justice, equality, and respect for rights and persons (Blatt & Kohlberg, 1975). Here one would choose to follow these ethical principles even when it is not in accord with a particular law or laws.

Kohlberg also posited that moral reasoning is an influential component of behavior (1975b). This has support in the literature (Blasi, 1980; Thoma & Rest, 1986). Numerous studies support the correlation of higher moral reasoning stages with enhanced qualities considered to be positive for counselors: utilization of more complex moral reasoning in problem solving situations, display
of greater adaptive behavior, delivery of enhanced empathic communication with a greater variety of clients, acting with increased autonomy, showing greater likelihood to resist social pressure and to act in an altruistic fashion, exhibiting lower levels of prejudice, enhanced possibility of acting as a social advocate, enjoying increased self-awareness, possessing enhanced communication and information processing skills, and having a greater appreciation of cultural diversity (Blasi, 1980; Chang, 1994; Foster & McAdams, 1998; Morgan, Morgan, Foster, & Kohlbert, 2000; Peace, 1995; Reiman & Thies-Sprinthall, 1993; Sprinthall, 1994, Thoma & Rest, 1986).

Empathy, which has been seen as a necessary condition of effective counseling (Chung & Bemak, 2002; Pedersen, Draguns, Lonner, & Trimble, 1996), has been shown to be positively correlated to higher cognitive developmental levels, specifically moral development levels (Bowman & Reeves, 1987; Lovell, 1999). Bowman & Reeves study utilized 35 masters level counseling students. The DIT was administered to these students at the commencement of their 12-week practicum course. At the conclusion of the practicum, students' written responses after viewing a taped counseling session were rated by pair of judges using Carkhuff's empathy scale (the judges exhibited high interrater reliability, .88 and .91 in previous studies). In addition, the students' final taped counseling session was rated on Carkhuff's scale by the faculty member responsible for the practicum class. A significant positive relationship was found between the judges' rating and their DIT scores ($p = .61,$
\( p < .001 \) and the faculty member's rating of their counseling tape and their DIT scores \( (p = .36, p < .05) \).

While Kohlberg's theory has been challenged both on its claim to follow a universal invariant sequence and for its alleged bias in favor of males over females, there is empirical support for a refutation of these criticisms (Rest, 1986; Rest, Thoma, Moon, & Getz, 1986; Snarey, 1985). Given the complex challenges facing school counselors and the beneficial nature of advancing in moral development as indicated above, it appears clear that higher stages of moral reasoning are better. Further investigation of interventions related to growth in moral development for school counselors seems merited. As indicated previously, clinical supervision holds promise in this regard (Crutchfield & Borders, 1997; Peace, 1995; Peace & Sprinthall, 1998).

**Multicultural Counseling and Moral Development**

In a recent study, measurements of moral development (utilizing the DIT-2) and multicultural counseling competence (as measured by the MCCTS-R) were both found to have a statistically significant relationship with a third instrument, the New Racism Scale (NRS). However, a statistically significant relationship was not found between the measures of moral development and self-perceived multicultural counseling competency (Milliken, 2004). Several other studies provide reasons to continue to examine the relationship between these two variables. Taylor (1994) found "higher initial moral development appears to be related to increasing acceptance of multiculturalism after an intervention."
designed to promote multiculturalism" (p. 151). In addition, empathy, which has been seen as a necessary condition of effective multicultural counseling (Chung & Bemak, 2002; Pedersen, Draguns, Lonner, & Trimble, 1996), has been shown to be positively correlated to higher cognitive developmental levels, specifically moral development levels (Bowman & Reeves, 1987; Lovell, 1999).

The amount of multicultural training received appears to be correlated with higher levels of multicultural counseling competency (Ponterotto, et al., 2000; Ponterotto, et al., 1996; Vinson & Neimeyer, 2000). Two studies examined the possibility of multicultural training contributing to enhanced DIT scores. They failed to find significant gains in DIT scores after the administration of multicultural training (Adams & Zhou-McGovern, 1993; Taylor, 1994) but the authors of these studies were encouraged by the trends they observed in their results and called for further research to investigate this relationship. A more recent study did find a significant relationship between multicultural experiences and a subscale of the DIT-2 that measures postconventional development (Endicott, Bock, & Narvaez, in press). This appears to support the claim by Vogt (1997) that tolerance, arguably a factor in multicultural counseling competence, is difficult to sustain prior to Stage 4 in moral development and is predominantly a Stage 5 phenomenon: "Tolerance is a central element of Kohlberg's Stages 4 and 5" (Vogt, 1997, p. 182). In contrast, Stage 3 is associated with the adult prejudice and racism that can emanate from dichotomous "us/them, inclusion/exclusion" way of thinking (Vogt, 1997).
Two of three recent studies measuring moral development and constructs related to multicultural competency found a significant correlation in a theoretically expected direction. A pair of studies examined the correlation between racial identity development and moral development. (Multicultural counseling competency and racial identity development have been found to be significantly related to each other in theoretically expected directions: Ladany, N., Inman, A. G., Constantine, M. G., & Hofheinz, E. W., 1997; Ottavi, Pope-Davis, & Dings, 1994; Ponterotto, et al., 2000; Sandhu & Looby, 2003; Vinson & Neimeyer, 2000). These studies yielded contrasting results (Evans & Foster, 2000; Steward, Boatwright, Sauer, Baden, & Jackson, 1998). More recently, a significant relationship between moral development, (measured by the DIT-2), and the Intercultural Development Inventory (which measures views toward culturally diverse “others”) was found (Endicott, et al., in press). Given the link between higher levels of cognitive development and reduced levels of prejudicial and stereotypical thinking (Evans & Foster, 2000), continued investigation of the relationship between moral development and multicultural counseling competency seems merited.

Clinical Supervision of School Counselors

It has been noted that there is a lack of focus on professional development for school counselors in educational policy or in the research literature (Borders & Schmidt, 1992; Brott & Myers, 1999; Erford, 2003; Paisley & McMahon, 2001). Despite the paucity of attention it has thus far received, it
would appear to be worthwhile to examine means of enhancing school counselors’ professional development. In-service training programs as the sole means of assistance appear to be insufficient (Brown, 1989; Paisley & McMahon, 2001; Peace & Sprinthall, 1998). Clinical supervision, however, appears to have merit as a means of assisting in the professional development of school counselors (Bernard & Goodyear, 1998; Boyd & Walters, 1975; Crespi, 1998; Crutchfield & Borders, 1997; Diambra, 1997; Magnuson, Norem, & Bradley, 2001; Peace, 1995; Portman, 2002; Sutton & Page, 1994).

Clinical supervision has been practiced for over a century, yet it emerged as a separate domain of research within the counseling profession in the last 25 years (Borders, 1992; Goodyear & Bernard, 1998). While clinical supervision is one of the most common activities of professional psychologists and psychotherapists (Goodyear & Guzzardo, 2000; McCarthy, Kulakowski, & Kenfield, 1994), it remains underutilized by school counselors (Borders & Schmidt, 1992; Borders & Usher, 1992; Halverson, 1999; Page et al., 2001; Roberts & Borders, 1994; Sutton & Page, 1994). Indeed, the potential benefits of participating in clinical supervision include the alleviation of job related stress and burnout as well as enhanced: counseling skills, professional identity, clarity in role definition, support, confidence, accountability, cognitive developmental level, multicultural counseling competency, and services to the school community (Baker & Gerler, 2001; Constantine, 1997; Henderson & Gysbers, 1998; Herlihy, Gray, & McCollum, 2002; Kraus, 1996; Martinez & Holloway, 1997; McMahon &
Patton, 2000; Paisley & McMahon, 2001; Peace, 1995; Wiley & Ray, 1986). In contrast, the possibility of eroded skills, increased stress, stagnated cognitive developmental levels, and enhanced susceptibility to legal and/or ethical misconduct is associated with the failure to participate in clinical supervision (Crutchfield & Borders, 1997; Crutchfield, Price, McGarity, Pennington, Richardson, & Tsolis, 1997; Kraus, 1996; Magnuson, Norem, & Bradley, 2001; Peace, 1995; Remley, 2002; Wiggins, 1993; Wiley & Ray, 1986).

Despite some congruence in duties, school counselors do not participate in clinical supervision at nearly the rate experienced by other mental health professionals (Borders and Usher, 1992; Crutchfield & Borders, 1997). In one study, 88% of licensed psychologists received it, averaging 7.35 hours per month (McCarthy, Kulakowski, & Kenfield, 1994). The range for school counselor participation in clinical supervision found in four recent studies was much lower, 5% to 37% (Halverson, 1999; Page et al., 2001; Roberts & Borders, 1994; Sutton & Page, 1994). This is in spite of the scope and complexity of school counselor roles and duties. Magnuson et al., (2001) point out that “school counselors often have a broader scope of responsibilities than their counterparts in community settings” (p. 208). It is not uncommon for school counselors at the elementary and middle school level to be isolated as the only one in their building (Crutchfield & Borders, 1997). School counselors are also faced with more frequent challenging ethical and legal dilemmas than their community counselor counterparts (Remley, 2002). Yet while most states require community
mental health counselors to perform 2,000 hours or more of supervised experience for licensure, school counselors often receive their state certification and are expected to be immediately proficient in the provision of counseling services when they complete their master's degree requirements (Magnuson et al, 2001). The result may be that "professional school counselors are functioning as inadequately trained therapeutic mental health providers with unmanageable client loads" (Erford, 2003, p. 10). This clinical supervision 'deficit' for school counselors is not universal. In Israel, a network of supervisors ensures that all 2500 school counselors participate in counseling supervision (Hellman, 1999). Supervision is also mandatory for all counselors belonging to the British Association for Counseling (Inskipp, 1999).

With regards to the current status of school counselor supervision, the literature suggests the existence of different types or categories. Various schemes include Gysbers & Henderson’s (2000) model, which promotes three categories. The first, clinical, focuses on the counselor's clinical skills and competence in carrying out their client service roles (e.g. counseling, consultation, and assessment). They recommend that supervisors also be certified school counselors. The purpose of their second type, developmental, is to foster the school counselors' cognitive and affective development. The focus here is on the counselors' knowledge base, understanding and use of theory, case conceptualization skills, caseload management, and commitment to their jobs. No specific supervisor requirements are mentioned. Their final category,
administrative, targets the more generic and traditional arenas such as enhancement of sound professional judgement, ability to carry out job requirements, work habits, adherence to rules, and professional relationships with students, faculty, parents, and community members.

Roberts & Borders (1994) also delineated three types of supervision. Administrative supervision involved a focus on attendance and punctuality, staff relations, and communication with parents. Program supervision involved examining "program development, implementation, and coordination (i.e., classroom guidance, peer tutoring, etc.)" (p. 150). The third type, counseling or clinical, involved supervision of a counselor's clinical skills and knowledge for individual and group counseling and consultation. Their vision included the suggestion that principals could provide administrative supervision, program coordinators would examine the program components, and trained and certified counseling supervisors would deliver the counseling/clinical supervision.

Page, Pietrzak, & Sutton (2001) proposed another paradigm. They elucidated two types of supervision. Administrative supervision consists of a process of overseeing implementation and evaluation of the counseling program and the communications with colleagues, administrators, and parents. Clinical supervision, on the other hand, examines and attempts to enhance counseling skills, assessment, case conceptualization and professional development. This dual category scheme is also endorsed by Herlihy et al. (2002) who assert "two types of supervision are generally discussed in the literature: clinical supervision
and administrative supervision” (pp. 55-56).

While Roberts & Borders’ categorization schema appears to have some currency in the literature (Borders & Drury, 1992; Schmidt, 1990); their categories and the Gysbers & Henderson (2000) model seem to be adequately subsumed in the two-category model proposed above. Roberts & Borders’ program supervision appears to be enfolded into the administrative category of Page et al. (2001) and Herlihy et al. (2002), while the developmental category from Gysbers & Henderson is clearly in the arena of the broad definition of clinical supervision proffered by Page et al., (2001) and Herlihy et al. (2002). The two-category model offers a more clearly delineated elucidation of the essential aspects of the school counselors’ roles than the schemas with three categories discussed above. For these reasons, the Page et al. (2001); Herlihy et al., (2002) paradigm will be utilized here.

Given the potential benefits of participating in clinical supervision and the possibility of eroded skills and stagnated cognitive developmental levels associated with the failure to engage in such supervision (Crutchfield & Borders, 1997; Peace, 1995; Wiggins, 1993; Wiley & Ray, 1986), one can legitimately wonder why the practice of clinical supervision for school counselors is not more pervasive. Obstacles to participating in clinical supervision include a lack of: time, support, funding, qualified supervisors, and a lack of clarity concerning the nature and benefits of clinical supervision. Also mentioned are: scheduling difficulties, isolation, uncertainty about where to secure supervision, anxiety
about receiving feedback, and not being a high priority for school administrators (Kraus, 1996; McMahon & Patton, 2000; Paisley & Borders, 1995; Sutton & Page, 1994). Perhaps most perplexing is the number of school counselors who do not perceive clinical supervision as something they need. Fully 33% of the school counselors in Page, et al.’s national survey (2001) indicated no desire for engaging in such supervision. It may be the case that, having functioned without clinical supervision, school counselors may have difficulties recognizing and/or admitting the need for it (Borders & Usher, 1992; Kraus, 1996).

Among the recent research involving clinical supervision of school counselors are three studies involving surveys of current practices. Roberts and Borders noted “the increasing emphasis on supervision within the profession” (1994, p. 150) but claimed that no published studies investigated the existing types or categories of supervision. They designed a survey to ascertain whether school counselors experienced congruence between the supervision they received and the supervision they would prefer. Using a random sample of 450 members of the North Carolina School Counselors’ Association, they achieved a final response rate of 37.3%. The low survey return rate might mitigate the broader generalizability of findings usually assumed to be a benefit of using random sampling. The authors do provide a suitably thorough discussion of the construction of the survey as well as their procedural and data analysis methods.

Relevant findings include their assertion that only 37% of the respondents receive clinical supervision (contrasting with 85% receiving administrative
supervision and 70% receiving program supervision). Less than half of the recipients of clinical supervision experienced this supervision at least once a month. As for their preference, 79% of the respondents indicated a desire to participate in clinical supervision with a supervisor who had experience as a counselor (versus only an administrative background). This choice of utilizing supervisors with a counseling background is endorsed elsewhere in the literature (Gysbers & Henderson, 2000; Paisley & Borders, 1995). Additionally, more than three-fourths of these respondents preferred a frequency of at least once a month. Interestingly, slightly over half wanted a counseling supervisor with a doctoral degree. Finally, the respondents' top goals for their supervision are to: enhance professional development, receive professional support, learn specific counseling skills, avoid burnout, and learn to work with specific types of clients.

Sutton & Page, (1994) lament the "paucity of research... and the apparent lack of practice" (p.33) of clinical supervision with school counselors. The authors proposed to determine both the present state of and the perceived need for clinical supervision of public school counselors in Maine. They mailed their survey to all the listed public school counselors in the state and achieved an impressive 92% return rate. Descriptions of the sample demographics, survey development, and operational definitions of the constructs and terms used were also provided in the article.

Results included the finding that 63% expressed a desire for clinical supervision but only 20% of the respondents were actually receiving such
supervision. Only one-fifth of the counselors presently receiving clinical supervision were given release time by their schools to obtain this supervision. Prioritized goals for supervision included case consultation and enhancing counseling and conceptualization skills. They conclude by positing “supervision is an important part of any counselor’s professional development. School counselors seem to be lagging behind other groups within the counseling profession in integrating this activity as part of their professional routine” (p. 38).

Page, Pietrzak, & Sutton (2001) revised the Sutton & Page (1994) survey and mailed it to a stratified random sample of ASCA members (10% of each state’s membership). They achieved a 38% return rate. After a discussion of the respondent’s demographics, they reported their use of correlational and factor analysis statistics.

The results indicated that only 13% of the respondents were participating in individual clinical supervision while 10% received group clinical supervision. In contrast to their 1994 study, 53% of those receiving the individual clinical supervision described the frequency as weekly. Only 7% reported frequency of less than once a month. In addition, while 67% expressed a desire for clinical supervision, the remaining 33% indicated that they had no need for it. Interestingly, while 70% of the respondents indicated that a school counselor with training in supervision would be the most desirable clinical supervisor, only 7% of the respondents were currently providing supervision for other school counselors (typically for just one counselor). More promising were the 67% who
indicated an intention or desire to possibly seek the Approved Clinical Supervisor credential; currently only 400 counselors nationwide have procured this designation (Weigal and Donovan, 2003). The most frequently cited goals for supervision included: improving their school counseling, preparing for licensure, and acquiring self-knowledge. The authors also advocated for increasing the number of clinical supervisors available for school counselors and researching newer methods of delivering the supervision.

A qualitative study of early-entrant school counselors (those licensed and employed prior to completion of their coursework and degree requirements) was conducted by Portman (2002). Her phenomenological study attempted to investigate and explain the experience of a small sample of counselors who were school counseling masters’ students while employed as school counselors. Portman purposely selected seven early-entrant school counselors that she knew from small (fewer than 400 students) elementary and secondary schools in the Midwest. The data was gathered in a single telephone interview she conducted with each individual school counselor using a 12 item open-ended survey that she constructed (included as an appendix to her article). She identified “perceptions of supervision” as one of the three “factors for exploration”.

In addition to including the survey instrument used, Portman provides a thorough explanation of her data analysis (data reduction into individual units of meaning, aggregating similar meaning units, interpreting emergent theme categories). This appears to increase credibility by allowing for replication (and
extension to different samples of school counselors). She also includes a section justifying the trustworthiness of her study by means of: member checks, peer consultation (with only one colleague), and prolonged engagement with the sample (this may be undermined somewhat by her choice to use a single interview). She addresses the issue of methodological dependability by means of an audit of procedural steps. Additionally, she notes her efforts to attain objectivity. In addition to the aforementioned peer consultation, Portman kept a journal for reflexive thoughts during the research process and triangulated the data gathered with support from relevant counseling literature.

Finally, she claims to have achieved transferability of the study’s findings through purposeful sampling and in-depth interviews. One might question this claim. Although a valid and valuable means of exploration, qualitative research with a small, localized convenience sample does not appear to meet the research design standards usually associated with generalizability of findings.

Portman concluded that supervision was one of four themes to emerge from the data. She identified four important concerns regarding supervision. Among these issues was the perception that “clinical supervision seemed to be nonexistent” (p. 65). Portman also noted the desire of the counselors for clinical supervision and their willingness to utilize innovative approaches to secure this in the future (i.e. utilizing “auxiliary” school counselors from other districts or using technology to access fellow school counselors or university faculty). She concludes “this study provides yet another call for enhancing supervision
Participation in supervision has been linked with increased levels of cognitive development, including moral development, (Foster & McAdams, 1998; Peace & Sprinthall, 1998; Wiley & Ray, 1986). Clinical supervision has also been identified as a promising venue for increasing a counselor's multicultural counseling competence. Ponterotto, et al., (2000) cite several recent studies that found significant positive correlations between clinical supervision and multicultural counseling competency scores. There does appear to be support for the notion that counselors may enhance their multicultural counseling competence and effectiveness by engaging in supervision that has multiculturalism as a focus (Constantine, 1997; D'Andrea & Daniels, 1997; Fuertes & Gretchen, 2001; Ladany, Inman, Constantine, & Hofheinz, 1997; Martinez & Holloway, 1997).

While the potential for growth in multicultural counseling competency through participation in clinical supervision has been noted, an important distinction was posited by Ladany, Brittan-Powell, & Pannu (1997). A supervisor's multicultural competence appears to be a key factor for significant supervisee multicultural counseling competency growth. A supervisor's multicultural competence cannot be assumed; currently many supervisors do not appear to have received sufficient preparation to adequately address multicultural issues during supervision (Constantine, 2001; Ridley & Kleiner, 2003). Indeed, with the majority of school counselors and supervisors identifying as White European-
Americans, White privilege and related constructs are not commonly discussed in supervisory sessions (Hays & Chang, 2003). Still, supervision holds promise as one of the means to enhance the multicultural competence of school counselors: "with appropriate pre-service and in-service professional development and ongoing supervision, school counselors can play a major role in the development and maintenance of culturally responsive schools" (Paisley & McMahon, 2001, p. 112).
Chapter Three

Research Methodology

Chapter Three describes the target population and sample, data collection and analysis procedures, instrumentation, the research design, the research questions and hypotheses, ethical considerations, and limitations of this study.

Target Population and Sample Description

The target population for this study was professional school counselors in the United States. For the purposes of this study, professional school counselors were defined as those professionals who have either achieved school counseling certification in their state or were presently working as school counselors while they pursued their degree or certification in school counseling. For the sample, given the low incidence of school counselor participation in clinical supervision (Page, Pietrzak, & Sutton, 2001; Roberts & Borders, 1994; Sutton & Page, 1994) a combination of random and purposive sampling was employed. A random sample of 500 members was requested from the American School Counselor Association (ASCA). The list provided by ASCA contained a random sample of 502 members from thirteen states in the Midwest and Western regions of the United States. As of October of 2003, ASCA had 14,566 members.

In order to meet the goal of accessing at least 30 professional school counselors who participated in clinical supervision, a purposive sample of school counselors in two school districts (one in a Northeastern state and one in a mid-Atlantic state) with high incidences of school counselor participation in clinical
supervision were accessed. A total of 27 research packets were sent to the counselors in these two districts. The overall goal was to secure 100 professional school counselors as participants in the research study. The sample included participants of varying ages, racial/ethnic groups, and educational levels, with differing amounts of multicultural training and years of experience, working in a variety of school settings.

*Data Collection Procedures*

Survey packets contained an explanatory cover letter, two informed consent forms (one to keep and the other to be returned with the research instruments), the two research instruments, a demographic survey, and an addressed and stamped return envelope. Participants were informed of the purpose of the study and the voluntary nature of their participation. They were asked to complete a demographic survey and two research instruments, the Defining Issues Test (DIT) and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). The order of the two research instruments as they appeared in the packet was counterbalanced. The research packets were mailed to the ASCA members in October of 2003. Packets were sent to identified counselors in the two purposively selected school districts in November and early December of 2003. A total of 529 research packets were mailed. A reminder postcard was sent two and one-half weeks after the initial mailing to the 502 ASCA members who were accessed for this study. A reminder e-mail was sent to the supervisors of the counselors in the two purposively selected school districts.
two weeks after the research packets were sent to them. An incentive to participate in the study was provided in the form of a random drawing from the returned surveys for four prizes: $100, $50, and two $25 checks.

Participants inscribed the demographic survey and research instruments in each packet with the last four digits of their social security number to insure accurate correlation of the data gathered. The informed consent letters were separated from the other forms to protect participants' confidentiality. The researcher maintained a separate, confidential list of respondents.

Instrumentation

Three instruments were used to gather the data pertinent to this study: a demographic survey, the Defining Issues Test (DIT), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS).

Demographic Survey

The one page demographic survey was developed by this researcher to ascertain the following information about participants: age, gender, race, educational level, credentials, years of experience, work setting, membership in professional organizations, frequency of multicultural counseling training, and experience of clinical supervision. This information was used to determine counselor characteristics or variables that may share variance with the other constructs being measured.

Defining Issues Test (DIT)

The DIT was used to measure moral reasoning level. It was the most
widely used measure for this construct with extensive documentation of its reliability and validity (Gielen & Lei, 1991; Rest, 1990; Rest, et al., 1999). Rest (1979) developed the instrument as an objective paper and pencil measure based on Kohlberg’s theory of moral development. The test has been used extensively in over 1000 studies and over 40 different countries (Rest, 1994). The DIT was a recognition and evaluation task utilizing a multiple-choice format to rate and rank twelve possible responses to six moral dilemmas (Evans & Foster, 2000; Peace, 1992; Rest, 1994). A developmental score was calculated based on these ratings and rankings. The Principled Score (the P score) was the most commonly used and reported DIT score (Gielen & Lei, 1991; Rest, et al., 1999). It was based on the percentage of a participant’s responses that represent principled moral thinking (Kohlberg and Rest’s Post-Conventional level or schema). The score ranges from 0 to 95 with higher scores representing higher moral reasoning development. Additionally, there were two internal checks on the reliability of each participant’s test (Gielen & Lei, 1991; Rest, 1990). The M score indicated the participant’s inclination to rate pretentious sounding but meaningless response items highly. The Consistency Check entailed comparing a participant’s ratings and rankings to ensure their congruence. Replicated studies indicate participants were unable to “fake high” or artificially increase their P score (Rest, 1979; Rest, 1994).

The DIT Short Version consisting of three of the six dilemmas was administered to participants in this study. The P scores on the two versions
correlated in the low .90’s and the short version was believed to have substantially the same attributes as the long version (Evans & Foster, 2000; Peace, 1992; Rest, 1986). While use of the shorter version in a correlational study reduced the observed correlation, the amount of the reduction was usually small (Davison, 1979). The DIT’s test-retest reliability and Cronbach’s alpha was in the upper 70s and low 80s (Davison, 1979; Rest, et al., 1999). Rest (1986) found a .05 difference in test-retest reliability (.82 to .77) and a .01 discrepancy in a measure of internal consistency (.77 to .76) favoring the six-dilemma over three-dilemma version of the DIT.

Support for construct and convergent validity came from DIT scores being significantly positively related to Kohlberg’s Moral Judgment Inventory (MJI) and the Comprehension of Moral Concepts test (Davison, 1979; Kohlberg, 1979; Rest, 1979; Rest, 1994). Additional support for construct validity was claimed “since results with it conform to expectations derived from the cognitive developmental theory and cannot be accounted for by interpreting the test responses as other than cognitive developmental or other than moral” (Kohlberg, 1979, p. xiv). Also, DIT scores were positively correlated to many prosocial behaviors, showed large gains in longitudinal studies, and showed moderate increases as a result of moral education training (Rest, et al., 1999). Additionally, the DIT showed discriminant validity from general intelligence, verbal ability, personality trait instruments, conservative/liberal political attitudes and social desirability measures (Rest, 1994; Rest, et al., 1999). Finally, there was some
support for a lack of cultural bias in DIT scores (Rest, 1994; Rest, Thoma, Moon, & Getz, 1986).

**Multicultural Counseling Knowledge and Awareness Scale (MCKAS)**

Despite their increasing popularity, the collective group of multicultural competency measures was still thought to be in the relatively early stages of development and validation (Ponterotto, Fuertes, & Chen, 2000; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). Although the measures shared the Multicultural Counseling Competencies (Sue, et al., 1992) as their conceptual base, they were developed independently in geographically dispersed locales by separate researchers. Reviewers have noted that the instruments, despite their common purpose, reported different numbers of underlying factors, and that the commonly named subscales did not have congruent operational definitions (Pope-Davis & Dings, 1995; Sodowsky, 1996) and shared a non-significant amount of variance in some instances (Pope-Davis & Dings, 1994).

Among the small group of published scales measuring self-perceived multicultural competency, the “newest scale on the block” was the promising Multicultural Counseling Competency Training Scale-Revised (MCCTS-R) by Holcomb-McCoy (2000). At this time, however, only two studies and no external reviews of this scale were extant in the literature. A relatively early entry in this group of instruments was the Multicultural Awareness/Knowledge/Skills Survey (MAKSS) developed by D’Andrea, Daniels, & Heck in 1991. It has been criticized for questionable research methodology and relatively weak criterion-related
validity (Pope-Davis & Dings, 1995). A third self-report multicultural competency measure, the Multicultural Counseling Inventory (MCI) developed by Sodowsky, Taffe, Gutkin, & Wise in 1994 was rated as having superior validity and adequate reliability (Pope-Davis & Dings, 1995). It was, however, found to be positively correlated with the Crowne-Marlowe Social Desirability Scale (Constantine & Ladany, 2000).

The MCKAS, copyrighted by Ponterotto in 1997, was a 32 item (20 items for the Knowledge subscale and 12 items for the Awareness subscale), Likert scale format, self-report multicultural counseling competency measure. It was a revision of the 1991 MCAS, and the 1993 MCAS-B by Ponterotto (Ponterotto & Alexander, 1996; Ponterotto, et al., 2002). The MCAS-B was found to have moderately high long-term stability over the course of a two year longitudinal study (Vinson & Neimeyer, 2003). The MCKAS has been referred to as a pragmatic, relatively reliable and valid instrument with strong promise for multicultural research (Kocarek, Talbot, Batka, & Anderson, 2001; Sodowsky, 1996). In addition, the MCKAS was the only self-report multicultural competency measurement of the three more established measurement instruments (the MAKSS and MCI being the other two) that was not positively correlated with the Crowne-Marlowe Social Desirability Scale (Constantine & Ladany, 2000; Sodowsky, 1996).

The convergent validity of the MCKAS was supported by significant positive correlations to similar multicultural measures (Ponterotto, J. G., Rieger,
B. P., Barrett, A., Harris, G., Sparks, R., Sanchez, C. M., & Magids, D., 1996; Sodowsky, 1996) and it was cited as having moderate to strong criterion-related validity (Kocarek, et al., 2001; Ponterotto, et al., 1996). Additionally, support for construct validity has also been noted (Constantine & Ladany, 2000; Vinson & Neimeyer, 2000) through use of structural equation modeling and aggregate confirmatory factor analysis procedures that supported the two-factor oblique model proposed by Ponterotto, et al., (2002). The coefficient alpha for the Knowledge subscale was in the .90s for six of seven samples and in the .70s or .80s for the Awareness subscale (Ponterotto, et al., 2002). Cronbach’s alphas were in the .89 to .93 range for the total scale (Constantine & Ladany, 2000; Ponterotto, Rieger, Barrett, & Sparks, 1994). Additionally, subscale intercorrelations were reported to be low to moderate, with a .37 mean across studies. This suggested that the subscales measure distinct constructs (Constantine & Ladany, 2000; Ponterotto, et al., 2002; Ponterotto, et al., 1994).

Scoring of the Instruments

The Defining Issues Test (DIT)

The short form of the DIT was a recognition and evaluation task utilizing a multiple-choice format to rate and rank twelve possible responses to three moral dilemmas (Evans & Foster, 2000; Peace, 1992; Rest, 1994). A developmental score was calculated based on these ratings and rankings. The Principled Score (the P score) was the most commonly used and reported DIT score (Gielen & Lel, 1991; Rest, et al., 1999). It was based on the percentage of a participant’s
responses that represent principled moral thinking (Kohlberg and Rest’s Post-Conventional level or schema). The possible scores on the DIT short form ranged from 0 to 90 with higher scores representing higher moral reasoning development. After reading each dilemma, respondents were asked to rate twelve responses/questions in terms of their importance in making a decision regarding the preceding dilemma. They were then asked to rank the top four responses/questions from the list of 12. The respondent’s first ranked choice was given four points, the second choice was scored as three points, etc. Each response/question that the participant rated and ranked had been designated as representing one of Kohlberg’s moral development stages. The points “earned” for responses were then totaled under the stage of development that the response represented. The points corresponding with stages five and six were totaled with the resulting sum being the P score. Additionally, there were two internal checks on the reliability of each participant’s test (Gielen & Lei, 1991; Rest, 1990). The M score indicates the participant’s inclination to rate pretentious sounding but meaningless response items highly. If “M” responses earned more than four points, the instrument was considered invalid. The Consistency Check entailed comparing a participant’s ratings and rankings to ensure their congruence. Replicated studies indicate participants were unable to “fake high” or artificially increase their P score (Rest, 1979; Rest, 1994).

Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

The MCKAS, copyrighted by Ponterotto in 1997, was a 32 item (20 items...
for the Knowledge subscale and 12 items for the Awareness subscale), seven point Likert scale format, self-report multicultural counseling competency measure. All 20 Knowledge scale items and 2 of the 12 Awareness scale items were given scores based on the number circled by the respondent (1 = 1 point, 2 = 2 points, etc.). Ten of the Awareness scale items were reverse-scored (1 = 7 points, 2 = 6 points, etc.). The mean score for each scale was then computed by dividing the sum of the scores by the number of items answered. For the MCKAS Awareness and Knowledge scales, no instructions were given to indicate when either scale should be considered invalid. In the interest of consistency and reliability, responses for each scale were considered invalid if more than 10% of the questions for that particular scale were not answered. A total of 12 items comprise the Awareness scale, so two (16.7%) or more unanswered items invalidated the response for that scale. With the Knowledge scale containing 20 items, three (15%) or more unanswered items led to invalidating the response for the Knowledge scale.

Research Design

A correlational research design was employed to determine the strength and direction of relationships between variables. Additionally, a descriptive component of the design allowed for a development of profiles of school counselors who participated in clinical supervision and those who did not. The independent variables were the two supervision variables, average hours per month of participation in clinical supervision and the number of years the
counselor had received supervision. The dependent variables were the DIT P scores and the scores from both the Awareness and Knowledge scales of the MCKAS.

**Research Question**

What type of relationship exists between school counselors’ moral development level and self-perceived multicultural counseling competency level and their level of participation in clinical supervision?

**Directional Hypotheses**

1. School counselors who participate in clinical supervision with greater frequency will score higher on a measure of moral development than school counselors who participate in less clinical supervision.

2. School counselors who participate in clinical supervision with greater frequency will score higher on a measure of self-perceived multicultural counseling competency than school counselors who participate in less clinical supervision.

3. School counselors’ scores on a measure of moral development (the DIT) will be positively correlated with their scores on a measure of self-perceived multicultural counseling competency (the MCKAS).

**Data Analysis**

Descriptive statistics were utilized to profile the school counselors in terms of age, gender, race, educational level, credentials, years of experience, work setting, membership in professional organizations, multicultural counseling...
training, and experience of clinical supervision. Stepwise block regression statistical procedures were employed to determine the size and direction of relationships between variables. Education level and age were used as control variables for moral reasoning level due to the significant shared variance between the three variables (Rest, 1994; Rest, et al., 1999). The amount of multicultural training received has been shown to positively correlate with multicultural counseling competence scores (Ponterotto, et al., 2000; Ponterotto, et al., 1996; Vinson & Neimeyer, 2000; Vinson & Neimeyer, 2003). Additionally, there was evidence of a positive correlation between race and multicultural awareness and knowledge. Non-White European-Americans have scored higher than White European-Americans in four recent studies (Kocarek, Talbot, Batka, & Anderson, 2001; Vinson & Neimeyer, 2000; Vinson & Neimeyer, 2003; Yeh & Aurora, 2003). The amount of multicultural training received served as a control variable for these scores to mitigate their confounding effect on the data. The participants' race or ethnicity was not used as a control variable as was planned due to the small number (n=3) of non-White European Americans in each group. Finally, a Pearson Product-moment correlation coefficient was derived to examine the relationship between DIT and MCKAS scores.

**Ethical Considerations**

All participants were informed of both the purpose of this study and the ethical safeguards employed. They were assured about the confidentiality of the data; their names were not revealed and only aggregate data was reported. They
were also informed about the voluntary nature of their participation and that they may have chosen to withdraw at any time without penalty. ACA ethical research guidelines and the guidelines of the Protection of Human Subjects Committee at The College of William and Mary were followed. Permission to carry out this study was obtained from the Protection of Human Subjects Committee at The College of William and Mary and this researcher’s dissertation committee before proceeding. It was anticipated that no harm would come to any of the participants as a result of their participation in this study. Participants were offered an opportunity to receive the results of this study via e-mail.

**Limitations**

The utilization of purposive sampling combined with the random sampling employed in this study limited generalizability to a larger population of school counselors. Additionally, no demographic data was available for members of ASCA so it was unclear if their membership accurately represents professional school counselors in the United States. The use of volunteers also limited generalizability, as their characteristics may not represent the target population as a whole (Gall, Borg, & Gall, 1996). A lower than desired response rate also impeded generalizing the results obtained to the target population. The use of a non-experimental, correlational research design did not yield a clear cause and effect finding. Also, it was impossible to control for all the extraneous variables (e.g. model of supervision used, multicultural competency of the supervisor), so the results may well have been influenced by factors other than those measured.
Both the MCKAS and the demographic survey were subject to the limitations inherent in mailed self-report measures, such as failing to understand the directions and/or dishonesty in a participant's response set. Additionally, the demographic survey was constructed by the researcher and tested on a small pilot group. No preliminary findings concerning the reliability and validity of this survey were obtained.
Chapter Four

Analysis of Results

The purpose of this study was to investigate the relationship between school counselors' moral development level, their self-perceived multicultural counseling competence level and their level of participation in clinical supervision. This chapter presents a brief overview of the sampling procedures that were utilized followed by an analysis of the data obtained.

Sampling Procedures

Five hundred and two (502) ASCA members from thirteen Midwestern and Western states were randomly selected to receive a mailed research packet. At the time of the mailing, ASCA membership totaled over 14,500. ASCA did not have any demographic information available to assess the representativeness of the sample accessed compared to the total membership of ASCA. In addition, a purposive sample of school counselors in two school districts (one in a rural and small city area of a Northeastern state and one in a urban area of a mid-Atlantic state) with a high incidence of school counselor participation in clinical supervision was accessed. A total of 27 research packets were sent to the counselors in these two districts. A total of 529 research packets were mailed.

All participants were asked to complete a demographic survey and two research instruments, the Defining Issues Test (DIT) and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). (Instruments utilized are reproduced with permission of the copyright owner. Further reproduction prohibited without permission.)
presented in the Appendices.) The order of the two research instruments as they appeared in the packet was counterbalanced. The research packets were mailed to the ASCA members in October of 2003. Packets were sent to identified counselors in the two purposively selected school districts in November and early December of 2003. A reminder postcard was sent two and one-half weeks after the initial mailing to the 502 ASCA members who were accessed for this study. A reminder e-mail was sent to the supervisors of the counselors in the two purposively selected school districts two weeks after the research packets were sent to them. The data collection process lasted from November of 2003 until early February of 2004.

Descriptive Data Results

Two research packets were returned unopened. Of the remaining 527 packets, 159 were returned (30.2%). Fourteen of the 27 packets sent to the purposively selected school districts were returned (51.9%). From the ASCA mailing, 145 research packets were returned (29%). Ninety-two responses from professional school counselors were received. This represented 92% of the stated goal to access 100 professional school counselors as participants in the study.

The target for professional school counselors participating in clinical supervision had been 30. A total of 35 supervised school counselors participated in this study. The 35 respondents who participated in clinical supervision represented 38% of the professional school counselors in this sample; non-
supervised school counselors numbered 57 (62%). Of the 35 clinically supervised professional school counselors, 21 came from the ASCA mailing list. This represented 26.9% of the ASCA mailing list respondents, slightly higher than the 23% of school counselors who participated in clinical supervision found in a recent national survey (Page, et al., 2001).

Six of the 92 respondents were working as school counselors with provisional licenses while they completed their Masters program. (Three were in the supervised group and 3 came from the group not clinically supervised). In addition, 54 respondents were presently students not certified or licensed as school counselors and 13 responses were not viable for this study (8 were returned blank and 5 were from respondents who were not professional school counselors or students in a school counseling graduate program). For this study, the data analyzed and discussed was from the 92 responses obtained from professional school counselors.

The ASCA mailing list respondents numbered 78, or 84.8% of the professional school counselor participants. From the purposively selected school districts, 6 of the respondents worked in a Northeastern state (6.5% of the professional school counselors); 8 were from a Mid-Atlantic state (8.7%). The gender ratio was 82 females (91.1%) to 8 males (8.9 %). Two participants did not indicate their gender on the Demographic survey.

White European-Americans dominated the sample accessed, 86 of the professional school counselors self-identified in this category (93.5%). Nationally,
it was estimated that 88% of professional school counselors were White European-Americans (Milliken, 2004). Four participants indicated that they were African-American, 1 self-identified as a Latino/a, and 1 participant self-identified as multiracial. Three of the 6 non-White European-Americans were among the 35 professional school counselors who participated in clinical supervision and 3 were in the non-supervised group.

The age range for the professional school counselor participants was from 25 to 59 years old. The mean age was 39.28 years; the median age was 39.5. An independent samples t-test indicated a non-significant difference between the professional school counselors in the supervised group (mean age of 38.71 years) and the not clinically supervised group (mean age was 39.63).

Ninety of the 92 participants responded to the question about the number of years they have worked as a school counselor. The range was from 0 to 30 years, the mean was 6.36 years, the median years of experience was 3.5. Forty of the 90 respondents (44.4%) had worked for two or less years. Once again, an independent samples t-test found a non-significant difference in the number of years of school counselling work experience between the supervised (mean = 6.56) and those not participating in clinical supervision (mean = 6.23) groups.

Eight of the participants indicated that their highest educational degree obtained was a Bachelors degree (4 were in the supervised group and 4 came from the group not clinically supervised). Seventy-four of the participants listed a Masters as their highest obtained degree (25 were in the supervised group and
49 came from the group not clinically supervised). All 3 participants who held a post-Masters Certificate of Advanced Study were from the supervised group. One of the 4 holding an Ed.S. degree and 2 of the 3 with Doctorates were in the supervised group, the remainder was in the group that did not participate in clinical supervision.

Answers to the inquiry concerning the number of courses or workshops attended dealing with multicultural counseling ranged from 0 to 6. Two participants replied with uncodable responses ("several" and "multiple"). In addition, 8 respondents gave a range of numbers for a response (e.g. "five or more", "3-5"). To maintain consistency in coding, given that not all responses indicated a maximum for their range, the minimum number given was utilized as the coded answer. The mean number of courses or workshops attended was 1.98, the median was 2.00. An independent samples t-test failed to find a significant difference between the mean of the supervised group (1.85) and the mean for the group not clinically supervised (2.05).

Eighty-four of the participants (91.3%) indicated that they discussed issues of racism or bias with students. Seven (7.6%) responded that they did not discuss these topics with students. One participant (1.1%) left this question blank. Fifty-seven of the respondents (62%) indicated that they were actively involved with culturally diverse individuals outside of the school counseling setting. Thirty-four responded that this was not true for them (37%). Once again, one respondent left the answer blank.
Thirty-three (35.9%) of the respondents indicated that they work in an Elementary school. Twenty (21.7%) are employed in a Middle school or Junior High school. Twenty-two (23.9%) operated in a high school setting. Ten (10.9%) of the professional school counselors worked in more than one of the aforementioned settings (e.g. K-12). Four (4.3%) were employed at a college or university and three (3.3%) were in another setting (e.g. career center).

Participants were asked to designate which certifications and/or credentials they possessed. Eleven (12%) specified that they were Nationally Certified Counselors (NCC). Two (2.2%) checked the box signifying that they held the Nationally Certified School Counselor credential. Twenty-one (22.8%) listed themselves as a Licensed Professional Counselor (or equivalent). Only 72 (78.3%) checked the box indicating that they held a license or certificate as a school counselor in their state. Four (4.3%) specified other certifications or credentials: one listed being an LMFT, one held a school social worker certificate, one listed their teaching certificate, and one checked the "other" box but did not specify the certificate/credential(s) held.

Respondents were also asked to designate the professional organizations in which they held memberships. Twenty (21.7%) indicated that they belonged to ACA. Eighty-one (88%) signified that they were members of ASCA. (Seventy-eight of the respondents were accessed using an ASCA mailing list; 4 of these did not check the ASCA box on the demographic survey. Seven of the fourteen respondents from the purposively selected school districts indicated that they
held membership in ASCA.) Fifty (54.3%) of the participants indicated that they belonged to a state counseling association. It was interesting to note that none of the 92 respondents indicated that they held membership in AMCD. Fifteen (16.3%) respondents listed membership in other professional organizations. Nine were members of a local and/or regional counseling association, other organizations listed included: APA, NEA, ICAC, and national and state play therapy associations.

The mean for number of hours of clinical supervision per month was 2.26 hours. Of the 35 clinically supervised school counselors, 10 (28.6%) had supervision for one hour per month and 17 (48.6%) indicated that they received two hours or less per month. Nine respondents (25.7%) indicated that they participated for 10 or more hours per month (including four responses indicating 15 or more hours per month). The mean for number of years of participation in clinical supervision was 0.999. The range for the clinically supervised school counselors was 11.83, with a minimum of .17 years and a maximum of 12 years. Twenty-one (60%) of the 35 indicated that they had been receiving clinical supervision for one year or less.

Respondents were asked to indicate, on average, how many times per month multicultural issues were discussed during supervision. Two of the responses were not specifically quantified ("often" and "occasionally") and thus were not coded. Nine of the 35 supervised participants (25.7%) disclosed that multicultural issues were not discussed in an average month. Twenty-three of
the respondents (65.7%) signified that multicultural issues were discussed an average of one time per month or less. Five participants (14.3%) indicated an average of two times per month and 5 indicated that multicultural issues were discussed an average of three or more times per month. Twenty of the thirty-five respondents (57.1%) shared that their clinical supervisor initiates discussion about multicultural issues/concerns.

Of the 92 responses received from professional school counselors, 73 valid responses were obtained with the DIT short form and were used in the analysis of data. The 20.7% rate of invalid responses was higher than the average of 5% to 15% of responses determined to be invalid in studies relying on volunteers (Rest, 1990). Four of the responses were invalid due to multiple items being left unanswered. Fifteen were determined to be invalid by utilizing the two internal checks on subject reliability suggested by Rest (1990). Twelve of the 15 failed the "M" score check by "endorsing statements for their pretentiousness rather than their meaning" (Rest, 1990, pp. 24-25). Three were eliminated due to unacceptably high scores on the Consistency Check (Rest, 1990). By groups, five of the 35 (14.3%) supervised professional school counselors had invalid DIT scores, while 14 of the 57 (24.6%) scores for non-supervised professional school counselors were invalid.

For the entire sample of 73 valid responses, P (principled moral reasoning) scores ranged from 0 to 73.3 (on the DIT short form, the maximum P score is 90). The scores in the low end of the range (e.g. 0, 3.3, and 6.7) were
rechecked to ensure accuracy of the scoring). The mean score was 41.37, the median registered 40.00, and the standard deviation was 17.21. A standardization sample using 1080 participants found an average P score of 34.77 (standard deviation = 16.67). College students in the standardization sample had a mean P score of 43.19 (SD = 14.32) while the mean for college graduates was 44.85 (SD=15.06) (Rest, 1990).

By groups, the 30 valid responses from supervised school counselors had P scores ranging from 3.3 to 70. The mean for this group was 43.77. The median was 40.00 and the standard deviation was 17.11. School counselors not participating in clinical supervision had 43 valid responses with scores ranging from 0 to 73.3. The mean for this group was 39.70, the median also measured 40.00, and the standard deviation was 17.27.

For the MCKAS Awareness and Knowledge scales, no figures were given to indicate when the response should be considered invalid. In the interest of consistency and reliability, responses for each scale were considered invalid if more than 10% of the questions for that particular scale were not answered. A total of 12 items comprise the Awareness scale, so two (16.7%) or more unanswered items invalidated the response for that scale. With the Knowledge scale containing 20 items, three (15%) or more unanswered items led to invalidating the response for the Knowledge scale. Eighty-eight (95.65%) valid responses were utilized for the scoring and analysis of the Awareness scale; 89 (96.74%) of the responses were deemed valid for the analysis of the Knowledge
scale scores. Three of the four invalid responses on the Awareness scale and two of the three invalid responses on the Knowledge scale were from the group of supervised school counselors. Given that some respondents had one or two answers missing, for the sake of consistency the average score of all the ratings for a scale’s items (ratings were from 1 to 7) was used rather than the total score.

For the MCKAS Awareness scale, individual scores ranged from 4.50 to 7.00. The overall mean score was 5.81 with a standard deviation of 0.648. The median score was 5.83. In the norming sample used by Ponterotto in the development of the MCKAS (N=199), the mean score for the Awareness scale was 5.06 and the standard deviation was 1.14 (Ponterotto, et al., 2002). Supervised school counselors had 32 valid responses with scores ranging from 4.83 to 6.92. The mean score for this group was 5.99 with a standard deviation of 0.602. The median score fell at 6.04. School counselors not participating in clinical supervision had 56 valid responses with a range of scores from 4.50 to 7.00. The mean score for this group was 5.71 and the standard deviation was 0.657. The median score measured 5.75.

For the MCKAS Knowledge scale, individual scores ranged from 3.05 to 6.80. The overall mean score was 4.90 with a standard deviation of 0.784. The median score was 4.90. In Ponterotto’s norming sample, the mean for the Knowledge scale was 4.96 with a standard deviation of 0.80 (Ponterotto, et al., 2002). Supervised school counselor had 33 valid responses with scores ranging
from 3.40 to 6.30. The mean score for this group was 4.998 with a standard deviation of 0.763. The median score fell at 4.95. School counselors not participating in clinical supervision had 56 valid responses with a range of scores from 3.05 to 6.80. The mean score for this group was 4.84 and the standard deviation was 0.798. The median score measured 4.88.

**Data Analysis of Hypotheses**

Each of the three directional hypotheses was reviewed, followed by a delineation of the statistical analysis that was used for the gathered data. The results of the analysis conclude the examination of each hypothesis.

*The relationship between moral development and participation in supervision*

1. School counselors who participate in clinical supervision with greater frequency will score higher on a measure of moral development than school counselors who participate in less clinical supervision.

Stepwise block regression statistical procedures were employed to determine the size and direction of relationships between variables. Education level and age were entered as a block and used as control variables for moral reasoning level due to the significant shared variance between the three variables (Rest, 1994; Rest, et al., 1999). Two supervision variables, average number of hours per month and number of years participating in clinical supervision were then examined to see if they fit the model for the data. Neither
of the two supervision variables reached significance at the $p < .05$ level in the stepwise regression analysis (see Table 1).

Table 1

<table>
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<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE_B$</th>
<th>Beta</th>
<th>$t$</th>
<th>$p$</th>
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<tbody>
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<td>Age</td>
<td>0.004</td>
<td>0.217</td>
<td>0.002</td>
<td>0.016</td>
<td>0.986</td>
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<tr>
<td>Education</td>
<td>2.116</td>
<td>2.912</td>
<td>0.093</td>
<td>0.726</td>
<td>0.469</td>
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As is evident in Table 1, neither of the control variables (age and education) approaches significance at the $p < .05$ level. The lack of a significant correlation between age and DIT P scores and level of education and DIT P scores runs contrary to previous research presented in the literature. In this study, together they accounted for less than 1% of the shared variance ($R^{2} = .009$, $F(2, 70) = .312$, $p = .733$).

**Relationship between supervision and Multicultural Counseling Competency**

2. School counselors who participate in clinical supervision with greater frequency will score higher on a measure of self-perceived multicultural counseling competency than school counselors who participate in less clinical supervision.
Stepwise block regression statistical procedures were employed to determine the size and direction of relationships between variables. The amount of multicultural training received has been shown to positively correlate with multicultural counseling competence scores (Ponterotto, et al., 2000; Ponterotto, et al., 1996; Vinson & Neimeyer, 2000; Vinson & Neimeyer, 2003). Additionally, there was evidence of a positive correlation between race and multicultural awareness and knowledge. Non-White European-Americans have scored higher than White European-Americans in four recent studies (Kocarek, Talbot, Batka, & Anderson, 2001; Vinson & Neimeyer, 2000; Vinson & Neimeyer, 2003; Yeh & Aurora, 2003). The participants’ race or ethnicity was not used as a control variable as was planned due to the small number (n=3) of non-White European Americans in each group.

The amount of multicultural training (number of multicultural counseling courses or workshops attended) did serve as a control variable for the scores on both of the MCKAS scales (Awareness and Knowledge) to mitigate its confounding effect on the data. Two supervision variables, average number of hours per month and number of years participating in clinical supervision were then examined to see if they fit the model for the data.

The stepwise block regression analysis of the MCKAS Awareness Scale scores with the control variable, number of multicultural counseling courses or workshops attended, was found to be statistically significant (see Table 2). This finding is supported by previous research presented in the literature. One of the
two supervision factors examined, number of years participating in clinical supervision, was found to be positively correlated to scores on the Awareness scale of the MCKAS at a level of statistical significance ($p < .05, \rho = .022$).

However, neither of the two supervision variables was significant at the $p < .05$ level in the stepwise regression analysis. (The regression analysis for "number of years participating in clinical supervision" resulted in finding $t = 1.936, \rho = 0.056$.) The variance of the Awareness scale scores of the MCKAS in this study appeared to be restricted in comparison to the norming sample (this study, SD = 0.648; norming sample, SD = 1.14). This can have a negative affect on the strength of any correlation that might exist between the variables involved.

Table 2

<table>
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<tr>
<th>Variable</th>
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<th>Beta</th>
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</tr>
</thead>
<tbody>
<tr>
<td># of Multicultural Counseling courses Or workshops Attended</td>
<td>0.133</td>
<td>0.054</td>
<td>0.260</td>
<td>2.463</td>
<td>0.016</td>
</tr>
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The stepwise block regression analysis of the MCKAS Knowledge Scale scores with the control variable, number of multicultural counseling courses or workshops attended, was also found to be statistically significant (see Table 3).
This finding was expected and supported by previous research presented in the professional literature. Neither of the supervision factors examined, number of years participating in clinical supervision or hours in supervision was found to be statistically significant at the $p < .05$ level in the stepwise regression analysis.

Table 3

*Stepwise Block Regression Analysis for Variables Predicting MCKAS Knowledge Scale Scores*

<table>
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<tr>
<th>Variable</th>
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<th>Beta</th>
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<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Multicultural Counseling courses</td>
<td>0.241</td>
<td>0.062</td>
<td>0.391</td>
<td>3.913</td>
<td>0.000</td>
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</table>

*Correlation of Moral Development and Multicultural Counseling Competence*

3. School counselors' scores on a measure of moral development (the DIT) will be positively correlated with their scores on a measure of self-perceived multicultural counseling competency (the MCKAS).

Previous studies of this potential relationship have been inconclusive yet researchers seemed to believe continued exploration of this topic is worthwhile. As was found in this study, the amount of multicultural training received appears to be correlated with higher levels of multicultural counseling competency (Ponterotto, et al., 2000; Ponterotto, et al., 1996; Vinson & Neimeyer, 2000).
Two studies examined the possibility of multicultural training contributing to enhanced DIT scores. They failed to find significant gains in DIT scores after the administration of multicultural training (Adams & Zhou-McGovern, 1993; Taylor, 1994) but the authors of these studies were encouraged by the trends they observed in their results and called for further research to investigate this relationship. Another recent study did find a significant relationship between multicultural experiences and a subscale of the DIT-2 that measures postconventional development (Endicott, Bock, & Narvaez, in press). In addition, two of three recent studies measuring moral development and constructs related to multicultural competency found a significant correlation in a theoretically expected direction. More recently, a significant relationship between moral development, (measured by the DIT-2), and the Intercultural Development Inventory (which measures views toward culturally diverse “others”) was found (Endicott, et al., in press). In a treatise on tolerance, Vogt (1997) surmised that tolerance occurs with Stage 4 and higher levels of Moral Development. This appears to be supported by the research indicating a positive relationship between higher levels of cognitive development and reduced levels of prejudicial and stereotypical thinking (Evans & Foster, 2000). Given the conflicting yet promising findings, continued investigation of the relationship between moral development and multicultural counseling competency seemed to have merit.

A Pearson Product-moment correlation coefficient was derived to examine the relationship between DIT P scores and the scores for each of the MCKAS
scales (see Table 4). Neither of the scales was found to have a statistically significant positive relationship with DIT P scores. For one-tailed tests of significance, DIT P scores and MCKAS Awareness scale scores registered $p = 0.061$; DIT P scores and MCKAS Knowledge scale scores were also found to not be statistically significant, $p = 0.115$. Interestingly, contrary to previous research that found a moderate correlation between the two MCKAS scales, statistical significance was not reached for a positive intercorrelation between the scores on the two scales for this study, $p = 0.060$.

Table 4

<table>
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<th>1</th>
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<tbody>
<tr>
<td>1. DIT P</td>
<td>--</td>
<td>0.185</td>
<td>0.144</td>
</tr>
<tr>
<td>2. MCKAS Awareness scale</td>
<td>--</td>
<td>0.168</td>
<td></td>
</tr>
<tr>
<td>3. MCKAS Knowledge scale</td>
<td>--</td>
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Chapter Five

Discussion of Results

Review of Results

The research question examined in this study was: what type of relationship exists between school counselors' moral development level and self-perceived multicultural counseling competency level and their level of participation in clinical supervision? The following directional hypotheses were proposed:

1. School counselors who participate in clinical supervision with greater frequency will score higher on a measure of moral development than school counselors who participate in less clinical supervision.

2. School counselors who participate in clinical supervision with greater frequency will score higher on a measure of self-perceived multicultural counseling competency than school counselors who participate in less clinical supervision.

3. School counselors' scores on a measure of moral development (the DIT) will be positively correlated with their scores on a measure of self-perceived multicultural counseling competency (the MCKAS).

For hypotheses one, stepwise block regression statistical procedures were employed to determine the size and direction of relationships between variables. Education level and age were used as control variables for moral reasoning level.
due to the significant shared variance between the three variables (Rest, 1994; Rest, et al., 1999). The control variables of age and education were entered stepwise as a block into the regression analysis. Neither approached significance at the $p < .05$ level, $R^2 = 0.009, F(2, 70) = 0.312, p = .733$. Together they account for less than 1% of the variance shared. For these factors, this was contrary to a substantial body of previous research presented in the literature.

Two additional factors were measured to examine aspects of the relationship of clinical supervision with moral development as measured by the DIT, number of years of participation in clinical supervision and average hours of clinical supervision per month. Neither of these factors was significant at the $p < .05$ level.

For hypothesis two, each of the MCKAS scales, Awareness and Knowledge, were examined separately. Stepwise block regression statistical procedures were employed to determine the size and direction of relationships between variables. The amount of multicultural training received has been shown to positively correlate with multicultural counseling competence scores (Ponterotto, et al., 2000; Ponterotto, et al., 1996; Vinson & Neimeyer, 2000; Vinson & Neimeyer, 2003). Additionally, there is evidence of a positive correlation between race and multicultural awareness and knowledge. Non-White European-Americans have scored higher than White European-Americans in four recent studies (Kocarek, Talbot, Batka, & Anderson, 2001; Vinson & Neimeyer, 2000; Vinson & Neimeyer, 2003; Yeh & Aurora, 2003). The amount of
multicultural training received served as a control variable for these scores to mitigate their confounding effect on the data. The participants' race or ethnicity was not used as a control variable as was planned due to the small number (n=3) of non-White European Americans in each group.

The correlation coefficients of each of the factors with the MCKAS Awareness scale score was examined. The control variable, number of Multicultural Counseling courses or workshops attended was significant at the $p < .05$ level ($p = .007$). This finding was supported by previous research presented in the professional literature. Additionally, one of the factors examined, number of years participating in clinical supervision was found to be positively correlated at a level of statistical significance ($p < .05, p = .022$) to scores on the Awareness scale of the MCKAS.

The control variable, number of Multicultural Counseling courses or workshops attended was entered stepwise into the regression analysis to determine shared variance with the MCKAS Awareness scale. The stepwise regression analysis also found this variable significant at the $p < .05$ level ($p = .016$). Its $R^2$ squared value was .067, $F(1, 84) = 6.068$. Neither of the examined variables (number of years participating in clinical supervision or hours per month spent in clinical supervision) reached significance at the $p = .05$ level. Given the apparently restricted variance with this study's scores on the MCKAS Awareness scale (this study, SD =0.648; norming sample’s SD = 1.14), one could speculate that a stronger relationship would have been detected with a
sample whose variance in scoring was more congruent with that of the norming sample.

The correlation coefficients of "number of years of clinical supervision" and "hours per month in clinical supervision" with the MCKAS Knowledge scale score were examined. The control variable, number of Multicultural Counseling courses or workshops attended was significant at the $p < .05$ level ($p = .000$). This finding is supported by previous research presented in the professional literature. Neither of the other factors examined, "number of years of clinical supervision" and "hours per month in clinical supervision" were found to be positively correlated at a level of statistical significance to scores on the Knowledge scale of the MCKAS. With the clustering of scores near the low end of the range for "number of years of clinical supervision" (mean = 0.999), one can wonder what findings would emerge with a sample with a more balanced distribution for this variable.

For the MCKAS Knowledge scale, the control variable, number of Multicultural Counseling courses or workshops attended was also significant at the $p < .05$ level ($p = .000$) when it was entered stepwise into the regression analysis; $R$ squared = .153, $F(1, 85) = 15.312$. Once again, neither of the other factors examined, "number of years participating in clinical supervision" or "hours in supervision", were found to be significant at the $p < .05$ level in the stepwise regression analysis.

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Finally, for the third hypothesis, the correlation between the DIT scores and the scores on each of the MCKAS scores were examined separately. A Pearson Product-moment correlation coefficient was derived to examine the relationship between DIT and MCKAS Awareness scores. The correlation analysis revealed that the positive correlation coefficient between the scores from the two instruments was not statistically significant ($p = 0.061, p > .05$).

Likewise, a Pearson Product-moment correlation coefficient was derived to examine the relationship between DIT and MCKAS Knowledge scale scores. Once again, the positive correlation coefficient between the scores from the two scales was not statistically significant ($p = 0.115, p > .05$). Given the evidence in the recent literature supporting both the DIT and various multicultural counseling competence measures having statistically significant relationships with the same outside instruments or variables, one may wonder if both instruments are influenced by unidentified additional factors.

Limitations of the Study

An integral element of a discussion of these findings involves a review of the limitations of the study. As indicated previously, the utilization of purposive sampling combined with the random sampling employed in this study limits generalizability to a larger population of school counselors. Additionally, no demographic data was available for members of ASCA so it is unclear if their membership accurately represents professional school counselors in the United States. The relative lack of diversity in the sample reduces its utility in examining
racial or ethnic differences in scores on the instruments used. The use of volunteers also limits generalizability, as their characteristics may not represent the target population as a whole (Gall, Borg, & Gall, 1996). A lower than desired response rate also impedes generalizing the results obtained to the target population as well as a higher than average number of invalid responses to the DIT. The use of a non-experimental, correlational research design would not yield a clear cause and effect finding. Also, it is impossible to control for all the extraneous variables (e.g. model of supervision used, multicultural counseling competence of the supervisors), so the results may well be influenced by factors other than those measured.

Both the MCKAS and the demographic survey are subject to the limitations inherent in mailed self-report measures, such as failing to understand the directions and/or dishonesty in a participant’s response set. Additionally, the demographic survey was constructed by the researcher and tested on a small pilot group. No preliminary findings concerning the reliability and validity of this survey were obtained.

Discussion of Results

In discussing the statistically non-significant findings, it is important to acknowledge the possibility that they occurred because there is no relationship between the factors examined. It is also reasonable, given the previous body of research and the findings that approached significance, to examine mitigating factors that may have contributed to a Type II error of not finding significance.
where it actually did exist. In addition to the questions regarding the representativeness of the sample due to factors discussed above and the limitations of the instruments used in terms of their reliability, other issues may have influenced the findings. One point of interest was the apparently restricted variance in this study's sample on the MCKAS Awareness scale scores compared to the norming group (Norming group, SD = 1.14; this study's MCKAS Awareness scale scores SD = 0.648). This can reduce the likelihood of finding a significant correlation. In addition, the clustering of scores at the low end of the range for the "number of years of participation in clinical supervision" may have affected the results.

Given the strong support in the literature for a robust positive relationship between the control variables, age and education, and the DIT P scores, their anemic showing raises concerns. One possibility of measurement limitation was the coding of the education variable. Rather than using a broader scale (e.g. years completed), a 1-5 scale was utilized representing levels completed (bachelors, masters, certificate of advanced study, Ed.S., Doctorate). Additionally, little variance in responses was observed, 80.43% clustered at one level (masters).

The relative inexperience of the professional school counselors participating in this study (44.4% had two or fewer years of experience), combined with the limited number of hours of supervision each month (48.6% receive two hours or less per month), and brief length of time participating in

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supervision (mean of 0.999 years, 60% of those in supervision had participated for one year or less) may have affected the results. In contrast, in Peace’s study (1992), which found statistically significant growth in moral development, the intervention also involved supervision of school counselors. The school counselors were more experienced and also participated in a greater number of hours of supervision each month (10-12 hours). A final note, Halverson (1999) found that professional school counselors with higher DIT-2 scores were more likely to want supervision. Given the established benefits of having school counselors with higher levels of moral development, it appears to support the value of supervision for school counselors.

Considering the results with the second hypothesis (examining the relationship of participation in clinical supervision and multicultural counseling competence as measured by the MCKAS), a significant limitation of this study was its failure to examine either the type or model of supervision used and to ascertain the multicultural counseling competence of the supervisor. Constantine (1997) found that 70% of the supervisees in her study had taken a multicultural course but only 30% of the supervisors had done so. Ladany, Brittan-Powell, & Pannu (1997) posited that supervisor multicultural competence is a key factor in promoting supervisee multicultural competency growth. In this study, 65.7% of the supervised respondents discussed multicultural issues an average of one time per month or less. In addition, 42.9% indicated that their clinical supervisor does not initiate discussion about multicultural issues. This might partially explain the
weaker showing of supervision’s relatedness to the MCKAS Knowledge scale. Given the brevity of time and number of years in supervision for much of the supervised sample (see above) and the lack of information about supervisor multicultural competence, it is interesting to note that the number of years participating in clinical supervision was found to be significant in a Pearson product-moment correlation analysis with the MCKAS Awareness scale ($p = 0.022$) and it approached significance with DIT scores ($p = 0.051$). Given the relationship between multicultural training and multicultural competence supported in this study and in the literature, if the multicultural counseling training of the supervisors in this study was similar to that suggested by the Constantine (1997) study, the significant correlational result is a hopeful sign in less than ideal conditions. A final note of hope is the strong correlation demonstrated between the control variable, number of multicultural workshops or courses taken, and scores on both scales of the MCKAS. This would appear to contribute to the support for the validity of this measure and further endorse the efficacy of multicultural courses and workshops to enhance counselors’ multicultural counseling competence.

As for the third hypothesis, which proposed a positive correlation between DIT and MCKAS scores, once again it was a case of “close but no statistical significance”. Both scores approached the predetermined level of statistical significance (Awareness scale, $p = 0.061$, $p > .05$; Knowledge scale, $p = 0.115$, $p > .05$). In spite of promising “trends”, this study joins the ranks of studies which

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report promise but no statistically significant correlation between these two factors. In spite of the seductive logic suggesting their connection and documentation of their significant relationships with shared third factors, the only hopeful positive note comes from Taylor (1994) whose Chi-Square analysis of attribution-treatment interactions found that “higher initial moral development appears related to increasing acceptance of multiculturalism after an intervention designed to promote multiculturalism” (p. 151). Perhaps the limits of the testing methods have prevented a significant finding and that a study utilizing path analysis would be able to establish the connection that many scholars appear to believe exists. It is also possible that unknown additional factor(s) may have a significant relationship or causal role with both these measured concepts.

Implications

Among the implications that can be derived from this study and others referred to herein, perhaps clinical supervision alone is not enough to promote the professional development desired for professional school counselors (Paisley & McMahon, 2001). As noted previously, (Borders & Schmidt, 1992; Brott & Myers, 1999; Erford, 2003; Paisley & McMahon, 2001), both professional development and research on it are lacking in the school counseling field. Regardless of whether it is sufficient by itself, a considerable body of research referred to above has delineated the many benefits of clinical supervision. Still, as this study confirms what other studies have documented, only a small portion of professional school counselors participate in clinical supervision. Promising
models exist (e.g. Agnew, et al, 2002; Crutchfield & Borders, 1997). It appears to be incumbent on counselor educators and professional counseling organizations to train school counselor trainees and professionals in these models, provide the support necessary, and advocate to remove the obstacles that prevent successful implementation of effective models of clinical supervision.

Also, given the benefits of higher moral development levels, it is interesting to note that the mean DIT scores of non-clinically supervised school counselors documented here and in other studies (Diambra, 1997) point to professional school counselor scores being lower than the average for college students as a whole. In this study, the average P score for school counselors who participate in clinical supervision was actually higher than the norming sample’s mean for college students but slightly less the mean for the college graduates in the norming sample. It would appear that greater emphasis on cognitive and moral development is called for, both in training programs and professional development.

With the importance of multicultural counseling competence widely acknowledged, methods of promoting this competency need to be explored and promoted. While many acknowledge the promise of supervision to do just that, there is considerable concern about supervisors' ability to do this at this point. Wehrly (1995) notes “the urgent need to retrain many in-the-field counseling supervisors for cross-cultural competence” (p. 221). As was evident in the relatively weak showing in terms of a relationship between multicultural
knowledge and supervision, Bernard's (1994) warning merits our attention: "the development of the profession and the relevance of counselor education programs will be severely compromised if we do not advance the knowledge and practice of multicultural supervision" (p. 170).

Recommendations for Future Research

This study highlights the need for further research in a number of vital and promising areas. In terms of methodology, many leaders in the multicultural counseling field, (Ponterotto, et al., 2002; Sue & Sue, 2003), citing concerns about instrument bias and the exploratory nature of the research, are calling for greater use of qualitative and mixed methods and less reliance on quantitative methods. Use of phenomenological methods (see Portman, 2002 in Chapter Two) may assist in identifying factors to further explore with mixed methodology and also contribute to the development of additional valid research instruments. Also, as suggested previously, given the mutual connections of multicultural counseling competency and moral development with other variables, use of path analysis or other types of structural equation modeling appears to hold some potential in the exploration of the relationship between these two variables.

Given the documented benefits of enhanced levels of moral development and the relatively low mean DIT P scores for non-supervised professional school counselors, examining interventions for their effectiveness in contributing to growth in moral development of school counselors could be beneficial. With the
support in the literature for use of the Deliberate Psychological Education (DPE) model for raising levels of moral development, comparing different types of supervision for their use of the DPE elements and subsequent moral development growth could be interesting and important.

Acknowledging the concerns voiced in the professional literature, studying one of the significant variables not controlled for in this study, the multicultural counseling competence of school counseling clinical supervisors, seems to be vital. Using an intervention (e.g. Peace, 1992) or a survey that compares the growth in multicultural counseling competence of supervisees who have supervisors with varying levels of multicultural competence could be enlightening. Also important would be studies examining the relative efficacy of different types or models of clinical supervision for school counselors in terms of supervisee growth in cognitive development and multicultural competency.

Finally, as important as school counselor development of multicultural counseling competency is claimed to be, there is a paucity of outcome-based research that shows enhanced student outcomes as a result of this competency. In addition to examining the growth of school counselors in their self-perceived multicultural counseling competency, it would seem vital to study the correlation between school counselor multicultural counseling competence and positive student outcomes. This would also apply to studying the relationship between school counselor multicultural counseling competence and school multicultural climate. As is hopefully evident, with the tremendous potential for professional
school counselors to positively impact members of a school community, a wealth of meaningful questions remain open to exploration.

Summary

The purpose of this study was to investigate the relationship between school counselors’ moral development level, their self-perceived multicultural counseling competence level and their level of participation in clinical supervision. The professional literature suggests that school counselors are facing enhanced job complexity and demands in an increasingly diverse school community. The literature also suggests that school counselors’ skills and performance are more likely to decline than improve over the years. In addition, there appears to be a paucity of research concerning the professional development of school counselors. Given the support in the literature regarding the benefits of participation in clinical supervision, the theoretical frameworks of moral development and multicultural counseling were utilized to examine the provision of clinical supervision as a means of assisting school counselors in meeting these complex challenges and opportunities.

Although a positive correlation was found ($p = .022$) for the number of years of participation in clinical supervision and enhanced scores on the Awareness scale of the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), a subsequent stepwise block regression controlling for the number of multicultural courses or workshops attended found that the aforementioned supervision variable did not reach statistical significance ($p = .056$). In sum, the
findings did not support the hypotheses for this study. The relationship between participation in clinical supervision and enhanced moral development and levels of multicultural counseling competence was not statistically significant. Also, no statistically significant relationship was discovered between the instruments employed to measure moral development (DIT, short version) and amount of self-perceived multicultural counseling competency (MCKAS). Implications of the findings of this study and suggestions for further research in these vital areas were discussed.
Dear School Counseling Colleague,

I would appreciate your help with a study for my doctoral dissertation. I’m examining the relationship between school counselors’ supervision and their moral reasoning and multicultural awareness and knowledge. As a school counselor, I realize that creating opportunities for counseling supervision can be challenging. I’m hoping this study might shed some light on this important topic.

Your assistance is appreciated. By completing the enclosed forms and instruments, you will provide valuable information for the study. I’ve designed the research packet to obtain the necessary data while taking a minimum amount of your time. The entire packet should take between 25-40 minutes to complete. Your responses will be held in the strictest confidence. All participants will be entered in a drawing for four prizes: $100, $50, and two $25 prizes.

Please complete and return the following materials within 10 days of receiving them:

1. Sign and date one copy of the consent form. (Keep the other copy for your records.)
2. Complete the enclosed Demographic Survey.
3. Complete the enclosed research instruments (the DIT and the MCKAS).
4. Make sure to include the last four digits of your social security number on the Demographic Survey, the DIT, and the MCKAS. This allows the instruments to be correlated. Your responses will be kept confidential.
5. Mail the signed Consent Form, Demographic Survey, DIT, and MCKAS back to me in the enclosed stamped envelope.

I sincerely wish to thank you for your time, effort, and contribution to the field of school counseling. If you have any questions or comments, or if you’d like to have a copy of the results e-mailed to you, please contact me at the address listed above or call (757) 868-6109.

Sincerely,

Tim Grothaus, NCC, NCSC, ASC
Doctoral Candidate
The College of William and Mary
Consent Form

*Please sign, date, and return one copy. The second copy is for your records.

"The Relationships between Clinical Supervision and the Moral Reasoning and Multicultural Knowledge and Awareness of School Counselors"

I, (print name here)________________________________, am willing to participate in a study of school counselors. I understand that the study is being conducted by Tim Grothaus, a doctoral candidate in counselor education at the College of William & Mary, to explore the relationships of clinical supervision, moral reasoning, and multicultural knowledge and awareness of school counselors. My involvement in this study will be approximately 25-40 minutes.

As a participant in this study, I am aware that I will be asked to complete three research instruments: the Demographic Survey, the Defining Issues Test (DIT), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS).

As a participant in this study, I am aware: that participation is voluntary, that I may refuse to answer any question that is asked, and that I may choose to withdraw at any time during the study. I understand that my eligibility for the prizes will not be affected by my responses or by my exercising any of my rights. I also understand that a copy of the results of the study will be e-mailed to me upon request. I am aware that I may report dissatisfaction with any aspect of this research project to the Chair of the Protection of Human Subjects Committee, Dr. Stan Hoegerman, (757) 221-3901.

By participating in this study, I understand that there are no obvious risks to my physical or mental health.

Confidentiality Statement

As a participant in this study, I am aware that all records will be kept confidential and my name will not be associated with any of the results of this study.

I fully understand the above statements, and do hereby consent to participate in this study.

________________________________________  ____________________________
Participant’s Signature  Date

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Demographic Survey

*Please list the last four digits of your Soc. Security # _______ _______ _______ (used only to match the research instruments)*

1. Age: _______ 2. Gender: ______ Female ______ Male

3. Race/Ethnicity: ______ African American ______ American Indian ______ Asian American ______ Caucasian/European American ______ Latino(a)/Hispanic ______ Multiracial

4. Present work setting (check all that apply): ______ Elementary ______ Middle ______ High School ______ Other

5. Number of years you've worked as a School Counselor ______

6. Highest degree attained: ______ Bachelors ______ Masters ______ Ed.S. ______ Doctorate

7. Certifications/credentials: ______ NCC ______ NCSC ______ Licensed Professional Counselor(or equivalent) ______ State School Counseling License/Certificate ______ Other (please list) __________________________

8. Membership in Professional Organizations: ______ ACA ______ ASCA ______ State Counseling Association ______ Association for Multicultural Counseling & Development ______ Other (national/state/local) __________________________

9. How many courses or workshops dealing with multicultural counseling have you attended? ______

10. Do you discuss issues of racism or bias with students? ______ Yes ______ No

11. Are you actively involved with culturally diverse individuals outside of the school counseling setting? ______ Yes ______ No

12. Are you presently participating in clinical supervision as defined below? ______ Yes ______ No

*Clinical Supervision for school counselors occurs one-to-one or in a small group with another counselor(s) (or psychologist or social worker). Its focus is on enhancing the supervisees counseling skills, case conceptualization and assessment abilities, consultation competence and professional development.*

If you indicated "yes" for question #12, please answer questions 13 through 16. If you answered "no" for question #12, please continue by completing the DIT and MCKAS.

13. On average, how many hours of clinical supervision do you receive per month? ______

14. How long have you been participating in clinical supervision (years/months)? ______

15. On average, how many times per month do you discuss multicultural issues during supervision? ______

16. Does your clinical supervisor(s) initiate discussion about cultural issues/concerns? ______ Yes ______ No

Thank you... Please continue by filling out the enclosed DIT and MCKAS.
Multicultural Counseling Knowledge and Awareness Scale (MCKAS)
Copyrighted © by Joseph G. Ponterotto, 1997
A Revision of the Multicultural Counseling Awareness Scale (MCKAS)
Copyrighted © by Joseph G. Ponterotto, 1991

*Please list the last four digits of your Social Security #: ____________
(used only to match the research instruments)

Using the following scale, rate the truth of each item as it applies to you.

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1. I believe all clients should maintain direct eye contact during counseling.

2. I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education.

3. I am aware some research indicates that minority clients receive “less preferred” forms of counseling treatment than majority clients.

4. I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.

5. I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients.

6. I am familiar with the “culturally deficient” and “culturally deprived” depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination.

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7. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.

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8. I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation.

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9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.

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10. I think that clients should perceive the nuclear family as the ideal social unit.

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11. I think that being highly competitive and achievement oriented are traits that all clients should work towards.

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12. I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.

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13. I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.

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14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.

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Using the following scale, rate the truth of each item as it applies to you.

1  2  3  4  5  6  7
Not at All True
Somewhat True
Totally True

15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.

1  2  3  4  5  6  7

16. I am knowledgeable of acculturation models for various ethnic minority groups.

1  2  3  4  5  6  7

17. I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.

1  2  3  4  5  6  7

18. I believe that it is important to emphasize objective and rational thinking in minority clients.

1  2  3  4  5  6  7

19. I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups.

1  2  3  4  5  6  7

20. I believe that my clients should view a patriarchal structure as the ideal.

1  2  3  4  5  6  7

21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.

1  2  3  4  5  6  7

22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.

1  2  3  4  5  6  7
Using the following scale, rate the truth of each item as it applies to you.

1  2  3  4  5  6  7
Not at All True
Somewhat True
Totally True

23. I am aware of institutional barriers which may inhibit minorities from using mental health services.

1  2  3  4  5  6  7

24. I think that my clients should exhibit some degree of psychological mindedness and sophistication.

1  2  3  4  5  6  7

25. I believe that minority clients will benefit most from counseling with a majority counselor who endorses White middle-class values and norms.

1  2  3  4  5  6  7

26. I am aware that being born a White person in this society carries with it certain advantages.

1  2  3  4  5  6  7

27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.

1  2  3  4  5  6  7

28. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.

1  2  3  4  5  6  7

29. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.

1  2  3  4  5  6  7
Using the following scale, rate the truth of each item as it applies to you.

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30. I believe that all clients must view themselves as their number one responsibility.

1  2  3  4  5  6  7

31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.

1  2  3  4  5  6  7

32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.

1  2  3  4  5  6  7

Thank you for completing this instrument. Please feel free to express in writing below any thoughts, concerns, or comments you have regarding this instrument:
OPINIONS ABOUT SOCIAL PROBLEMS

**Please list the last four digits of your social security number ______________________
(used only to match the research instruments)

This questionnaire is aimed at understanding how people think about social problems. Different people often have different opinions about questions of right and wrong. There are no “right” answers in the way that there are right answers to math problems. You will be asked to give your opinion concerning several problem stories. Here is a story as an example:

Frank Jones has been thinking about buying a car. He is married, has two small children and earns an average income. The car he buys will be his family's only car. It will be used mostly to get to work and drive around town, but sometimes for vacations trips also. In trying to decide what car to buy, Frank Jones realized that there were a lot of questions to consider. Below there is a list of some of these questions.

If you were Frank Jones, how important would each of these questions be in deciding what car to buy?

Instructions for Part A: (Sample Question)

On the left-hand side of the page, check one of the spaces by each question to indicate its importance

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Part B: (Sample Question)

From the list of questions and considerations above, select the most important one of the whole group. Put the number of the most important question on the top line below. Do likewise for your 2nd, 3rd, and 4th most important choices.

1. Most important
2. Second most important
3. Third most important
4. Fourth most important

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Fred, a senior in high school, wanted to publish a mimeographed newspaper for students so that he could express many of his opinions. He wanted to speak out against the use of the military in international disputes and to speak out against some of the school’s rules, like the rule forbidding boys to wear long hair.

When Fred started his newspaper, he asked his principal for permission. The principal said it would be all right if before every publication Fred would turn in all his articles for the principal’s approval. Fred agreed and turned in several articles for approval. The principal approved all of them and Fred published two issues of the paper in the next two weeks.

But the principal had not expected that Fred’s newspaper would receive so much attention. Students were so excited by the paper that they began to organize protests against the hair regulation and other school rules. Angry parents objected to Fred’s opinions. They phoned the principal telling him that the newspaper was unpatriotic and should not be published. As a result of the rising excitement, the principal ordered Fred to stop publishing. He gave as a reason that Fred’s activities were disruptive to the operation of the school.

Should the principal stop the newspaper? (Check One)

_______ Should stop it

_______ Can’t decide

_______ Should not stop it

(Please complete reverse side)
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On the left-hand side of the page check one of the spaces by each question to indicate its importance.

1. Is the principal more responsible to the students or to the parents?

2. Did the principal give his word that the newspaper could be published for a long time, or did he just promise to approve the newspaper one issue at a time?

3. Would the students start protesting even more if the principal stopped the newspaper?

4. When the welfare of the school is threatened, does the principal have the right to give orders to students?

5. Does the principal have the freedom of speech to say "no" in this case?

6. If the principal stopped the newspaper, would he be preventing full discussion of important problems?

7. Whether the principal's order would make Fred lose faith in the principal.

8. Whether Fred was really loyal to his school and patriotic to his country.

9. What effect would stopping the paper have on the student's education in critical thinking and judgments?

10. Whether Fred was in any way violating the rights of others in publishing his own opinions.

11. Whether the principal should be influenced by some angry parents when it is the principal who knows best what is going on in the school.

12. Whether Fred was using the newspaper to stir up hatred and discontent.

From the list of questions above, select the four most important:

Most important

Second most important

Third most important

Fourth most important
ESCAPED PRISONER

A man had been sentenced to prison for ten years. After one year, however, he escaped from prison, moved to a new area of the country, and took on the name of Thompson. For eight years he worked hard, and gradually he saved enough money to buy his own business. He was fair to his customers, gave his employees top wages, and gave most of his own profits to charity. Then one day Mrs. Jones, an old neighbor, recognized him as the man who had escaped from prison eight years before and for whom the police had been looking.

Should Mrs. Jones report Mr. Thompson to the police and have him sent back to prison? (Check one)

_____ Should report him

_____ Can’t decide

_____ Should not report him

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On the left-hand side of the page check one of the spaces by each question to indicate its importance.

1. Hasn't Mr. Thompson been good enough for such a long time to prove he isn't a bad person?
2. Every time someone escapes punishment for a crime, doesn't that just encourage more crime?
3. Wouldn't we be better off without prisons and the oppression of our legal system?
4. Has Mr. Thompson really paid his debt to society?
5. Would society be failing what Mr. Thompson should fairly expect?
6. What benefits would prisons be apart from society, especially for a charitable man?
7. How could anyone be so cruel and heartless as to send Mr. Thompson to prison?
8. Would it be fair to all the prisoners who had to serve out their full sentences if Mr. Thompson was let off?
9. Was Mrs. Jones a good friend of Mr. Thompson?
10. Wouldn't it be a citizen's duty to report an escaped criminal, regardless of the circumstances?
11. How would the will of the people and the public good best be served.
12. Would going to prison do any good for Mr. Thompson or protect anybody?

From the list of questions above, select the four most important:

Most important ______
Second most important ______
Third most important ______
Fourth most important ______
HEINZ AND THE DRUG

In Europe a woman was near death from a special kind of cancer. There was one drug that
the doctors thought might save her. It was a form of radium that a druggist in the same town had
recently discovered. The drug was expensive to make, but the druggist was charging ten times
what the drug cost to make. He paid $200 for the radium and charged $2,000 for a small dose of
the drug. The sick woman’s husband, Heinz, went to everyone he knew to borrow the money, but
he could only get together about $1,000, which is half of what it cost. He told the druggist that
his wife was dying, and asked him to sell it cheaper or let him pay later. But the druggist said,
"No, I discovered the drug and I’m going to make money from it." So Heinz got desperate and
began to think about breaking into the man’s store to steal the drug for his wife.

Should Heinz steal the drug? (Check one)

_____ Should steal it

_____ Can’t decide

_____ Should not steal it

(Please complete reverse side)
HEINZ STORY

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On the left-hand side of the page check one of the spaces by each question to indicate its importance.

1. Whether a community's laws are going to be upheld.
2. Isn't it only natural for a loving husband to care so much for his wife that he'd steal?
3. Is Heinz willing to risk getting shot as a burglar or going to jail for the chance that stealing the drug might help?
4. Whether Heinz is a professional wrestler, or has considerable influence with professional wrestlers.
5. Whether Heinz is stealing for himself or doing this solely to help someone else.
6. Whether the druggist's rights to his invention have to be respected.
7. Whether the essence of living is more encompassing than the termination of dying, socially and individually.
8. What values are going to be the basis for governing how people act towards each other.
9. Whether the druggist is going to be allowed to hide behind a worthless law which only protects the rich anyhow.
10. Whether the law in this case is getting in the way of the most basic claim of any member of society.
11. Whether the druggist deserves to be robbed for being so greedy and cruel.
12. Would stealing in such a case bring about more total good for the whole society or not.

From the list of questions above, select the four most important:

Most important  
Second most important  
Third most important  
Fourth most important  

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