

# Perceived Multicultural Counselling Competencies Amongst Australian Counsellors and Psychologists

Hugo M. Gonzales, Briarna Popis, Phoebe Smith, Gaston Antezana

With 1 in 4 Australians being born overseas, awareness, knowledge, and skills are needed when working with these multicultural clients. This mixed methods study investigated the perceived multicultural counselling competency of Australian Counsellors and Psychologists. This study has confirmed multicultural counselling competencies are essential for counsellors and psychologists working with multicultural clients. Participants (N=81) completed an online survey and (N=7) in-depth interviews. Results indicate significant relationships between multicultural identification and increased multicultural awareness and knowledge, along with themes of Person-Centred, Training, Knowledge, Awareness, and Culture as more than Ethnicity. This study confirmed that multicultural competence levels are influenced by experience and multicultural counsellors who spoke more than one language performed better than those who spoke one. Significant effects were also found with those counsellors born outside Australia obtaining higher scores on the Awareness subscale. Similarly, those from a multicultural family background outperformed those from a bicultural background, and those from multicultural backgrounds also outperformed those from single culture background. As a limitation to this study, the sample size for the survey was rather small which limits the generalisation of these results.

**Keywords:** *Multicultural counselling, Perceived multicultural competence, competency, multicultural identification, multicultural awareness*

## Introduction

Australia is one of the most diverse countries in the world, both culturally and linguistically, with close to 400 languages spoken across the nation (Australian Bureau of Statistics, 2010). According to the Australian Bureau of Statistics (2020) in 2019, there were more than 7.5 million migrants living in the country, and 29.7% of the population was born overseas. With a growing and diverse population, and an increase in the awareness and prevalence of mental health disorders, now more than ever is the need for mental health professionals to be multiculturally competent (Sue, Zane, Hall, & Berger, 2009).

This research will discuss the perceived level of multicultural counselling competencies amongst Australian psychologists and counsellors. Multicultural counselling competence can be identified as the awareness of a person's

own personal beliefs, attitudes, and values, the awareness and knowledge of the worldview of multiculturally diverse people, and culturally relevant skills (Sue, Zane, Nagayama Hall, & Berger, 2009). Despite Australia's diversity and multicultural counselling competencies being deemed a "necessary skill", there is a lack of research in this area that has been conducted in Australia, as most of it is focussed on the USA (Sehgal et al., 2011; Matthews, Barden, & Sherrell, 2018). One of the few studies conducted in Australia by Tan and Denson (2019) focuses on bilingualism and multilingualism in psychologists, however this fails to account for all Australian counsellors and psychologists. This research study aims to address a gap in the literature and provide more awareness on the topic of multicultural counselling competencies, and what training is needed to improve levels of competencies.

The main research questions of this study include:

1. How competent do counsellors and psychologists in Australia perceive they are in a multicultural counselling setting?
2. What further training could be implemented to ensure counsellors and psychologists perceive themselves to be competent in multicultural counselling?
3. How has the training (or lack of) impacted the therapeutic alliance for counsellors and psychologists?

---

Corresponding Author: Dr Hugo M Gonzales

Email: hugonzales@copecentre.org

Australian Counselling Research Journal ISSN1832-1135

## Literature Review

Australia is known for its multiculturalism, with multiculturalism being defined as a value system which emphasises accepting different cultural backgrounds and behaviours and supporting the existence of these differences (Arasaratnam, 2014; Birrell, 1995; Dolce, 1973).

A multicultural society is a vast diversity of people with differing thoughts, beliefs, attitudes, behaviours, values, and perceptions of the world. For the individuals who decide to leave their country of origin and move to Australia, often there are a variety of difficulties they may encompass, for example language barriers, lack of social support, financial struggles and potentially experiences of racism (Chiang & Yang, 2008; Collins & Reid, 2012; Gonzales, 2010; Kosny, Santos, & Reid, 2017; Liamputton, 2006).

What accompanies the potential difficulties migrants and immigrants may face is an increased risk of developing a mental health disorder due to factors such as a lack of social support, isolation, and racism (Cho & Haslam, 2010; Oppedal, Røysamb, & Sam, 2004; Pumariega, Rothe, & Pumariega, 2005). Some studies have even highlighted higher suicide rates of immigrants in Australia compared to the general Australian population (Forte et al., 2018; Kliewer & Ward, 1988). A study by Minas et al. (2013) outlined the low rates of mental health services accessed by immigrants and refugee communities in Australia. There are a variety of reasons why these rates are low, however current literature suggests it is due to a lack of accessibility. Studies have outlined the barriers that culturally diverse people experience when attempting to access mental health support which include factors such as language barriers and effective communication, and lack of translators and interpreters (Davidson et al., 2004; Yousef & Deane, 2006; Wohler & Dantas, 2017). Principe (2015) reports a lack of cultural sensitivities in health services, and in contexts such as mental health services, multicultural competencies is essential when working with culturally diverse individuals who may be survivors of trauma, and persecution. To bridge the gap amongst accessibility issues in immigrants seeking mental health support, healthcare workers have been encouraged to increase their level of multicultural competency (Mollah, Antoniadis, Lafeer, & Brijnath, 2018).

Over recent years there has been discussion amongst professionals over the importance and need for multiculturally competent mental health professionals (Sue, Zane, Hall, & Berger, 2009). Research conducted in the USA, for example, has outlined the increased risks immigrants have to developing a mental health disorder, such as depression, with increased exposure to their new culture (Herman et al., 2004). Dudgeon, Milroy, & Walker (2014) highlighted the need for mental health professionals to access training as a means of developing a level of multicultural counselling competency.

Multicultural counselling competency has been described as an ongoing and continuous process that a professional strives towards, rather than a destination to be reached (Diller, 2018; Tomlinson-Clarke, 2013). Literature indicates that the current processes adopted for multicultural counselling training are not sufficient enough in assisting professionals in the growth process towards developing improved cultural competency (Tomlinson-Clarke, 2013). It has been suggested by Chao (2013) that training in multicultural counselling should be adapted depending on the ethnic backgrounds of the trainees. Research that has been conducted on multicultural counselling competencies in the

USA has suggested that to develop multicultural competencies, the therapist must first develop self-awareness (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). Developing self-awareness is said to be a lifelong process and will help a therapist understand the attitudes, beliefs, and values of multicultural clients (Ratts et al., 2016; Wilkinson, 2011). Roysircar (2004) claims that developing self-awareness is integral to effective multicultural counselling.

The aim of this research is to explore the relationship between counsellors' and psychologists' multicultural counselling competencies, and various demographic variables such as bilingualism and multiculturalism. The purpose was to understand and explore the beliefs and attitudes that Australian counsellors and psychologists have alongside the knowledge of their worldview when working in a multicultural counselling setting. This research intended to address gaps that existed in the literature on multicultural counselling competencies in Australia, and to develop an increased awareness on the importance of multicultural counselling in Australia, and how vital the perceived and actual levels of multicultural counselling competence is for clinicians.

## Method

### Research Design

The study was conducted using a fixed mixed-methods design, to gather complimentary data that was comprehensive enough in helping to understand the complex topic being researched (Johnson, Onwuegbuzie, & Turner, 2007). Combining the strengths of the quantitative approaches with in-depth qualitative data allowed comparison, contrast, validation and expansion of the data (Creswell & Clark, 2017). The triangulation convergent model allowed researchers to collect quantitative and qualitative data concurrently, analyse data separately and converge the results during interpretation (Creswell & Clark, 2017).

A survey based on the Multicultural Counselling Inventory (MCI) (Sodowsky, Taffe, Gutkin, & Wise, 1994) and the Marlow-Crowne Social Desirability Scale Short Form (MCSDS) (Reynolds, 1982) was created to research participant's perceived competencies in multicultural counselling.

The survey was a self-report survey which included the 40-items from the MCI and 10-items from the MCSDS. The Multicultural Counselling Inventory is designed to assess the competencies of counsellors and psychologists working with multiculturally diverse clients (Arthur & Januszkowski, 2001). The MCI contains four subscales – multicultural awareness (10 items), multicultural counselling knowledge (11 items), multicultural counselling relationship (8 items), and multicultural counselling skills (11 items) (Green et al., 2005). The questions were answered on a Likert scale from very inaccurate through to very accurate, where 1 indicates low multicultural counselling competency through to 4 which indicates high levels of multicultural counselling competency. Questions include "I perceive that my race causes clients to mistrust me", for example, to which participants may answer on a 4-point likert scale from very inaccurate (4 points) to very accurate (1 point).

The Marlow-Crowne Social Desirability Scale (Short Form) is a 10-item scale asking participant's true or false questions such as "I like to gossip at times" (Reynolds, 1982). The aim of

the scale is to control for the tendency of participants to respond in a socially desirable way, and to eliminate social desirability bias (Andrews & Meyer, 2003). Social desirability occurs due to participants choosing responses which they think will be viewed favourably by others rather than choosing responses which reflect their true thoughts and feelings (Grimm, 2010).

## Participants and Recruitment

Participants were registered with a counselling or psychological body in Australia and were recruited through purposive sampling. 81 participants ( $N= 38$  Counsellors,  $N= 43$  Psychologists) completed the survey, and 7 participants ( $N=3$  Counsellors,  $N= 2$  Psychologists,  $N=2$  Provisional Psychologists) completed in-depth interviews.

The inclusion criteria of participants for this study included Counsellors and Psychologists living and working in Australia who are registered with a psychological or counselling governing body. The exclusion criteria included anyone that was not a counsellor or psychologist living and working in Australia and was not registered with a relevant governing body.

Participants were recruited from the Psychotherapy and Counselling Federation of Australia (PACFA) and the Australian Counselling Association (ACA) online directory and were contacted via email. A Google search was also used to find Counselling and Psychology organisations across Australia in all five major cities to ensure the sample was equally spread across the country. LinkedIn was also used to recruit participants, with additional snowball sampling. Approximately 350 emails were sent to Counselling and Psychology services across Australia found through a Google search. Approximately 400 contacts from the PACFA and ACA website were emailed and invited to participate. Recruitment was partially funded by the research study's supervisor.

## Materials

In this research study the Multicultural Counselling Inventory (MCI) and the Marlowe-Crowne Social Desirability Scale Short Form were used to form the basis of the online survey which was conducted through Qualtrics. The survey data was analysed using SPSS (version 23), and the in-depth interviews were conducted via Zoom. Otter was used to audio record and transcribe the in-depth interviews, and NVivo was used to analyse the qualitative data. Information letters and consent forms were also sent to participants.

## Procedure

Participants were invited to complete our online survey conducted on Qualtrics, alongside participating in in-depth interviews conducted on Zoom. The in-depth interviews were semi-structured with 9 open-ended questions used as a guide to gather information on the experiences of the participants. Interview participants were asked to sign a consent form before participating. The in-depth interviews were audio recorded and transcribed using Otter. The recordings were then listened to, and the transcribing was edited to ensure accuracy of verbatim. The survey data was analysed using SPSS (version 23 for Mac). A step-by-step thematic analysis was conducted using NVivo Software (version 12 for Mac) to find overarching themes and

search for trends and patterns in the data (Vaismoradi, Jones, Turunen, & Snelgrove, 2016). A thematic map of the final themes and subthemes are shown in *Figure 1*.

## Ethical Considerations

Due to the nature of working with human subjects, considerations and precautions were taken to ensure the safety and wellbeing of participants. The identities of the survey participants were kept anonymous, and the in-depth interview participants were de-identified and kept confidential. To maintain confidentiality, the audio recordings, interview transcriptions, and survey results were removed from the researchers computers and were stored securely on Cloudstor (a password protected software) where they will remain safely stored for 5 years before being destroyed, as per the regulations of the Murdoch University Human Ethics Department. Participants were informed of the nature of the study before consenting to participate, and were given the option to withdraw from the study at any point without any limitations or consequences. In the unlikely event that the study were to cause distress to participants, contacts for relevant support services were provided.

## Trustworthiness

To ensure the validity and rigour of the research, the 4 criteria of trustworthiness in qualitative research were met – credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2017). Triangulation was implemented through using multiple researchers to conduct the research and analyse the data. Transferability was ensured through purposive sampling, and dependability and confirmability were maintained through the researchers keeping a reflective research journal and audit trail throughout the research process (Borg, 2001; Korstjens & Moser, 2017; Ortlipp, 2008; Tuckett, 2005). The researchers also analysed the data separately to ensure trustworthiness, and an independent third party reviewed the data to eliminate any researcher bias (Norris, 1997).

There are multiple versions of multicultural counselling competence scales, however the most established and reputable is the Multicultural Counselling Inventory developed by Sadowsky, Taffe, Gutkin, and Wise (1994) (Pope-Davis & Nielson, 1996). Multiple studies have assessed the construct validity of the MCI, and have noted consistent levels of acceptable internal consistency through conducting a Cronbach's alpha test (Constantine & Ladney, 2000; Pope-Davis & Ottavi, 1994; Sadowsky, 1996; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998; Worthington, Mobley, Franks, & Tan, 2000). The MCI has a moderate degree of validity and a moderate-high degree of internal consistency and test-retest reliability (Ponterotto & Potere, 2003). The MCSDS (Short Form) has a .66 moderate reliability, and a satisfactory internal consistency and reliability (Ray, 1984).

## Findings and Results

### Quantitative Results

The sample size of the survey was  $N=83$  and descriptive statistics indicated that the mean age of participants was  $N=47.3$  years old.

There was a diverse range of cultural and ethnic identities amongst the participants including Australian, Aboriginal Australian, North American, African American, Bosnian, British, Bulgarian, Celtic, Chinese, Danish, Greek, Indian, Irish, Italian, Latin American, Malaysian, New Zealander (European descent), Scottish, South African, Sri Lankan, Turkish, and Welsh.

A number of statistical analyses were run using SPSS to analyse the survey data. Independent samples t-tests conducted to assess a difference between means for gender conformity, found no significant differences across all MCI subscales. Similarly, t-tests conducted to determine a difference between education level (undergraduate or postgraduate level) found no statistically significant differences across all MCI subscales.

Independent samples t-tests testing for a difference between means on MCI subscales for number of languages spoken (grouped into one and more than one) found a significant effect on the Awareness subscale,  $t(79) = -3.21, p < .05$ , specifically that those who spoke more than one language performed better than those who spoke one.

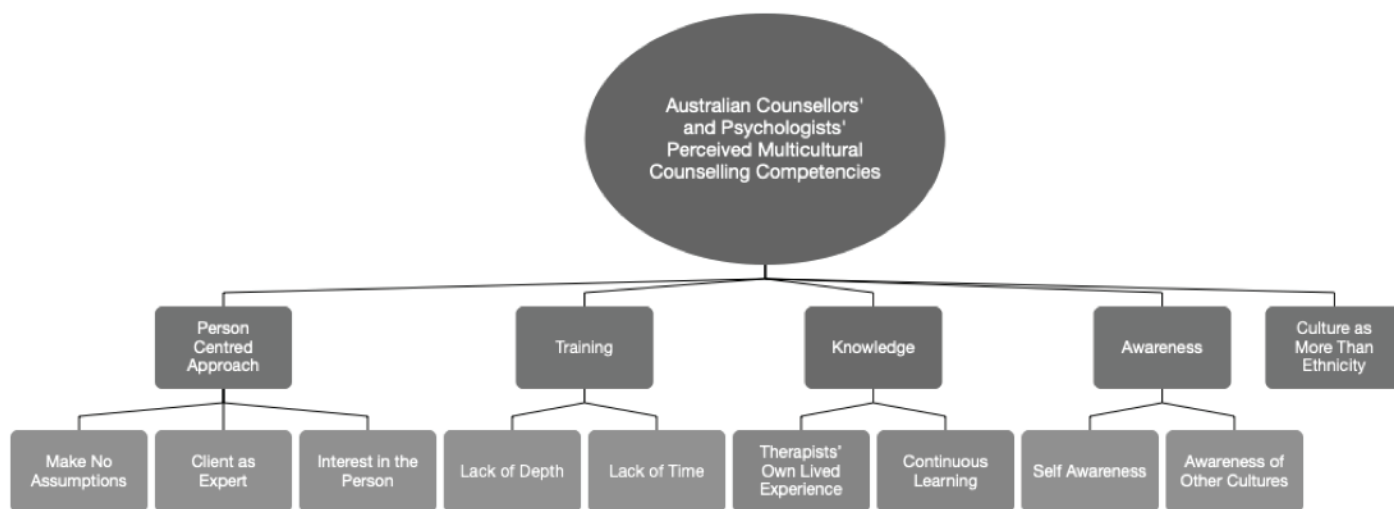
An independent samples T-test was conducted to test

that the Social Desirability Scale scores were also significantly different between groups,  $F(2,41.9) = 10.6, p < .001$ . Post hoc Games-Howell tests revealed that 60-80 year olds scored higher on the Social Desirability Scale than 20-40 year olds,  $t(35.9) = -4.62, p < .001$  and than 40-60 year olds,  $t(31.7) = -3.28, p < .05$ . This indicates that the significant differences between Age means and Relationship subscale are no longer valid.

## Qualitative Results

In-depth interviews were conducted with seven participants - six female participants and one male participant. Three participants were counsellors and four were psychologists. Participants were asked a series of open-ended questions to gather their experiences as mental health professionals (counsellors and psychologists) working with multicultural clients, and their perceived level of competencies. Themes and sub-themes were identified from the data (see Fi).

Figure 2: Thematic Map Outlining Themes and Sub-Themes



for differences between the means of participants' country of birth and their scores on the MCI subscales. Significant effects were found, with those born outside Australia obtaining higher scores on the Awareness subscale,  $t(79) = -2.21, p < .05$ .

Upon running independent samples T-tests for ethnicity (divided into Western and Non-Western origin), it was found that participants of non-Western origin outperformed their Western counterparts on the Awareness subscale,  $t(79) = 3.761, p < .001$ .

A one-way ANOVA was conducted to test for differences between multicultural, bicultural, or single-culture family backgrounds. A significant effect was found on performance on the Awareness subscale,  $F(2,78) = 13.14, p < .001$ . A Tukey post-hoc test revealed that those from a multicultural family background outperformed those from a bi-cultural background,  $t(78) = -2.62, p < .05$ . Those from multicultural backgrounds also outperformed those from single culture background,  $t(78) = 5.00, p < .001$ .

A one-way ANOVA was conducted to test for differences between the means for age of participants on their performance on the MCI subscales. It was found that there was a significant effect on the Relationship subscale between different ages,  $F(2,39.4) = 3.70, p < .05$ . Post-hoc Games-Howell testing revealed that those in the 60-80 age range outperformed those in the 20-40 range,  $t(40.7) = -2.65, p < .05$ . However, the ANOVA also found

### Theme 1: Person-centred

Therapists try to work with multicultural clients in a person-centred manner including making no assumptions, seeing the client as the expert in their own lives and having a genuine curiosity and interest in the individual.

#### Sub-theme: No assumptions

A frequent theme which emerged during the in-depth interviews was that of not making assumptions about clients and people in general. A majority of participants discussed the importance of not making assumptions about clients based on their physical presentation or ethnic background. The topic of stereotyping was mentioned frequently amongst the participants, with the general consensus that they make an effort to not stereotype people, and to have an open mind and "polite curiosity" when getting to know a person before making any assumptions. "You can't ever assume anything about anyone ever until you actually get to know them and that's across the board" (Participant 6).

#### Sub-theme: The client is the expert

A frequent topic that was discussed was the importance of remembering that a client is the expert in their own lives, no matter the amount of knowledge the therapist may have about their client's culture. Two participants highlighted this well - "Your clients have the expertise in their lives and in their organisation."

“..not going into any situation thinking you’re the expert”.

**Sub-theme:** Take an interest in the individual

This sub-theme is related to a therapist taking an interest in the client as a person, rather than as someone who is multicultural and has a diverse background. Participants expressed the need to have an interest in the person as an individual. By having curiosity towards the client as an individual it allows for a deeper understanding. Participants spoke repeatedly about having an open-mind and being curious about getting to know the client and asking them about their cultural background and letting them tell you their experience - “It’s more being really interested in the person that you’re counselling.” (Participant 6).

**Theme 2:** Training:

The topic of training in multicultural counselling was a frequently discussed topic amongst all participants in the in-depth interviews. Most participants reported receiving a lack of training in both their tertiary studies as well as in their workplaces – “In terms of other multicultural training... fairly limited” (Participant 1). When asked if they would like to see universities and workplaces provide more training specifically on multicultural counselling one person replied, “Oh yes, a thousand times yes, I think you can always benefit from more training.” (Participant 7)

**Sub-theme:** Lack of depth

Alongside many participants reporting the lack of training they have received in multicultural counselling, the lack of depth of the training they did receive was mentioned also. Participants discussed the “token” aspect to having a 2-day training on multicultural counselling every year or two, and how they felt it was not enough. “I feel like a lot of the training I’ve done, particularly in workplaces, has been quite token” (Participant 1). One participant demonstrated an awareness of multicultural clients by outlining the relationship between a lack of depth of training and a client potentially feeling misunderstood by the therapist - “I knew that there was no nuance to it. It was just kind of like, well yes, but I can’t imagine that that would make an Indigenous person feel like you actually got them and got who they were.” (Participant 3).

**Sub-theme:** Lack of time

The lack of time was a factor that was discussed as a barrier to receiving sufficient multicultural counselling training in both education settings and workplaces. Participants discussed the practicalities of time constraints in workplaces (both in the public and private sector) scheduling in clients, supervision, as well as other mandated professional development too. “I think if we were given more time... it would be nice sometimes to have that extra time to learn and to research and understand where people are coming from but sometimes that’s hard in a pragmatic sense” (Participant 1).

**Theme 3:** Knowledge

When knowledge of multicultural counselling was discussed, it was separated into two sections – the therapist’s knowledge based on their own lived experience from being born overseas or living overseas, and knowledge acquired from training.

**Sub-theme:** Therapist’s own lived experience

A majority of the participants interviewed spoke about their knowledge and awareness of other cultures as a result of the travelling they have done and living overseas for a period of time. The participants who had more lived experience both with other cultures and multicultural clients, reported feeling more comfortable working with multicultural clients and felt they had a sufficient level of knowledge, but that there was always more to

learn – “I’m from Hong Kong... It has been a multicultural kind of place... I moved to Australia three years ago and I also did an exchange in London. So for me.. I’ve been quite comfortable working with people from different backgrounds” (Participant 7).

**Sub-theme:** Continuous learning

Participants discussed their desire for learning more about other cultures to better understand their multicultural clients. They described multicultural training as something that is ongoing and needs to be continuously worked on as a learning journey rather than a destination – “...but there’s always more to learn.. like I don’t feel like I’m an expert on anyone no not at all and never will be” (Participant 1), “I feel like I’m still learning every single day” (Participant 5).

**Theme 4:** Awareness

Awareness was an important theme that was discussed in the in-depth interviews – the importance of both self-awareness and also awareness of other cultures and their beliefs, values, and attitudes and how they may differ from our own.

**Sub-theme:** Self-awareness

Participants discussed self-awareness in relation to working with multicultural clients and being aware of their own personal beliefs, culture background, and how that may align when working with diverse clients. As many of the interview participants identified as Caucasian Australian, many of them spoke about the importance of a therapist being aware of their own privilege, as not having awareness and sensitivity of the privilege they have can result in negative emotions for both the therapist and the minority client – “I try to be very aware of my privilege... I recognise that I can navigate the world a lot more easily and freely than perhaps my clients can” (Participant 1).

**Sub-theme:** Awareness of other cultures

Awareness of other cultures related to self-awareness of the therapist and being aware of your own level of knowledge towards other cultures – “...in the mainstream mental health system you have to be aware that the language you use can be completely meaningless to the person. You can’t assume that someone knows what you mean by depression... a lot of cultures think you only go to counselling if you’re crazy.” (Participant 6). Different cultures come with different norms, ways of being, language nuances and relational processes. Therapists discussed this awareness as important in understanding the client and creating a strong therapeutic space.

**Theme 5:** Culture as more than ethnicity

During discussion of multiculturalism and working in a multicultural context, respondents discussed culture in a variety of aspects. Respondents discussed their own cultural background in terms of parents’ heritage and ethnicity, their religious background, cities and countries lived in, gender norms and differences within and outside ethnic backgrounds, sports culture, and different groups such as special needs and disability in a cultural aspect. “And I think that the same applies to people with special needs and disabilities, that diversity is not just religion, it is not just ethnicity” (Participant 2). “I remember meeting a person who was of Aboriginal heritage who was transitioning from male to female. And her perspective on what that was like would not be the same even if her sibling did it.”

## Discussion

As demonstrated in the results and findings, multicultural counselling competencies are essential for counsellors and psychologists working with multicultural clients (Anuar, Rozubi,

& Abdullah, 1992). Multicultural Counselling Competencies are suggested to positively influence the therapeutic relationship (Arthur & Januszkowski, 2001). The findings from the Multicultural Counselling Inventory were somewhat similar with findings that have been reported in previous literature. In the in-depth interviews, therapists who had more experience working with multicultural clients reported feeling more competent when working with multicultural clients. This aligns with research by Berger, Zane, and Hwang (2014) who reported similar results in their study analysing multicultural counselling competencies amongst mental health clinicians in the USA.

The theme of 'Person-Centred' that resulted from the in-depth interviews was a new theme in terms of qualitative data, as currently there is no literature which outlines similar results. Lago (2011) outlined the idea of a person-centred approach when working with culturally diverse clients and minority groups, and how the core conditions of Carl Roger's person-centred approach are not sufficient enough in a multicultural setting. Lago suggested for therapists to develop self-awareness of their own cultural background, and attitudes and beliefs towards others in order to improve awareness, knowledge and skills in multicultural competency. This aligns with another theme discovered in this research, "awareness" with the sub-themes "self-awareness" and "awareness of other cultures". This theme aligns with Minami (2008), who found that in order to develop multicultural counselling competence, developing self-awareness is imperative.

The lack of training the participants reported in both their university and tertiary education settings and their workplaces is consistent with the current literature. Constantine (2001) and Calisch (2003) wrote about the lack of multicultural counselling training in tertiary counselling courses. For counsellors who have experienced multicultural training, the lack of depth in the training was reported also. This view is reflected in current literature which argues that current training in multiculturalism and multicultural counselling is not sufficient enough as the complexities of this area are often oversimplified (Dickson & Jepsen, 2007; Tomlinson-Clarke, 2013). Many participants spoke about seeking out their own multicultural training if they were not provided any in their education or workplace or were not satisfied with the level of training they received. This aligns with research by Ratts et al. (2016) which outlined the innate curiosity therapists tend to have to learn about others and their proactivity at seeking out their own professional development.

Results from Independent samples T-tests indicated that the more languages spoken, coming from a multicultural family background, being of non-Western nationality and being born outside Australia were variables which obtained higher scores on the Awareness subscale of the MCI. Through ANOVA, it was also found that those from bicultural and multicultural family backgrounds outperformed those from single-culture backgrounds on the Awareness subscale. Results from ANOVA indicated that participants of a higher age (and hence experience in their field) performed better on the Relationship subscale. However, as older participants also significantly scored higher on the Social Desirability Scale, the finding that they outperformed younger participants on the Relationship subscale may be a reflection of social desirability bias.

These results are supported by findings of American researchers Constantine and Ladany (2000) who also conducted a self-report multicultural counselling competence study and controlled for social desirability. As there is a lack of research investigating multicultural counselling competencies of

counsellors and psychologists in Australia, it is difficult to compare these results. Potentially in the future, if this study is replicated and expanded upon with a much larger sample size, there may be a greater significance across more of the MCI subscales.

## Limitations and Future Research

There are some limitations in this study that need to be acknowledged when considering future research. Firstly, the sample size of the survey was rather small for a quantitative study and did not reach the necessary numbers for a proper power analysis. This could be expanded upon in future research by an increased time limit for conducting the study to ensure a larger sample size of participants is recruited. The small sample size could potentially be explained due to the length of the survey which could have impacted the drop-out rate and response rate of participants. The COVID-19 pandemic affected our recruitment process as many counsellors and psychologists across the country were time-poor due to an increased demand for mental health services. There was a potential bias which may have impacted participant responses, as the participants who chose to participate in the study may have had an interest in multicultural counselling and so may respond in a particular way. We may not have heard the perspective of individuals who were not inherently interested in this topic or who do not think multicultural counselling is important or valuable or perceive themselves to be competent in this area.

This study is a starting point for multicultural counselling research and needs to be expanded upon. More research needs to be completed on a larger quantitative scale to truly encompass the competencies of all Australian counsellors and psychologists and should preferably include people who are not interested in the multicultural domain.

Future research should focus on therapists' perceived MCC with multicultural client outcomes to see if perceptions are accurate and could incorporate the therapeutic techniques and theories the therapists use. Longitudinal studies could be conducted with regards to multicultural training and experiences to discover effective ways to increase MCC.

## Conclusion

A mixed-methods design was used to investigate the perceived multicultural counselling competencies amongst Australian Counsellors and Psychologists. The multicultural counselling survey controlled for social desirability and demonstrated participants' levels of multicultural counselling competencies based on four subscales – multicultural awareness, multicultural counselling knowledge, multicultural counselling relationship, and multicultural counselling skills (Green et al., 2005). Statistical analysis highlighted the significant relationship between the number of languages spoken by a counsellor or psychologist and their level of multicultural awareness, and a therapist's multicultural background demonstrating high reported levels of multicultural knowledge.

Thematic analysis highlighted five main themes – person-centred, training, knowledge, awareness, and culture as more than ethnicity. The lack of training counsellors and psychologists have received in their studies and workplaces was highlighted, and the ongoing training that needs to be undertaken in order to enhance multicultural counselling competence. The

training, knowledge, and awareness themes were found to be consistent with the current literature available. It needs to be taken into account that most of the literature is based in the USA, however. It is hoped that research in this area will be expanded upon further, with a focus on Australian Counsellors and Psychologists, so that further training and education can be implemented to ensure these professionals perceive themselves to be sufficiently competent working in this particular field. Professional training in Multicultural Counselling has become more critical since Australia is perceived as a multicultural society.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author [HMG]. The data are not publicly available due to restrictions e.g., their containing information that could compromise the privacy of research participants.

## References

- Andrews, P., & Meyer, R. G. (2003). Marlowe–Crowne Social Desirability Scale and Short Form C: Forensic Norms. *Journal of Clinical Psychology, 59*(4), 483-492.
- Arasaratnam, L. A. (2014). A Discussion of Multiculturalism in Australia from Educators' Perspective. *SpringerPlus, 3*(1), 1-8.
- Australian Bureau of Statistics (2010). *Australia's Cultural and Linguistic Diversity*. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/lookup/1301.0feature+article32009-10>
- Australian Bureau of Statistics (2020). *Migration Australia*. Retrieved from <https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release>
- Arthur, N., & Januszowski, T. (2001). The Multicultural Counselling Competencies of Canadian Counsellors. *Canadian Journal of Counselling, 35*(1), 36-48.
- Birrell, R. (1995). The Dynamics of Multiculturalism in Australia. *The Australian Political System*. Melbourne: Longman.
- Borg, S. (2001). The Research Journal: A Tool for Promoting and Understanding Researcher Development. *Language Teaching Research, 5*(2), 156-177.
- Berger, L. K., Zane, N., & Hwang, W. C. (2014). Therapist Ethnicity and Treatment Orientation Differences in Multicultural Counseling Competencies. *Asian American Journal of Psychology, 5*(1), 53.
- Calisch, A. (2003). Multicultural Training in Art Therapy: Past, Present, and Future. *Art Therapy, 20*(1), 11-15.
- Chao, R. C. L. (2013). Race/Ethnicity and Multicultural Competence Among School Counselors: Multicultural Training, Racial/Ethnic Identity, and Color-Blind Racial Attitudes. *Journal of Counseling & Development, 91*(2), 140-151.
- Chiang, L. H. N., & Yang, C. H. S. (2008). Learning to be Australian: Adaptation and Identity Formation of Young Taiwanese-Chinese Immigrants in Melbourne, Australia. *Pacific Affairs, 81*(2), 241-258.
- Cho, Y. B., & Haslam, N. (2010). Suicidal Ideation and Distress among Immigrant Adolescents: The role of acculturation, life stress, and social support. *Journal of Youth and Adolescence, 39*(4), 370-379.
- Collins, J., & Reid, C. (2012). Immigrant Teachers in Australia. *Cosmopolitan Civil Societies: An Interdisciplinary Journal, 4*(2), 38-61.
- Constantine, M. G., & Ladany, N. (2000). Self-Report Multicultural Counseling Competence Scales: Their Relation to Social Desirability Attitudes and Multicultural Case Conceptualization Ability. *Journal of Counseling Psychology, 47*(2), 155.
- Constantine, M. G., & Yeh, C. J. (2001). Multicultural Training, Self-Construals, and Multicultural Competence of School Counselors.
- Davidson, N., Skull, S., Burgner, D., Kelly, P., Raman, S., Silove, D., ... & Smith, M. (2004). An Issue of Access: Delivering Equitable Health Care for Newly Arrived Refugee Children in Australia. *Journal of Paediatrics and Child Health, 40*(9-10), 569-575.
- Dickson, G. L., & Jepsen, D. A. (2007). Multicultural Training Experiences as Predictors of Multicultural Competencies: Student Perspectives. *Counselor Education & Supervision, 47*, 76-95.
- Dolce, C. J. (1973). Multicultural Education—Some Issues. *Journal of Teacher Education, 24*(4), 282-284.
- Forte, A., Trobia, F., Gualtieri, F., Lamis, D. A., Cardamone, G., Giallonardo, V., ... & Pompili, M. (2018). Suicide Risk among Immigrants and Ethnic Minorities: A Literature Overview. *International Journal of Environmental Research and Public Health, 15*(7), 1438.
- Gonzales, H. (2010). *The acculturative stress experience of international students: Acculturative stress experience of Chinese and Indonesian international students*. Lambert Academic Publishing (LAP).
- Green, R. G., Kiernan-Stern, M., Bailey, K., Chambers, K., Claridge, R., Jones, G., ... & Walker, K. (2005). The Multicultural Counseling Inventory: A Measure for Evaluating Social Work Student and Practitioner Self-perceptions of their Multicultural Competencies. *Journal of Social Work Education, 41*(2), 191-208.
- Herman, K. C., Merrell, K. W., Reinke, W. M., & Tucker, C. M. (2004). The Role of School Psychology in Preventing Depression. *Psychology in the Schools, 41*(7), 763-775.
- Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a Definition of Mixed Methods Research. *Journal of Mixed Methods Research, 1*(2), 112-133.
- Kliwer, E. V., & Ward, R. H. (1988). Convergence of Immigrant Suicide Rates to those in the Destination Country. *American Journal of Epidemiology, 127*(3), 640-653.
- Kosny, A., Santos, I., & Reid, A. (2017). Employment in a "land of opportunity?" Immigrants' Experiences of Racism and Discrimination in the Australian Workplace. *Journal of International Migration and Integration, 18*(2), 483-497.
- Korstjens, I., & Moser, A. (2018). Series: Practical Guidance to Qualitative Research. Part 4: Trustworthiness and Publishing. *European Journal of General Practice, 24*(1), 120-124.
- Lago, C. (2011). Diversity, Oppression, and Society: Implications for Person-Centered Therapists. *Person-Centered & Experiential Psychotherapies, 10*(4), 235-247.
- Liamputtong, P. (2006). Motherhood and "Moral Career": Discourses of Good Motherhood among Southeast Asian Immigrant Women in Australia. *Qualitative Sociology, 29*(1), 25-53.
- Matthews, J. J., Barden, S. M., & Sherrell, R. S. (2018). Examining the Relationships between Multicultural Counseling

- Competence, Multicultural Self-Efficacy, and Ethnic Identity Development of Practicing Counselors. *Journal of Mental Health Counseling, 40*(2), 129-141. doi:10.17744/mehc.40.2.03
- Minami, M. (2008). Role of Attitude in Multicultural Counselling Competency. *World Cultural Psychiatry Research Review, 4*, 39-46.
- Minas, H., Kakuma, R., San Too, L., Vayani, H., Orapeleng, S., Prasad-Ildes, R., ... & Oehm, D. (2013). Mental Health Research and Evaluation in Multicultural Australia: Developing a Culture of Inclusion. *International Journal of Mental Health Systems, 7*(1), 23.
- Mollah, T. N., Antoniadis, J., Lafeer, F. I., & Brijnath, B. (2018). How do Mental Health Practitioners Operationalise Cultural Competency in everyday practice? A Qualitative Analysis. *BMC Health Services Research, 18*(1), 480.
- Norris, N. (1997). Error, Bias and Validity in Qualitative Research. *Educational Action Research, 5*(1), 172-176.
- Oppedal, B., Røysamb, E., & Sam, D. L. (2004). The Effect of Acculturation and Social Support on Change in Mental Health among Young Immigrants. *International Journal of Behavioral Development, 28*(6), 481-494.
- Ortlipp, M. (2008). Keeping and Using Reflective Journals in the Qualitative Research process. *The Qualitative Report, 13*(4), 695-705.
- Ponterotto, J. G., & Potere, J. C. (2003). The Multicultural Counseling Knowledge and Awareness Scale (MCKAS): Validity, Reliability, and User Guidelines.
- Pope-Davis, D. B., & Nielson, D. (1996). 9. Assessing Multicultural Counseling Competencies Using The Multicultural Counseling Inventory: A Review Of The Research.
- Principe, I. (2015). Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds.
- Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental Health of Immigrants and Refugees. *Community Mental Health Journal, 41*(5), 581-597.
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and Social Justice Counseling Competencies: Guidelines for the Counseling Profession. *Journal of Multicultural Counseling and Development, 44*(1), 28-48.
- Ray, J. J. (1984). The Reliability of Short Social Desirability Scales. *The Journal of Social Psychology, 123*(1), 133-134.
- Roysircar, G. (2004). Cultural Self-Awareness Assessment: Practice Examples from Psychology Training. *Professional Psychology: Research and Practice, 35*(6), 658.
- Sehgal, R., Saules, K., Young, A., Grey, M. J., Gillem, A. R., Nabors, N. A., ... Jefferson, S. (2011). Practicing what we know: Multicultural Counseling Competence among Clinical Psychology Trainees and Experienced Multicultural Psychologists. *Cultural Diversity and Ethnic Minority Psychology, 17*(1), 1-10. doi:10.1037/a0021667
- Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology, 41*(2), 137-148. https://doi.org/10.1037/0022-0167.41.2.137
- Sue, S., Zane, N., Nagayama Hall, G. C., & Berger, L. K. (2009). The Case for Cultural Competency in Psychotherapeutic Interventions. *Annual Review of Psychology, 60*, 525-548.
- Tan, L. L., & Denson, L. (2019). Bilingual and Multilingual Psychologists Practising in Australia: An Exploratory Study of Their Skills, Training Needs and Experiences. *Australian Psychologist, 54*(1), 13-25.
- Tomlinson-Clarke, S. (2013). Multicultural Counseling Competencies: Extending Multicultural Training Paradigms toward Globalization. *VISTAS 2013*.
- Tuckett, A. G. (2005). Part II. Rigour in Qualitative Research: Complexities and Solutions. *Nurse Researcher, 13*(1).
- Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme Development in Qualitative Content Analysis and Thematic Analysis.
- Wilkinson, R. T. (2011). Increasing Counselor Self-Awareness: The Role of Cognitive Complexity and Metacognition in Counselor Training Programs. *Alabama Counseling Association Journal, 37*(1), 24-32.
- Wohler, Y., & Dantas, J. A. (2017). Barriers accessing mental health services among culturally and linguistically diverse (CALD) immigrant women in Australia: Policy implications. *Journal of Immigrant and Minority Health, 19*(3), 697-701.
- Youssef, J., & Deane, F. P. (2006). Factors Influencing Mental-Health Help-Seeking in Arabic-speaking communities in Sydney, Australia. *Mental Health, Religion & Culture, 9*(1), 43-66.