ORGANIZATIONAL CULTURAL COMPETENCE AND THE AVAILABILITY OF OUTREACH SERVICES FOR RACIAL AND ETHNIC MINORITIES IN UNIVERSITY COUNSELING CENTERS

A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTORAL PHILOSOPHY

BY

MONA RIYAD GHOSHEH

DISertation ADVISOR: STEFANÍA ÆGISDÓTTIR

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MONA RIYAD GHOSHEH

APPROVED BY:

____________________________________  ______________________
Committee Chairperson  Date

____________________________________  ______________________
Committee Member  Date

____________________________________  ______________________
Committee Member  Date

____________________________________  ______________________
Committee Member  Date

____________________________________  ______________________
Dean of Graduate School  Date

Ball State University
Muncie, Indiana
December 2012
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ABSTRACT

Outreach is recommended as an intervention for racial and ethnic minorities who underutilize traditional mental health services (e.g., Brinson & Kottler, 1995). Yet, the availability of outreach services at university counseling centers for students of color has not been studied. In addition, no study has examined factors influencing the availability of outreach services for racial and ethnic minorities. The primary purpose of the current study was to investigate the availability of outreach for racial and ethnic minorities and how these services are influenced by institution size, staff size, institution type, accreditation, and organizational cultural competence. One hundred and fifty one counseling center directors completed an online survey. It was hypothesized that counseling centers’ organizational cultural competence would predict the availability of outreach services for racial and ethnic minorities beyond that of institution size, staff size, institution type, and accreditation. The results supported this hypothesis. Among the variables examined, organizational cultural competence was the greatest predictor of the availability of outreach for students of color. The results suggested that counseling centers with greater levels of organizational cultural competency also had a greater availability of outreach services for students of color. The implications of these findings for theory, research, and practice are discussed.
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CHAPTER I

Introduction

Racial and ethnic minority students significantly underutilize psychological services on college and university campuses (Davidson, Yakushka, & Sanford-Martens, 2004). To minimize the service gap, scholars have suggested the provision of culturally appropriate services such as outreach (Constantine, Chen, & Ceesay, 1997). There are, however, no data available documenting the extent to which this recommendation has been heeded by university and college counseling centers. Instead, continued calls to improve services for racial and ethnic minorities, coupled with low utilization rates imply that this population continues to be underserved. Therefore, there remains a need to investigate factors that may influence the availability of outreach services to racial and ethnic minority students. Some research suggests that institutional factors such as financial capabilities and demands for resources dictate the availability of outreach services. However, when providing culturally appropriate services, emerging literature contends that an organization’s cultural competency (OCC) is the most prominent factor (e.g., Hernandez et al., 2009). Thus, the purpose of this study was twofold: (a) to examine the status of outreach services for racial and ethnic minorities in counseling centers, and (b) to investigate the influence of both OCC and institutional factors on the availability of outreach services.
In this chapter, a rationale is presented explaining why culturally appropriate services, particularly outreach, is essential to meeting the needs of racial and ethnic minority students. The chapter also includes explanations of factors that may influence the availability of outreach services to this population. Finally, the significance of this study for research and practice are discussed.

**Clarification of Terms**

Participants in the present study were university and college counseling centers at public and private educational institutions. For the sake of brevity, the term UCCC will be used to refer to these institutions. In addition, the terms minorities, racial and ethnic minorities, and students of color include international students and refer to individuals or groups other than those of the dominant European and Caucasian-American cultural group. The terms organizational cultural competency and multicultural organizational competency will be used interchangeable and will be referred to as OCC for consistency.

**Racial and Ethnic Minorities and Culturally Appropriate Services**

The demographic composition of the United States is radically shifting with a significant population growth in racial and ethnic minority groups. According to the Census Bureau (2010), by the year 2042, Non-Hispanic Whites will no longer be the majority population. College campuses are not exempt from this increase; there has been substantial growth in the number of racial and ethnic minority enrollment. The projected increase in college enrollment is 38% for Hispanics, 32% for American Indian or Alaska Native, 29% for Asian or Pacific Islanders, 26% for Blacks, and 14% for nonresident aliens by 2018 (Hussar & Bailey, 2009). This increase is especially important to
counseling centers given that these students significantly underutilize mental health services (Davidson et al., 2004). They are prone to have experienced discrimination and racism, which compound mental health concerns (Arredondo et al., 1996). This combination creates a growing psychological services gap for the increasing number of racial and ethnic minority students enrolling at universities (Center for Mental Health Services [CMHS], 1998).

There have been many explanations about why racial and ethnic minorities underutilize services. The common thread among possible reasons is that incongruence exists between the cultural values of racial and ethnic minorities and the values of typical psychological services. Griner and Smith (2006) pointed out that some therapeutic approaches inherently ignore or minimize the cultural needs of clients even if the clinician does not intend to ignore them. This is because traditional approaches tend to emphasize individualism, autonomy, and intrapersonal explanations for distress (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests [CNPAAEMI], 2003). Some minority groups, on the other hand, emphasize collectivism, dependency, and systemic explanations for distress (Sue & Sue, 1999). While helpful, the values of traditional approaches are most consistent with European-American cultural groups and fundamentally inconsistent with the needs of some racial and ethnic minority groups (Brinson & Kottler, 1995). In fact, research on help-seeking demonstrated that congruent with a collectivist perspective, persons of color tended to prefer to resolve their concerns collectively—with family, friends, and culturally appropriate helpers (e.g.,
religious leaders, family elders) (e.g., Avalon & Young, 2005). This is significant, considering the ‘one-on-one’ format of traditional individual therapy.

The consensus amongst scholars is to address this inconsistency by providing racial and ethnic minorities services that take place outside of the counseling office and within the clients’ cultural context (Vera & Speight, 2003). Among the different interventions, outreach is the most recommended for racial and ethnic minority students (e.g., Constantine et al., 1997; Johnson, Takesue, & Chen, 2007; Mier, Boone, & Shropshire, 2009). A synthesis of outreach definitions revealed that it is best described as an intervention that is: direct or indirect, preventative or reactive, occurring outside of the context of the clinician’s office, serving of more than one student at a time, psycho educational, and minimizing of stigma. These characteristics of outreach can range in their expression and dependent on the delivery method used. A review of literature identified several forms of outreach; these are: presentations or workshops, discussion groups, training of campus and community personnel, printed materials, electronic or computer based outreach, media, and community based outreach (for full descriptions of each outreach method, see Chapter II).

Outreach is a recommended method for students of color because of its potential to both meet the needs of minority students as well as to increase use of psychological services. As discussed earlier, some racial and ethnic groups are deterred from utilizing traditional psychological services (e.g., one-on-one therapy) because it is incongruent with their cultural beliefs. Outreach, on the other hand, is able to meet clients’ unique cultural needs because it is set in the cultural setting, emphasizes collectivism, and
provides psychoeducational explanations for internal and external sources of mental distress (Griner & Smith, 2006). For example, Johnson, Takesue, and Chen (2007) used outreach to target Asian Pacific American students who underutilized psychological services. They explained that by taking into consideration this population’s cultural value of “saving face” and maintaining familial harmony the outreach program was effective at meeting the needs of this population. Specifically, the program was provided to students outside of the counseling center, in informal locations, and was labeled “discussion groups” whereby the students felt safe and at ease when exploring concerns.

In addition, Solberg et al. (1994) found that outreach had the potential to increase traditional psychological service utilization rates. In their study, they examined the effects of previous counseling experiences among Asian American students and found that increased contact with the counseling center (through outreach) was related to individuals’ increased willingness to seek help. This is likely to have occurred because the increased contact through outreach created familiarity with the counseling center and informality with its clinicians (Sanchez & King-Tolar, 2007).

In general, scholars have expressed the benefit of outreach services for racial and ethnic minority students prevalently (e.g., Brinson & Kottler, 1995; Constantine et al., 1997). There is, however, less discussion or consensus regarding the definition of outreach services. In fact, despite the growing popularity and need for outreach services, there are no comprehensive resources describing the role and modalities of outreach. For example, some sources define outreach as a direct service (e.g., Vera et al., 2005); while others suggested it is indirect service (e.g., Arthur, 1997). In addition, there are no
empirical studies to date which have investigated the extent to which counseling centers use outreach services to treat racial and ethnic minority students. One goal of the current study was to investigate the types of outreach services, the amount of outreach services, and the specific racial and ethnic minority groups served by UCCCs through outreach.

**Factors Influencing the Availability of Outreach Services for Minorities**

**Organizational Cultural Competence**

Another goal of this study was to examine factors thought to contribute to the availability of outreach services for racial and ethnic minority students. Recent literature suggests that the availability of services for racial and ethnic minorities relates to the organization’s level of cultural competency (OCC; e.g., Cross et al., 1989; Harper et al., 2006; Hernandez et al., 2009). Geron (2002) defined OCC as “the capacity of an organization to support culturally appropriate responsive care” (p. 40). The underlying assumption of this construct is that services for racial and ethnic minorities require cultural competency that occurs at the organizational level. OCC can refer to any servicing organization, such as businesses, hospitals, or university and college counseling centers. Cross et al. (1989) created a “cultural competence continuum” which describes the relationship between cultural competency and mental health services for racial and ethnic minorities. Cross et al. (1989) indicated that mental health organizations have the capacity to develop from being blatant and discriminatory to being dynamic and proactive in providing services to racial and ethnic minorities. They explained that organizations that do not value diversity and multiculturalism are also less likely to make appropriate and quality services to racial and ethnic minorities available. This is because
adding or modifying services to meet the diversity of clients’ cultural needs requires effort and a belief that these efforts are useful, necessary, and a priority. Given that OCC relates to the availability of services for minorities, it is possible that it also relates to the availability of outreach services for minority students. No study, however, has yet examined this proposed relationship. Therefore, the purpose of this study was to investigate to what degree counseling centers’ OCC contributes to explaining the availability of outreach services for racial and ethnic minority students. Prior to examining this relationship, however, there are several measurement challenges that needed review.

**Measurement challenges.** First, the definition of OCC is uncertain, there is a multitude of definitions, and they vary significantly. For example, some authors emphasized “language proficiency” of the practitioners staffed in the organization (e.g., Betancourt et al., 2009) while others emphasized “organizational oversight” as organizational features considered necessary for cultural competency (e.g., Darnell & Kuperminc, 2006). In addition, the definitions of OCC are broad and are difficult to measure (Geron, 2002). For example, some definitions include concepts such as “organizational environments” or “values for social justice” without specific measurable behaviors. There are, however, suggestions of “markers” believed to indicate OCC. For example, some scholars attribute the presence of “translators” within an organization as an indicator of OCC. However, there are many suggested markers with no indication of which contributes most to OCC. Therefore, a review of literature was necessary to identify OCC markers relevant to counseling centers. Of those, the current study included
seven OCC markers based on their feasibility of measurement and suggested importance as indicators of OCC. These include: mission statements that express cultural competency; diversity committees dedicated to diversity concerns; staff diversity as measured by the percentage of staff of color; hiring and retention practices that reflect efforts towards staff diversity; translation of printed materials; physical environments reflecting diversity through art; and the cultural competency trainings offered at the center. The following is a brief description of these markers.

**Description of OCC markers.** A counseling center’s mission statement is an important marker of OCC because it has the capacity to demonstrate the organizational value for cultural competence. Mission statements are often reflective of the organization’s goals, purpose, and ideal intentions to working with clients (Arredondo, 1996). According to Ellingson, Kochenour, and Weitzman (1999), counseling centers are likely to provide outreach if the service is consistent with the mission of the institution.

The presence of a diversity committee dedicated to diversity concerns is also an important marker of OCC. It reflects an organization’s ability to oversee policies and procedures for culturally competent care (Hernandez et al., 2009). In addition, because diversity committees take into consideration the cultural needs of minority students (Cross et al., 1989), they are more likely to suggest outreach services to meet those needs.

Staff diversity refers to racial and ethnic minorities on staff. It represents an organization’s ability to recruit and retain racial and ethnic minorities (Dana, Behn, & Gonwa, 1992). Sanchez and King-Toler (2007) noted that on college campuses the presence of a diverse staff reflects a culturally welcoming environment. In other words, if
supports are available to recruit and retain minority staff, similar responsive services are likely available for racial and ethnic minority students.

Similarly, hiring and retention practices are markers that demonstrate the organization’s ability to recruit and retain a diverse staff. The marker also reflects the organization’s ability to recruit, hire, and retain staff with skills congruent to the needs of racial and ethnic minorities (e.g., multilingual proficiency) (Hernandez et al., 2009). Furthermore, the marker indicates that there are established policies and practices toward seeking culturally competency in the organization (Darnell & Kuperminc, 2006).

A counseling center’s capacity to translate written materials into different languages is also an indicator of OCC. This marker suggests that the organization is making psychoeducational material accessible to non-English speaking client populations (Garcia-Caban, 2001). A physical surrounding that reflects an appreciation for cultural diversity through artwork or music is also an indicator of OCC (Ponterotto, Alexander, & Grieger, 1995). According to Siegel et al. (2000), this type of physical environment demonstrates a welcoming and respectful attitude towards clients of diverse cultural groups.

Finally, cultural competency training represents a mandatory training offered to staff and intended to increase their knowledge, awareness, and skills in cultural competency (Hernandez et al., 2009). This OCC marker not only represents an organization’s value for cultural competency but also reflects the presence of structural mechanisms allowing these trainings to be available and accessible (Reynolds & Pope, 2003).
Measuring OCC and its markers. Due to the measurement challenges discussed, the measurement of these OCC markers can be difficult. There is limited guidance in the literature and a dearth of research on the measurement of specific OCC markers. As the only known empirical investigation of OCC markers, Darnell and Kuperminc (2006) examined the OCC markers of mission statement, staff diversity, promotions of minority staff, diversity training, and diversity committee or staff positions in relation to the staff’s perception of the agency’s promotion and provision of culturally competent practices. Darnell and Kuperminc (2006) sampled 12 community mental health agencies and found that the presence of a diversity mission statement was the strongest predictor of the staffs’ perception that the agency promoted OCC efforts. In addition, they found that the presence of mandatory diversity training predicted both the perception of agency promotion of OCC as well as the perception that the agency provided culturally competent practices.

Darnell and Kuperminc (2006), however, measured the OCC markers through a checklist and asked respondents to indicate either the presence or absence of the markers. They reported that this checklist method had strong evidence of reliability and validity; yet there are limitations to this approach. Specifically, the dichotomous nature of the checklist format was limited in scope as it only provided an “all or nothing” interpretation about each marker. According to OCC theory, cultural competency is a continuous variable and reflects a range from a monocultural to a multicultural system of care (e.g., Cross et al., 1989; Sue, 2001). It is a presumption then that there is variability in the
expression of cultural competence, and that an assessment of this variability would be ideal.

Therefore, the current study included improvements to Darnell and Kuperminc’s (2006) assessment by examining the OCC markers through a rating scale developed for this study. With this instrument, called the Counseling Center Cultural Competency (CCCC) scale, the level of measurement of OCC was increased from a nominal to ordinal level. This instrument measured level of cultural competency using seven individual markers (i.e., mission statement, diversity committee, staff diversity, cultural competency training, physical environment, translation, and hiring and retention practices). Thus, this study examined the capacity for OCC (through the CCCC measure) to predict the availability of outreach services for racial and ethnic minorities.

**Institutional Factors**

In addition to OCC, other institutional factors influence the availability of outreach services in counseling centers. Specifically, factors of institution size, student diversity, institution type, accreditation, and staff size have been linked with the availability of outreach services (e.g., Elton & Rose, 1973; Oetting, Ivey, & Weigel, 1970; Whiteley, Mahaffey, & Geer, 1987). Oetting, et al. (1970) and Elton and Rose (1973) found that the size of the institution, defined as the number of students enrolled, predicted the types of services provided at a counseling center. Also Whiteley et al. (1987) found that accreditation, institution type, and staff size were related to the availability of outreach services at counseling centers. In other words, centers that resided in public institutions, had International Association of Counseling Services (IACS)
accreditation, and contained a large number of staff members, were likely to provide outreach services. In addition, because outreach services for racial and ethnic minorities are contingent on the presence of minorities, the racial and ethnic make-up of the student population is also an important factor to consider when examining factors affecting the availability of outreach.

**Current Study**

The purpose of this study was to examine the effects of OCC on the availability of outreach services at UCCCs for racial and ethnic minorities and determine if OCC predicts outreach availability beyond that of institutional characteristics (i.e., institution size, student diversity, institution type, accreditation, and staff size). An additional aim of this study was to determine (a) the types of outreach services provided to racial and ethnic minority students, (b) the amount of time spent on outreach services for these students, and (c) the specific racial and ethnic minority groups targeted by outreach services.

The aim was to increase the knowledge of the OCC construct and its influence on outreach services in the university counseling center setting by examining the predictive value of the OCC markers and institutional variables on outreach availability. Cross et al. (1989) noted the importance of policies, procedures, and practices in the provision of appropriate services to racial and ethnic minorities. Yet, they did not provide specific descriptors regarding the expression of these components in a culturally competent manner. The data derived from this study can help determine how some expressions of OCC affect the provision of services to racial and ethnic minorities. As a result, the
empirical data may offer some support for the hypothesized relationship between OCC and services for minorities proposed by Cross et al. (1989) and colleagues.

In addition, this type of data would contribute to the multicultural counseling literature. Scholars have recommended servicing racial and ethnic minorities through systemic level-interventions, such as outreach (APA, 2003; Vera & Speight, 2003). By investigating the relationship between institutional variables, OCC markers, and outreach services, the current study can help guide practices regarding efforts to increase services to racial and ethnic minorities. For example, if mission statements are determined to influence the availability of outreach services, then counseling centers interested in improving OCC have empirical support for their decisions to adapt a diversity mission statement to guide their practices.

In addition, this study can possibly have implications on policy. For example, United States policy makers have proposed the Mental Health on Campus Improvement Act (2008) to increase funding to university counseling centers wanting to provide outreach services to underserved minority students. While this bill has yet to be passed, it demonstrates an increased interest amongst stakeholders (e.g., universities, counseling centers, policy makers, parents, students) to provide support for servicing the mental health needs of racial and ethnic minority students on university campuses. A better understanding of the status of outreach services for racial and ethnic minority students, as provided by the current study, can help policy makers in passing such a bill and the allocation of monies. Thus, an investigation of OCC markers, institutional variables, and
outreach services, can contribute to the theoretical and conceptual knowledge of OCC and to the procedures, policies, practices of counseling centers.
CHAPTER II

Review of Literature

The state of mental health among racial and ethnic minorities has become an issue of considerable concern among psychologists. This is primarily because racial and ethnic minorities significantly underutilize psychological services despite efforts to increase multicultural competence within traditional forms of therapy (Vera & Speight, 2003). Scholars have recommended the use of outreach services as a culturally competent and accessible means of meeting the needs of this population. While outreach services are a standard practice among UCCCs (Gallagher, 2009), it remains unclear whether or not these services are in fact culturally adapted towards the specific needs of racial and ethnic minority students. Emerging literature suggests a link between the availability of culturally compatible services, such as outreach, and an organization’s level of cultural competence (Hernandez et al., 2009). This chapter will discuss the underutilization of services among racial and ethnic minority students, the outreach service modality, and an array of factors believed to influence the availability of outreach services.

Underutilization

Underutilization of psychological services is a general problem in the United States. According to the Center for Mental Health Services [CMHS] (1998), only twenty five percent of the approximately 50 million individuals diagnosed with psychological
disorders each year seek professional mental health services. Furthermore, the utilization rate of racial and ethnic minorities is especially grave (CMHS, 1998; Sue & Sue, 1999).

A report by the Surgeon General concluded:

Most minority groups are less likely than Whites to use services, and they receive poorer quality mental health care, despite having similar community rates of mental disorders. Similar prevalence, combined with lower utilization and poorer quality of care, means that minority communities have a higher proportion of individuals with unmet mental health needs (U.S. Department of Health and Human Services [USDHHS], 2001, p. 4).

The condition of underutilization implores a closer examination of racial and ethnic minorities and the sources for this disparity. To achieve this, a discussion of what defines a racial and ethnic minority as well as the reasons for underutilization follows.

**Defining Racial and Ethnic Minority**

CMHS (1998) and the USDHHS (2001) have defined the terms race and ethnicity because of the elusiveness that these terms present when comparing different cultural groups. Race is referred to as a collective set of categories characterized by socially significant factors (USDHHS, 2001). There have been significant debates regarding the biological basis for establishing race; however, the consensus is that race refers to “the category to which others assign individuals on the basis of physical characteristics, such as skin color or hair type, and the generalizations and stereotypes made as a result” (American Psychological Association [APA], 2003, p. 380). Ethnicity has some overlap with conventional conceptions of race; however, it also has social meaning and
significance (Phinney, 1996). Ethnicity is the shared practices, customs, and heritages of particular groups (APA, 2003; USDHHS, 2001). This infers that individuals have the capacity to identify with multiple ethnic identities and emphasize different dimensions of that identity (Phinney, 1996).

The combination of these terms with the word ‘minority’ develops a new meaning. In the United States, the terms racial and ethnic minorities primarily refer to individuals or groups other than those of the dominant European or Caucasian-American cultural group. According to a review by the APA (2003), U.S. racial and ethnic minorities include Asian and Pacific Islander, sub-Saharan Black African, Latino and Hispanic, and Native American and American Indian descent. In addition, the term included “individuals from other nations, including international students, immigrants, and temporary workers in this country” (APA, 2003, p. 378).

The distinction of racial and ethnic minorities from dominant White-American cultural groups is central. According to Vacc, DeVaney, and Brendal (2003), minority groups share characteristics that differentiate them from majority groups. For example, minority groups (a) experience a pattern of disadvantage or inequality, (b) share a sense of self-consciousness or psychological awareness that is associated with their group membership and its status, and (c) experience the identification with and internalization of stereotypes. Furthermore, USDHHS (2001) identifies this group as distinct from the majority group due to the underrepresentation and underutilization experienced by this population across a variety of sectors such as education and employment. This
disproportion in services also persists despite the increasing population sizes of these groups (APA, 2003).

College campuses are not been exempt from this phenomenon; there is consensus that racial and ethnic minorities underutilize psychological services despite setting (Zane et al., 2004). While empirical data supporting this contention on college campuses is scarce, some preliminary findings suggest that similar trends exist on college campuses. Davidson et al., (2004), for example, found that over a 5-year period, 2.4% of the minority students at a U.S. Midwestern university sought counseling services. In addition, students who did utilize the service either dropped-out prematurely; or attended relatively fewer sessions in comparison to the majority ethnic group. Likewise, Yakushko, Davidson, and Sandord-Martens (2008) found similar patterns with an international student population. Specifically, only 1.8% of the international student population sought out counseling at the universities they surveyed. Furthermore, approximately 36% of those who sought counseling also dropped out after their first session. To understand this problem, researchers have examined the potential reasons for underutilization.

**Reasons of Underutilization**

There has been an array of speculation about the reasons for underutilization. The hypotheses range from consideration of cultural factors to examinations of psychological services. Of the potential reasons for underutilization, a discussion follows regarding help-seeking attitudes and behaviors, cultural mistrust, stigma, worldview, and racial identity development.
Help-seeking attitudes and behaviors. When investigating underutilization, primary attention is on the cultural characteristics of minority groups. For example, researchers have identified differing help-seeking behaviors and attitudes among racial and ethnic minorities in comparison to Whites. Ayalon and Young (2005) found both similarities and difference between Black and White college students regarding help-seeking behaviors. While both groups reported distress symptoms comparable to outpatient psychiatric clients, Black students were less likely to utilize psychological services. Instead, Black students indicated that they would more likely utilize religious services to address psychologically related distresses. There are similar trends with other racial and ethnic minority groups. For example, in a study of 242 Asian American college students, Kim and Omizo (2003) found that students’ levels of adherence to their Asian cultural values were significant predictors of a negative attitude towards help-seeking and counseling services. Such studies suggest that cultural factors influence help-seeking attitudes and behaviors, which in turn curb the utilization of psychological services.

Cultural mistrust. Other researchers have suggested that a history of cultural mistrust between minorities and Whites functions as a barrier to psychological service utilization. Whaley (2001) noted that African Americans may perceive mental health services as “a microcosm of the larger White society” (p. 513) and subsequently feel threatened by the institution’s association with an oppressive history. Nickerson, Helms, and Terrell (1994) have demonstrated that cultural mistrust is a predictor of negative psychological help-seeking attitudes among a sample of 105 Black college students. They suggested that cultural mistrust among African Americans may “reflect anticipation that
the therapy will be less relevant, impactful, or gratifying” (Nickerson et al., 1994, p. 383) and therefore such services are underutilized.

Cultural mistrust is not a unique experience to African Americans; David (2010) found that there was a significant negative relationship between cultural mistrust and the help seeking of a sample of 118 Filipino Americans. Cultural mistrust predicted lower help-seeking attitudes beyond that of Asian cultural values, income, concerns about loss of face, and generational status. The results suggest that cultural mistrust has strong predictive properties when determining utilization rate.

In a meta-analysis of cultural mistrust across a variety of psychosocial domains, Whaley (2001) found that the effect of cultural mistrust towards counseling or psychotherapy was not significantly different from the effect found in other psychosocial activities (e.g., IQ testing, career aspirations, AIDS knowledge, etc.). The implication is that minorities may experience cultural mistrust toward any potentially oppressive system and is influential across services, activities, and social interactions. As such, cultural mistrust may be a viable and significant explanation to underutilization among racial and ethnic minorities.

Stigma. Another line of research has identified stigma as a concern among racial and ethnic minorities considering psychological services. Those experiencing stigma have an apprehension that others will label them as “crazy,” particularly if others were to have knowledge of their psychological service use (Nadeem et al., 2007). In an investigation of stigma’s influence on use of mental health services, Nadeem et al. (2007) determined that racial and ethnic minority women with stigma-related concerns were less
likely to seek and use psychological treatment when compared with U.S. born White women. The researchers explained this difference as potentially linked with the different beliefs regarding disclosure of personal matters among these groups. Specifically, they noted that racial and ethnic minority groups tended to steer away from self-deprecating disclosures (such as mental health concerns) due to the implications it had on “saving face” and familial reputation.

Gary (2005) explained that mental health stigma among racial and ethnic minorities is a distinct experience from that of Whites. This has been referred to as “double stigma;” indicating a multifaceted construct that combines the fear of discrimination from both the stigmatization of mental illness and one’s own race or ethnicity. Gary (2005) argued that this “double” nature of stigma deters racial and ethnic minorities from seeking help and utilizing services. Both the conceptual and empirical research proposes that stigma is a contributing factor to the underutilization of psychological services among racial and ethnic minorities.

**Worldview.** Brinson and Kottler (1995) suggested two additional hypotheses for underutilization. The first is that underutilization is due to “a basic incongruence between mainstream and minority worldviews with respect to definitions of mental health and socially appropriate behavior” (p. 373). They argued that minorities acculturate towards a collectivistic worldview whereby help seeking from members within their families or cultural group is more appropriate than the utilization of psychological services. Several researchers (e.g., Ayalon & Young, 2005) have demonstrated this pattern of help seeking
in which minorities seek out cultural, familial, or religious healers for psychological distress.

Brinson and Kottler (1995) suggested that a collectivistic worldview also influences the perception of problems of racial and ethnic minorities such that there is less personal responsibility and internal locus of control on problems or solutions. This is in contrast to individualistic worldviews that conceptualizes problems as personal inadequacies that are resolved through individual responsibility. The structure of psychological services is in conflict with both the ways that minorities seek help and the ways that problems are perceived and resolved.

Racial identity development. The second suggestion proposed by Brinson and Kottler (1995) is that underutilization was due to racial identity development. Specifically, they explained that a student’s level of racial identity development could determine whether the client felt comfortable with seeking psychological help—especially from a culturally different counselor. This too had been demonstrated through research on help-seeking attitudes of racial and ethnic minorities (e.g., Kim & Omizo, 2003); generally, these studies demonstrated that the stage of identity development predicted client’s attitudes about help seeking of psychological services. Brinson and Kottler (1995) explained that identity development was essentially the development of beliefs, values, feelings, and behaviors toward an integrated bicultural identity of both the minority and majority culture. Therefore, the stage of identity development would indicate the level of congruency between the client’s values and beliefs and those of
counseling services. Although the effect of racial identity is still under investigation, it is another compelling postulate proposed for underutilization.

**Conclusions about Underutilization**

A common thread among these varying conceptions seems to suggest incongruence between the cultural values of racial and ethnic minorities and the values and methods of traditional psychological services. Griner and Smith (2006) explained that psychological services were not permeated with “the collectivist values and contextual circumstances” (p. 532) that are culturally relevant to racial and ethnic minorities. Instead, traditional psychotherapeutic approaches place values on individualism, autonomy, and individual responsibility rather than collectivism, group harmony, and societal responsibility (Sue & Sue, 1999). Early psychotherapists developed treatments particularly for the needs and values of European-Americans (Hall, 2001) and the field of psychology has generally diffused the values for the environment, society, and culture (Vera & Speight, 2007). Some scholars believe that these qualities of psychology and traditional psychotherapy result in ineffective treatments for racial and ethnic minorities (e.g., Rogler et al., 1987; Sue, Arredondo, & McDavis, 1992).

There is also incongruence between the help-seeking behaviors of racial and ethnic minorities and the accessibility of psychological services. The USDHHS (2001) described accessibility as “the probability of use, given the need for services” (p. 16). Research on help seeking suggests that minorities demonstrate a higher propensity towards culturally accepted sources of help (e.g., family members, religious leaders, community mentors) over traditional psychological services. Furthermore, some racial
and ethnic groups address problems informally and may perceive psychological services as a formality that is unnecessary or inconsistent with their needs (Walton et al., 2010). Thus, the accessibility of psychological resources is limited given the lower probability of use and perceived need among racial and ethnic minorities.

Barriers such as lack of knowledge or geographical obstacles (Vera et al., 2005) also stunt accessibility. Yorgason, Linville, and Zitzman (2008) found that lack of knowledge of services was significantly problematic for university students, including racial and ethnic minorities. Specifically, 30% of students reported that they had never heard of counseling services while another 38% of students expressed that they had heard of psychological services but did not know anything about them. These barriers compound the obstacles faced by racial and ethnic minorities such as those having English as a second language. These students may find traditional psychotherapy considerably more inaccessible and incomprehensible (Vera et al., 2005). Furthermore, if psychological services are geographically more challenging to access due to distance or location, clients are less likely to use psychological services (Fortney et al., 1999).

This incongruence implies that counseling centers may not be meeting the needs of minority students and that there is a need for culturally relevant treatments. In fact, this is a common suggestion. Vera et al. (2005), for example, pointed out “effective interventions [for racial and ethnic minorities] require efforts beyond the status quo of traditional therapy (p. 480).” Vera and Speight (2003) suggested interventions such as advocacy, outreach, prevention programs, and psychoeducational treatment for this purpose. They argued that the proactive, preventative, and strength-based qualities of
these interventions were better suited to address cultural factors. Moreover, these interventions are accessible because they occur in the context of clients’ communities—a characteristic congruent with a collectivist worldview. Among these different interventions, outreach is often the preferred approach for racial and ethnic minority students (e.g., Constantine et al., 1997; Johnson et al., 2007; Mier et al., 2009). The following is a discussion of outreach services, its benefits, and its uses.

**Outreach Services**

Unlike other forms of psychological treatment, there is not a formal definition or comprehensive description of outreach service and its different modalities. Several sources and descriptions of outreach, however, provided insight on this type of service as well as its usefulness for treating racial and ethnic minority students. A review and synthesis of these sources follows.

**Definition of Outreach**

Lewis et al., (1998) defined outreach as “a large-scale, direct service approach to psychological service provision that takes place in the context of a community” (p. 479). Stone and Archer (1990) described it as “any organized program, workshop, media effort, class, or systemic attempt to provide psychological education—including systemic attempts to modify the campus environment” (p. 557). Kern also defined outreach as “a series of intentionally planned presentations and interactional experiences provided to students by college counselors” (p. 206). Another definition is the “[use of] scholarly expertise for the benefit of audiences and stakeholders external to the university” (p. 41).
As demonstrated, definitions of outreach vary greatly, yet they share several characteristics for outreach in the UCCC setting.

First, outreach is a service that occurs outside the context of the clinician’s office and within students’ natural setting. This characteristic allows clinicians to interact “at the center of students’ lives” (Durand et al., 1980, p. 38) as they develop, aiding in their growth. Engaging with students in their regularly visited environments facilitates familiarity and accessibility to the UCCC and its clinicians (Archer & Cooper, 1998). However, physical contact between students and clinicians is not essential for outreach to occur. Some outreach, such as websites and brochures are able to reach students in their natural settings without direct interactions with clinicians.

Second, outreach serves more than one student at a time; the target audience can range from a small group of students to the entire college population (Durand et al., 1980). Clinicians determine the size of the audience based on the needs of students, the objectives of the outreach intervention, and the resources available to provide the service (Kettner, Moroney, & Martin, 1999). In some ways, outreach activities continue to reach students even after the implementation of the intervention. For example, college students benefit from the counseling center website (a form of outreach) regularly because it contains information and resources about mental health.

Third, outreach is psychoeducational. According to Boyd et al. (2003), outreach services ideally:

Help students acquire new knowledge, skills, and behaviors; encourage positive and realistic self-appraisal; foster personal, academic, and career choices, enhance
the ability to relate mutually and meaningfully with others; and increase the capacity to engage in a personally satisfying and effective style of living. (p.169)

This element of outreach facilitates two objectives; it serves as a preventative function and contributes to the “educational mission of higher education” (Kern, 2000, p. 206). In other words, outreach addresses “existing or anticipated obstacles to psychological growth and well-being” (Lewis et al., 1998, p. 479) by providing preventative skills or information (Vera et al., 2005). By equipping students with the necessary resources, they are more likely to cope or manage psychological concerns and possibly prevent mental health deterioration (Kenny & Romano, 2009). In addition, providing education and psychological health and well-being is congruent with the educational context of the university; it aids in students’ abilities to perform well academically.

Finally, outreach is a service used to minimize the stigma associated with mental health concerns and help seeking. When the primary aim of outreach is to reduce stigma, the service becomes a vessel for transmitting accurate information and eradicating misconceptions. An example would be a brochure that identifies the common concerns (e.g., romantic relationships, test anxiety) presented by students in counseling. This brochure would target stigma directly by aiming to reduce the misconception that “you must be crazy” if using counseling services. Outreach, however, can also minimize stigma indirectly. By providing outreach outside the clinical setting, the service is less associated with the stigma of ‘therapy’ and ‘having a mental illness’ (Mier et al., 2009). Furthermore, because outreach is a group activity that counseling centers often initiate, it
is less likely to single out any one person which in turn minimizes the stigma of participants.

These characteristics can range in their expression and are often dependent on the delivery method used. The following is a description of the different outreach methods.

Methods of Outreach

Outreach can take the form of a variety of methods. These include: (a) presentations or workshops, (b) discussion groups, (c) training of campus and community personnel, (d) printed materials, (e) electronic or computer-based outreach, (f) media, (g) response to traumatic or stressful event, (h) campus-wide outreach, and (i) community-based outreach.

The presentation or workshop outreach type is generally a didactic and psychoeducational service that occurs in the classroom or classroom-like setting (Durand et al., 1980). It generally provides information but can also include experiential activities and discussion components.

Discussion groups also can be didactic and psychoeducational but are less formal. Students oftentimes direct this type of outreach and it can take place in any setting (Meir et al., 2009). The informality of this method is ideal especially when targeting racial and ethnic minority students. Arthur (1997) noted that some international students preferred “discourse through discussion, informal groups, and short encounters in ongoing campus interactions” (p. 269). Meir et al. (2009) described similar outreach interventions in which they met with racial and ethnic minority students in neutral settings outside of the counseling center to have less formal discussions regarding concerns.
Trainings are generally a form of outreach provided to faculty, staff, and community members who directly interact with students. This form of outreach is indirect and allows those that regularly interact with students the skills necessary to intervene when students experience mental health concerns. Nolan et al. (2006) demonstrated the use of training-type outreach by targeting and training faculty to assess and refer students needing psychological services to the campus’ counseling center. They found that faculty members that participated in their outreach efforts had significantly greater referral rates (i.e., students referred for counseling services by faculty) than those that did not receive the outreach program.

The use of printed materials such as brochures, bookmarks, pamphlets, and newsletters also can be a type of outreach. This form of outreach disseminates information about mental health or counseling services. It also increases the visibility of a counseling center, minimizes stigma, misconceptions, and encourages service use (Kitzrow, 2003).

Like printed materials, media type outreach (e.g., video recordings, cable television, and media coverage) can be psychoeducational, preventative, and de-stigmatizing (Schenk & Wiscons, 1984). Electronic and computer-based outreach similarly provides these qualities. This type of outreach can range in format from websites to interactive online outreach programs (e.g., Haas et al., 2008). Kern (2000) emphasized the increased use of the internet as a delivery method for outreach (e.g., through chat rooms, websites, and email). For example, Haas et al (2008) developed and measured a web-based outreach program targeting students at risk for suicide. In this
program, researchers emailed students to complete a questionnaire assessing for depression and suicidal ideation. The screening provided students with results that encouraged those with suicidal ideation to contact a counselor and participate in further assessment. Because of this outreach effort, 132 (13.5%) student with high or moderate risk entered treatment. This web-based outreach effort successfully reached potentially overlooked, high-risk students.

Responses to traumatic or stressful events can sometimes be a form of outreach. This approach has a reactive characteristic, especially when used in response to crisis events. However, this outreach method also can be proactive or preventative depending on the population, topic, and approach. For example, a counseling center may provide assistance or workshops to students who may know someone that is in distress or suicidal.

Durand et al. (1980) identified campus-wide, and community based outreach interventions. Campus-wide presentations are comparable to the classroom presentations discussed earlier except they target a broader population. Some examples may be a university-wide ‘Stress Free Day’ event or a campus-wide wellness campaign. Community based activities are efforts that encourage interaction between the university setting and the broader community. Counseling centers also provide this type of outreach to students and community members outside of the campus setting.

**Benefits of Outreach**

Brinson and Kottler (1995) suggested the intervention of outreach for racial and ethnic minority students because it has demonstrated several potential benefits for this
population. Based on their review, they indicated that outreach enhanced relationship alliances, increased minority students’ maneuvering of institutional barriers and increased utilization rates of traditional counseling services. Solberg et al. (1994) explained that outreach services might be beneficial in these ways due to the increased contact it provides students with the counseling center. Vera et al. (2005) suggested that outreach increases contact because it requires professionals to treat clients within their natural environment. Solberg et al. (1994) pointed that this characteristic of outreach has significant benefits. In their study, they examined the effects of previous counseling experiences among Asian American students and found that increased contact with the counseling center (through activities such as outreach) related to individuals’ willingness to seek help. This increased affinity for the counseling center facilitates minority students’ access to psychological services. Similarly, Sanchez and King-Tolar (2007) noted that connecting with students in their natural settings generates a sense of informality that is compatible with the needs of this population; through this informality, students are able to “feel out the counselors” and self-disclose in a secure manner.

In addition, Brinson and Kottler (1995) pointed that outreach interventions also provide minority students with knowledge and access to information that is of specific interest to them. For example, Paladino and Davis (2006) explained that a prominent need among biracial and multiracial college students was information on multi-racial identity development. They suggested that the provision of psychoeducational materials and workshops regarding the development of a multiracial identity has the potential to facilitate growth and adjustment. Because this type of approach is preventative, it helps
reduce the likelihood of mental distress among students of color. Outreach is also “sensible, economical, and less time-consuming” (Vera et al., 2005, p. 441) than reactive efforts. Arthur (1997) suggested prevention when targeting racial and ethnic minorities due to the indirectness of the approach. He explained that many international students were reluctant to seek psychological services due to the social stigma associated with counseling but through a preventative format, outreach would reduce the stigma and increase participation.

Furthermore, outreach is a more consistent method with the collectivist worldview that Brinson and Kottler (1995) believed conflicted with traditional counseling. That is, the group-oriented nature of outreach facilitates the use of social support resources within clients’ immediate community (Sanchez & King-Tolar, 2007). Counselors who have provided outreach to students through peers, faculty, and staff have reported that students felt that help was more accessible to them (Ellingson, Kochenour, & Weitzman, 1999). The social nature of this service approach is also congruent with the developmental needs of university students, despite ethnic background. According to many developmental theorists, students in the developmental age of 18 thru 24 are concerned with developing and maintaining interpersonal relationships. The social experience of outreach can be very useful and congruent with these developmental needs (Archer & Cooper, 1998).

In addition, the service method of outreach is capable of matching the help-seeking attitudes and behavior of the minority population. An outreach intervention that is set in the community has the capacity to provide a sense of trust and decreases the
likelihood that students will perceive providers as “outsiders.” Sanchez and King-Tolar (2007) explained that outreach services “allow students of color to meet counselors…and ‘feel them out’ for comfort and interpersonal compatibility before deciding to seek services” (p. 288). Through such approaches, outreach providers, as a part of the community, become weaved into the fabric of acceptable sources of help.

Anthropological literature considers “culturally indoctrination” into the community (Bernard, 1998).

Outreach services also de-stigmatize the process of help seeking. A decrease in stigmatization is possible because the counselor or counseling center rather than the client mostly initiate outreach services. Therefore, racial and ethnic minorities are less likely to feel singled out or have concerns about stigma. Johnson et al. (2007) reported having successful results with Asian Pacific American students at two different university campuses. They explained that this minority population is stereotyped as the “model minority”—a term that emphasizes the perception of “perfectionism” that was emulated by this population. Similar to other oppressed minorities, Asian Pacific Americans often experience internalize oppression, which contributes to beliefs that only “less than perfect” individuals experience distress and a need for help. To address this overwhelming stigma to seeking help or even openly expressing distress, college counselors developed culturally appropriate outreach services. The winning feature of their outreach intervention appeared to be the neutral description of “discussion groups” rather than a description that associated the intervention with help-seeking or
psychological services. This allowed students to share openly, comfortably, and decrease notions of psychological weakness.

**Provision of Outreach Services**

The potential for outreach to be preventative, educational, and developmentally congruent for college students makes it an especially attractive service method for university campuses (Archer & Cooper, 1998). Outreach services, however, have not always been a service option at university and college counseling centers. Prior to 1944, primarily faculty members and deans (Meadows, 2000) provided counseling services (i.e. vocational guidance). It was not until the mid 1940s to mid 1950s when counseling centers became a common establishment on university and college campuses. The main emphasis of early counseling centers focused on vocational and educational counseling to veterans returning from World War II (Heppner & Neal, 1983). This was made possible through monies allocated to universities to supply services that the Veterans Association (VA) was unable to provide.

During the 1960s and 1970s, counseling centers began to broaden their services and developed roles in outreach and consultation. Several factors such as an increase of the student population, greater emphasis on preventative measures, and societal forces such as the civil rights movement contributed to this change. The beginning uses of outreach programming represented a transition from an exclusively vocation and person-centered approach to a systemic-focused approach (Archer & Cooper, 1998; Meadows, 2000). However, the end of the 1970s marked the substantial use of outreach programming to meet the needs of the new decade.
Mainly, higher education institutions were increasing their enrollment of non-traditional students (i.e. non-white, -young, -heterosexual, -able, -males) and counseling centers were finding themselves addressing needs which demanded emphasis outside of vocational counseling. Simultaneously, counseling centers were experiencing budget cuts and restricted resources to meet the needs of their growing student population (Aiken, 1982). These separate yet equally daunting factors made the use of outreach a desirable service. Morrill and Hurst (1971) had promoted the use of outreach programming when the demand of traditional services exceeded the resources of staff. Their call appeared to be effective; Whiteley et al. (1987) found that 66% of the 899 counseling centers they surveyed were providing outreach services.

The 1990s marked the seminal work of Stone and Archer (1990), which sought to both review and predict the roles, challenges, and services of university counseling centers. In their evaluation, outreach and consultation was one of the six main functions (i.e. clinical services, outreach and consultation, training, staff development, research, and administration) of university counseling centers. One of the reported challenges for the decade was the ability to respond to the increasing need of outreach services. Stone and Archer (1990) predicted the decrease in resources and expansion of college counselor roles would increase the demands for preventative and developmental approaches to student concerns. Directors responding to their survey reported that staff spent 13.8% of their time on outreach activities; the authors predicted this to increase throughout the 1990s.
In fact, there is current evidence that counseling centers provide outreach services regularly to their student populations. A national survey found that 92.9% of 302 counseling centers offered outreach services in 2008 (Gallagher, 2009); indicating that outreach services were offered frequently by university counseling centers. In addition, providing outreach that is “responsive to sexual orientation, racial, cultural, disability, and ethnic diversity among students; and reach students who are less likely to make use of traditional counseling services” (Boyd et al., 2003, p. 170) is a guideline for accreditation by the International Association of Counseling Services [IACS].

Conclusion about Outreach Services

Outreach services have been useful and instrumental to the development of university counseling centers. There is no further information, however, regarding the types of outreach services provided. In fact, despite the growing popularity and need for outreach services, there are no comprehensive resources describing the role and modalities of outreach services provided by university counseling centers. In other words, while there appears to be a loose consensus of some outreach formats (e.g., workshops, class presentations), there is no complete description of the different types of outreach provided. Furthermore, no study to date has investigated the extent to which such outreach services have addressed the specific needs of racial and ethnic minority students. The summative functions of this form of service are so complementary to the minority student population that it begs to question whether counseling centers provide this service to students of color. In order to illuminate the existing services available, the current study investigated the types of outreach services provided and the amount
delivered to racial and ethnic minority students on university and college campuses. In
addition, this study examined the specific racial and ethnic minority groups served
through outreach services.

Despite the lack of literature regarding the availability of outreach services with
racial and ethnic minorities, the continued call for modified services with this population
indicates that counseling centers are not adequately meeting this need. While the extent
of the unmet need is unclear, the literature has suggested factors that might be
contributing to or preventing counseling centers from adequately providing outreach
service to racial and ethnic minorities. The following is a review of factors that may
influence the availability of outreach services.

**Influences on the Availability of Outreach**

As reviewed earlier, counseling centers have undergone many changes throughout
the last few decades (Archer & Cooper, 1998). Each change or shift has required
counseling centers to make decisions regarding the services that they provide to students.
Numerous factors such as staff interests and the political climate can sometimes influence
these decisions (Heppner & Neal, 1983). As such, it is plausible that these factors have
also influenced the availability of outreach services. Whiteley et al. (1987), and others
have demonstrated relationships between institutional characteristics and the availability
of outreach services. However, other scholars (e.g., Cross et al., 1989; Harper et al.,
2006; Hernandez et al., 2009) have suggested that an organization’s level of cultural
competency is particularly influential on the availability of services specifically for racial
and ethnic minorities. The following is a discussion of these factors and their significance to the present study.

Staff Size

Whiteley et al. (1987) found that providing outreach services was significantly related to counseling centers’ staff size whereby counseling centers with large staff sizes were likely to provide outreach services. There are limitations, however, to these findings. First, the measurement of staff size was not clearly defined. Whiteley et al. (1987) reported that “staff size” referred to “full time equivalent staff (FTE)” yet did not provide any further discussion regarding what individuals qualified as a FTE. While it may be assumed that Whiteley et al. (1987) were referring to full time mental health professional staff, the definition provided by Whiteley et al. (1987) is not specific. For example, many counseling centers are comprised of “full time staff” that also classify as “support staff.” These include assistants or secretaries and it is unclear if they were considered in Whiteley et al.’s (1987) study. The authors, however, did examine the number of “preprofessionals and paraprofessionals” which include peer counselors, practicum counselors, and interns; yet these categories of professionals were not investigated in relation to the availability of outreach services. This lack of clarity is especially troublesome considering that “the total number of preprofessionals and paraprofessionals exceeded the total number of professionals employed by the responding counseling centers” (Whiteley et al., 1987, p. 74). These pre- and paraprofessionals undoubtedly provided services to clients and potentially influenced the availability of outreach. Therefore, to understand how staff size influences outreach service availability at
counseling centers, a closer investigation of the number of staff members including support staff, preprofessionals, and professionals is warranted.

**Accreditation**

It is also essential to investigate university counseling center “accreditation” in relation to outreach services more closely. Whiteley et al., (1987) examined whether or not counseling centers were accredited by IACS and found that most (87%) of the centers were *not* accredited. Furthermore, the minority of counseling centers that were accredited by IACS were significantly more likely to provide outreach services. The strong correlation between IACS accreditation and outreach availability was likely due to IACS’s accreditation requirement of outreach interventions (Boyd et al., 2003). In addition, the purpose of this accrediting agency for counseling centers is to “maintain quality service delivery” and “encourage…high professional standards” (Gallegher, 2009, p. 2)—which suggests that accredited counseling centers may differ in regards to quality of services and level of professional standards. The American Psychological Association (APA) is also an accreditation agency of counseling centers. Similar to IACS accreditation, the APA promotes quality of services and high professional standards; however, these are in regards to the training of predoctoral interns and postdoctoral residents (APA, 2009). Considering the large number of pre- and paraprofessionals noted by Whiteley et al. (1987), it begs the question of whether APA accreditation also influences the availability of outreach services.
Institution Size

Whiteley et al. (1987) also investigated the size of the institution in relation to the availability of outreach services; yet found no significant differences. Earlier studies, however, by Oetting et al. (1970) and Elton and Rose (1973) identified institution size as a meaningful variable in relation to the availability of services. Both studies determined that institution size (as measured by number of enrolled students) was related to counseling centers’ “orientation” or service model; four orientations were identified through factor analysis. That is, campuses with approximately 20,000 students tended to have a “traditional model” or an orientation emphasizing vocational counseling and the treatment of emotional problems. Those with enrollment of 15,000 to 19,300 were classified as “training models” because these centers tended to emphasize counselor training of graduate students and conducting research. Counseling centers with enrollment between 5,000 and 15,000 were characterized as operating from “vocational guidance models” due to their focus on vocational and academic problems. Finally, counseling centers tended to have a “psychotherapy model” which mainly emphasized the treatment of emotional problems when student enrollment was below 4,900. This is noteworthy because if the type of service model utilized by a counseling center is also reflective of the services used (Durand et al., 1980), then availability of outreach services may also be affected by the size of the institution.

Whereas Oetting et al. (1970) and Elton and Rose’s (1973) investigations indicated that there may be a relationship between institution size and the availability of outreach services, Whiteley et al.’s (1987) found that institution size did not matter. The
reason for the insignificant findings in Whiteley et al.’s (1987) study may be due to their measurement of institution size; it was measured in terms of number of “full time equivalent staff.” This differs from Oetting et al. (1970) and Elton and Rose’s (1973) definition of institution size; measured by the “number of enrolled students.” The assumption is that Whiteley et al. (1987) were referring to the total number of faculty and staff at the educational institution; however, this is ambiguous and the authors did not provide any further clarification of the variable. It is questionable whether Whiteley et al. (1987) would have found a significant relationship between institution size and outreach services if ‘institution size’ had been measured similarly to Oetting et al. (1970) and Elton and Rose’s (1973) studies.

Student Diversity

Whiteley et al. (1987) also investigated outreach services in relation to region of the country that institutions were located. While the researchers did not describe “region of country,” they measured four categories: Northeast, North Central (or Midwest), South, and West. They found that the region of country did not affect the availability of outreach services. Interestingly, however, Whiteley et al. (1987) found significant regional differences in regards to ratio of ethnic minority individuals on counseling center staff. Specifically, southern and western regional counseling centers had a higher proportion of ethnic minorities than northeastern and north central state institutions. This link between regional location and racial and ethnic minority staff is plausible. Regional location is indicative of local cultures that would likely be represented in the staff’s racial make-up. This is noteworthy when considering the availability of outreach services
specific to certain populations. That is, outreach services that are specifically geared to racial and ethnic minority students are likely to be influenced by the demographics of students on campus. In other words, the availability of population specific services is contingent on the presence of that population.

However, the examination of ‘regional location’ may not adequately capture the link between student demographics and outreach services. This is because college campuses oftentimes have racial and ethnic demographics that differ from those of the regional area. Students travel across states and even internationally to attend educational institutions; making campus communities demographically unique. Considering that the demographics of college campuses may differ than that of the regional location, it would be of interest to investigate student diversity in relation to the availability of outreach services for racial and ethnic minorities. In fact, other factors that may influence the availability of outreach services specifically for racial and ethnic minority students need examination.

It is important to note that the factors of staff size, accreditation, and institution size were discussed by scholars in relation to the general provision of outreach. That is, no specificity of population serviced was examined in the studies discussed. As a result, these factors may likely not sufficiently capture the complete nature of outreach availability for racial and ethnic minority students. In fact, when bearing in mind outreach services specifically for racial and ethnic minority clients, another host of potential factors may be influencing its provision.
According to Griner and Smith (2006), outreach services for racial and ethnic minorities classify as a “culturally-adapted mental health interventions” (p.540). These types of interventions differ than others because they take into consideration the clients’ cultural context, characteristics, and values. This consideration requires “cultural competency” or the knowledge and awareness of cultural factors. It begs the question, if the provisions of culturally adapted services requires cultural competency (APA, 2003), would cultural competency be an influential factor in the availability of outreach services for racial and ethnic minority students? In summary, there appears to be factors, which may influence the general availability of outreach services, and those influencing outreach services specifically for racial and ethnic minorities. The following is a discussion of cultural competency and its influence on the availability of outreach services for racial and ethnic minority students.

Cultural Competence

During the early 1950s, the first articles to emphasize the cultural needs of clients were published in the Personnel and Guidance Journal (Abreu, Gim Chung, & Atkinson, 2000). This consideration of culture sparked significant changes in the counseling profession and its approach to psychological treatment. Specifically, through the 1960s and 1970s, the field emphasized training in cultural competencies to increase the likelihood that counselors meet the needs of minority clients. Training focused on mitigating cross-cultural challenges and acquiring the skills to address cultural issues occurring in the therapy room (Locke, 1996). In later years, these skills were compiled into a set of multicultural competencies guidelines. They emphasized the importance of
cultural (a) awareness of beliefs and attitudes about racial and ethnic minorities, (b) knowledge of own worldview, cultural groups, and sociopolitical influences, and (c) skills in interventions, techniques, and strategies when working with minority groups (Sue, et al., 1992). Today, these multicultural counseling competencies have become a fundamental part of training and ethical guidelines of the counseling and counseling psychology professions (APA, 2003; Ponterotto et al., 2001).

Training in multicultural counseling competencies is based on the assumption that culturally competent counselors are equipped to provide culturally appropriate interventions and treatment to racial and ethnic minorities. In fact, a qualitative examination of clients who had received counseling in cross-cultural dyads suggested that clients perceived their counselors to have met their needs when they attended to them in a culturally specific manner (Pope-Davis, et al., 2002). As a result, there has been a notable increase in multicultural counseling training. For example, Ponterotto (1997) determined that 89% of the counseling psychology programs surveyed offered a multicultural or diversity related course. Despite these efforts, however, to increase training in multicultural counseling competencies, the underutilization of mental health services by racial and ethnic minorities persisted (e.g., CMHS, 1998). Thus, it has been argued that while the current multicultural competencies are valuable and necessary, they are also limited in their ability to assist client populations that traditionally do not seek services (Vera & Speight, 2003). That is, in-session competencies only allow for in-session cultural adaptations; they are limited to clients who seek services and therefore do not contribute to minimizing the psychological service gap. Vera and Speight (2003)
recommended an expansion of multicultural competencies “beyond the context of [traditional] counseling” (p. 255). Sue (2001) suggested a multidimensional model of cultural competence (MDCC) which broadens the competencies outside the individual and professional and into the organizational and societal.

Sue (2001) contended that including the organizational and societal levels of cultural competency allows for a holistic consideration of factors that may be contributing to the psychological service gap. For example, Sue (2001) explained that even the most culturally competent counselors would be hindered from providing adequate services if housed in an organization which “discourages or even punishes” culturally competent practices. Sue (2001) implied that organizational practices, policies, and structures have the capacity for cultural competence and that this level of competency can determine the availability of services. Importantly, Sue (2001) stated the provision of “outreach programs rather than the traditional in-the-office remedial approach” (p. 813) is indicative of cultural competency at the organizational level. This argument is significant because it proposes that the availability of outreach services to racial and ethnic minorities is related to an organizational level of cultural competency. However, in a critique of the MDCC model, Ridley, Baker, and Hill (2001) asked, “Is the consideration of cultural competence for organizations the same as it is for individuals?” (p. 823). In other words, what is organizational cultural competence? In addition, how is it measured? In an attempt to answer these questions, a review of literature on OCC follows. The implications of OCC on the availability of outreach services by counseling centers are also reviewed.
Organizational Cultural Competence

This notion of institutional cultural competence is common. In fact, emerging literature suggests that the ability to provide culturally appropriate services to racial and ethnic minorities is dependent on the concept of organizational cultural competence (e.g., Cross et al., 1989; Harper et al., 2006; Hernandez et al., 2009). Similarly, professional guidelines (e.g., APA, 2003) and multicultural competency scholars (e.g., Arredondo, 1996) assert that organizational cultural competency is integral to the availability of services for racial and ethnic minorities.

Definition of Organizational Cultural Competence

According to Geron (2002), OCC is “the capacity of an organization to support culturally appropriate responsive care” (p. 40). Similarly, Betancourt, et al. (2009), described OCC as the creation of “a health care system and workforce that are capable of delivering the highest quality care to every patient regardless of race, ethnicity, culture, or language proficiency” (p. 499). There is no consensual definition, however, of organizational cultural competence (Harper et al., 2006). Many scholars such as Dana et al. (1992) attempted to formulate a comprehensive definition through a review of literature and by consulting Cross et al.’s (1989) multicultural organizational development (MOD) model. Cross et al. (1989) designed a seminal model that describes organizations as ranging in degrees of multiculturalism and as having the potential to develop on a continuum from being monocultural to being multicultural. This model is unique and often referenced because it is specifically developed to describe mental health organizations in regards to services for racial and ethnic minorities. However, there is a
wide array of MOD models available specific to businesses and industries (e.g., Adler, 1986; Jackson & Holvino, 1988). For a review of these models see Sue et al. (1998). A review of Cross et al.’s (1989) model follows.

**The cultural competence continuum.** Cross et al. (1989) described OCC as “a set of congruent attitudes, practices, polices, and structures that come together in a system or agency, or among professionals that enable effective interactions in cross-cultural situations” (p. iv). Cross et al. (1989) derived this concept of OCC after recognizing a service gap for the treatment of psychological issues with diverse groups, specifically, African Americans, Asian Americans, Hispanic Americans, and Native Americans. Cross et al. (1989) closely examined these services and concluded that culturally appropriate care is stunted predominantly due to institutional barriers. That is, a lack of clarity in culturally focused “policy, training, resources, practice, and research issues” (p. iii) in mental health institutions prevented the adequate provision of services to minority children and families. To explain these issues, Cross et al. (1989) developed a six stage developmental model that described the transition of mental health organizations from monocultural to multicultural systems.

At the farthest end of the continuum was a stage termed *cultural destructiveness.* Cross et al. (1989) described this stage as representative of blatant discriminatory and oppressive practices. In other words, organizations at this stage may purposefully deny services to specific cultural groups or intentionally prefer one race to another during hiring practices. Next was *cultural incapacity.* This stage represents an organization that is plagued by ignorance, which results in oppression and discrimination towards people
of color. The attitudes, policies, and principles in this type of organization appear similar to that of cultural destructiveness except that the underlying force driving these practices may not be cognizant or intentional. Then, was the stage of cultural blindness; this level is representative of an organization that believes that there are no differences between cultures. A culturally blind approach to practice is oppressive and discriminatory because it assumes that the norms and values of Euro-Americans are appropriate and necessary for all individuals. These behaviors oblige clients to either assimilate or acculturate to values incongruent with their needs. Next, was the stage of cultural pre-competence. Here, an organization begins to recognize its potential influence and role in discrimination and oppression. The practices and policies, however, are still destructive because the organization is only beginning to gain awareness. Organizational behavior may represent attempts to hire cultural minorities or implement culturally appropriate services; however, these trials are merely experimental and may still be disparaging as the organization attempts to refine its approach. The next stage was cultural competence. Organizations at this level have achieved awareness of their role, responsibility, and power in influencing discriminatory and socially just practice. The organization is characterized as adapting to its client population and behaves in practices that deliberately seek to provide equal and quality services for all. This is not the final stage, however, of development. Cross et al. (1989) noted that the final stage, also known as cultural proficiency, was surpassing of the belief that there is an “end point” to cultural competence. In other words, the organization recognizes that it needs to be dynamic and ever changing in order to continue to meet the needs of minority clients. This
acknowledgment is necessary because client populations are also developing and changing over time; the organization must continue to challenge itself and change towards cultural competency as client populations change and develop. In this stage, the organization’s behavior is characterized as proactively assessing and attaining cultural competence rather than only responding to needs of clients.

Cross et al. (1989) described change to occur in areas of attitudes, policies, and practices. In other words, attitudes are expected to become less ethnocentric and biased as organizations move along the continuum. In addition, policies are believed to become more flexible and culturally impartial as organizations develop. Finally, the practices are believed to become more culturally congruent from initial meeting to termination with clients. Cross et al. (1989) noted that these three components must make changes along the continuum to achieve OCC. Similar to Sue’s (2001) MDCC model, Cross et al. (1989) explained OCC as achievable through actions made “at the practitioner, agency, and system level” (p. 55). In addition, Cross et al. (1989) also noted that outreach services were reflective of culturally competent organizations. However, there is less discussed regarding the specific indicators of OCC. Cross et al. (1989) only provided broad descriptions of factors that “contribute to a system’s, institutions, or agency’s ability to become more culturally competent” (p. v). These are: (a) valuing diversity; (b) the capacity for cultural self-assessment; (c) consciousness of the dynamics inherent when cultures interact; (d) institutionalized cultural knowledge; and (e) developed adaptations to diversity.
Measurement challenges. While these five descriptors (i.e., valuing diversity; the capacity for cultural self-assessment; consciousness of the dynamics inherent when cultures interact; institutionalized cultural knowledge; and developed adaptations to diversity) are useful, they lack specificity in identify OCC in organizations. For example, it is unclear how a characteristic such as valuing diversity may be best represented on the practitioner, agency, and systemic level. Furthermore, it is uncertain how indicators of ‘value diversity’ might evolve and be represented throughout the continuum. The ambiguity of these descriptors is problematic because it poses a limitation to OCC measurement. Cross et al. (1989) explained that their model was not designed to be a “how-to” of specific approaches or interventions strategies; rather, it is a description of how “systems of care can more effectively deal with cultural differences and related treatment issues” (p.iii). Subsequently, scholars interested in OCC have needed to seek out alternative resources to further conceptualize, define, and potentially measure the OCC construct.

As a result, a wide range of opinions regarding the composition of OCC has been generated. According to Geron (2002), this creates several measurement challenges. First, the definition of OCC is uncertain. There is a multitude of definitions and these definitions vary significantly. For example, Betancourt et al.’s (2009) emphasized “language proficiency” of organizational staff while Cross et al.’s (1989) discussed the importance of culturally competent “attitudes, practices, policies, and structures” of organizations in the definition. Second, the definitions of OCC are broad and cannot be “linked to identifiable, observable, or measureable behaviors or actions” (Geron, 2002, p.
Furthermore, OCC encompasses an entire organization, on varying ranges and levels; the mere breadth of what OCC represents is simply difficult to capture. Therefore, OCC is likely to appear differently depending on the foci—whether the emphasis is on the individual, professional, or the organizational level (Vega & Lopez, 2001).

In addition, a review of literature revealed that differences in OCC definitions were based on the type of mental health setting. For example, dissimilar OCC conceptualizations were found for elementary and secondary school settings, (Kindaichi & Constantine, 2005), community mental health settings (Substance Abuse and Mental Health Services Administration [SAMSHA], 1998), hospital settings (Brach & Fraser rector, 2000), and training programs (Sue, 1991). These settings differ in organizational structure, mental health services, and client population and therefore reflect OCC differently. Because outreach services for racial and ethnic minority students are provided by counseling centers, the definition of OCC in this setting is of particular interest. The following is review of OCC specific to the UCCC setting.

**OCC in college and university counseling centers.** Greiger (1996) described multicultural organizations in terms of the student affairs setting. The student affairs unit within universities is relevant to this discussion because oftentimes, college and university counseling centers are housed within student affairs (Archer & Cooper, 1998). In addition, in a national survey, 84% of counseling centers reported at least collaborating with student affairs staff. Therefore, while not exactly specific to counseling centers, Greiger’s (1996) conceptualization of a multicultural organization is pertinent, described as:
(a) inclusive in composition of staff and constituencies served; (b) diversity-positive in its commitment, vision, mission, values, processes, structures, policies, service delivery, and allocation of resources; (c) permeated by a philosophy of social justice with decisions informed by consideration of ensuring fairness, ending oppression, and guaranteeing equal access to resources for all groups; (d) regards diversity as an asset and values the contributions of all members; (e) values and rewards multicultural competencies, including diversity-positive attitudes, knowledge about salient aspects of diverse groups, and skills in interacting with and serving diverse groups effectively, sensitively, and respectfully; and (f) is fluid and responsive in adapting to ongoing diversity-related change (Greiger, 1996, pp. 563-564).

This definition emphasized diversity in staff, clients, in a range of organizational structures, in attitudes, behaviors, and knowledge. It also included a unique value for social justice, which is uncommon in other definitions of OCC. Yet, similar to other OCC descriptions, Greiger’s (1996) definition is broad, complex, and difficult to measure. To define OCC, however, Greiger (1996) reviewed literature to ascertain descriptors of multicultural organizational development (MOD). These descriptions were used to develop an instrument that would assist student affairs departments in assessing and modifying their system towards MOD. To achieve this, Greiger (1996) conducted a review of literature and a theme analysis to identify potential characteristics defined by various scholars.

As a result, eleven broad “themes” or categories of MOD descriptors were identified. These include: (a) mission; (b) leadership and advocacy; (c) policies; (d)
recruitment and retention; (e) expectations for multicultural competency; (f) multicultural competency training; (g) scholarly activities; (h) student activities and services; (i) internship and field placement; (j) physical environment; and (k) assessment. From each of these broad categories, Greiger (1996) developed 52 checklist items. The items included descriptions of each theme with “check-list” options of met, unmet, and in progress. Together, this tool is named the multicultural organizational development checklist for student affairs or MODC. It is meant for use in a qualitative fashion whereby student affairs departments can initiate progress towards MOD. Greiger (1996) explained that it should not be used to calculate a total score or cutoffs, and that it was merely a self-assessment apparatus that facilitates multicultural organizational development.

Later, Reynolds and Pope (2003) adapted Greiger’s (1996) checklist into a 10-category description of OCC counseling centers; named the “Template for a Multicultural Counseling Center.” This template included both different and overlapping categories of OCC. These are: (a) comprehensive definition of the term multiculturalism; (b) mission statement; (c) leadership and advocacy; (d) policy review; (e) recruitment and retention of diverse staff; (f) multicultural competency expectations and training; (g) scholarly activities; (h) counseling center programs and services; (i) physical environment; and (j) assessment.

According to Reynolds and Pope (2003), a comprehensive definition of the term multicultural refers to a value for inclusiveness of a broad definition of diversity. They explained that an inclusive definition should be developed, used, and takes into
consideration underrepresented and underserved groups. *Mission* is described as a mission statement that explicitly expresses a value for diversity and multiculturalism. In addition, Reynolds and Pope (2003) asserted that this mission statement be included into “all department publications and advertisements” (p. 376).

*Leadership and advocacy* was discussed as the involvement of organizational leaders in multicultural change efforts. Suggestions to applying this category included setting diversity goals as well as incentives for staff to participate in multicultural activities. Next, *policy review* was referred to as a full review of departmental policies and procedures to identify any barriers to multicultural organizational development. The *recruitment and retention of diverse staff* category emphasized the importance of a culturally diverse staff. Suggestions included the proactive recruitment and retention of diverse staff.

*Multicultural competency expectations and training* was a referred to as the cultural competency training and practice of each staff member. The specific recommendations included items such as yearly diversity training and multicultural supervision. In regards to *scholarly activities*, it was suggested that staff members generate multicultural scholarly activity. For example, Reynolds and Pope (2003) suggested “encouraging, supporting, and rewarding staff members who pursued any multicultural scholarly activity” (p. 377). *Counseling center programs and services* was the expression of multiculturalism in the programs and services provided by counseling center staff. The suggestions included a review of current practices and the development of multicultural interventions. The *physical environment* category emphasized the
importance of developing an affirming and caring environment by possibly displaying culturally inclusive artwork and evaluating the accessibility of services. Finally, the assessment category was discussed as the assessment and evaluation of multicultural adaptations and efforts.

Reynolds and Pope (2003) presented the 10 categories in a table format that included three columns: the multicultural organization development (MCOD) category, the purpose, and, specific components. The specific components are reported to be suggestions of “how a counseling center may incorporate key categories” (p. 378). While not a checklist, the Template was developed to serve the purpose of facilitating the process of MOD.

**Critique of college and university counseling centers OCC instruments.** The MODC and the Template for a Multicultural Counseling Center (TMCC) are useful because they contributed to clarifying the complex description of OCC. Specifically, they clearly provide “areas” that are instrumental to the development of OCC. For example, not only is a mission statement identified as significant category, it is also identified as distinct from policies and leadership. Furthermore, the generated statements are applicable and relevant to the campus setting; terms such as “residence hall staff, ombudsperson, and campus” are used to describe specific characteristics for the college and university setting.

However, there are several limitations to the MODC and the TMCC. First, while Grieger (1996) derived the checklist items from a literature review, there was no discussion regarding whether the literature reviewed was comprehensive or
representative of potential OCC markers. In fact, this limitation is common. Almost all available OCC tools have generated items that are derived from a seemingly arbitrary literature reviews with little discussion regarding the generation of items. Oftentimes, this is because the primary purpose of these instruments is for self-assessment rather than rigorous research (Chin, 2010; Harper et al., 2006). Therefore, sophisticated item development methods are not essential to the measures’ intended purposes. As a result, there is no clear indication of why some categories of MOD were selected over others. Subsequently, while the Template carries face validity, its composition and representativeness of OCC in counseling centers is questionable, as it is an adaptation of Grieger’s (1996) MODC instrument.

Furthermore, the development of the checklist items is unclear. For example, Grieger (1996) noted the development of 2 to 12 items per theme; it is uncertain why some themes had more descriptors than others did. For example, the mission category includes two checklist items that indicate whether a culturally positive mission is incorporated in (a) the division of student affairs, and (b) in each office of student affairs. On the other hand, the leadership and advocacy theme includes five descriptors. These checklist items range from the presence of minorities in leadership positions to the presence of a diversity staff position that deals with diversity student concerns. It can be speculated that more descriptions were available in the literature for certain themes, such as the leadership and advocacy theme. On the other hand, it may be that certain themes were more complex and required additional descriptors in comparison to themes such as the mission theme. There is little certainty, however, about these speculations since there
is no discussion regarding the process. Similarly, the Template lists “specific components” of OCC (named multicultural organizational development or “MCOD”) categories that have unclear sources or rationale. Again, the Template is aimed at providing counseling centers with recommendations for achieving MCOD and therefore the lack of specificity and conceptual foundation is comprehensible.

These measurement limitations were found to be pertinent across instruments regardless of the setting for which they were designed. Some scholars, however, utilized alternative measurement methods in an attempt to simplify OCC and MOD measurement. For example, Dana et al. (1992) constructed items so that they “depend upon factual content and require only a dichotomous presence or absence decision” (p. 266). Even these authors, however, explained that each item on this checklist only represented “a range of possible agency activities” rather than a comprehensive description of OCC (p. 229). In addition, they explicitly noted that their literature review for item development had some limitations like those previously discussed.

Similar to Grieger (1996) and other OCC checklist developers (e.g., Ponterotto et al., 1995), Dana et al. (1992) emphasized that their checklist should not be utilized to derive an additive score or cut-off score. Mainly, this is because no empirical studies to date have illuminated the nature of the OCC construct, its speculated categories, or its hypothesized markers. In other word, due to the infancy of OCC theoretical and empirical development, it is unclear exactly what categories encompass OCC. As discussed previously, there is currently a range of opinions and speculations regarding the definition of OCC. In addition, there is no guiding literature on which specific
organizational factors contribute most to cultural competence or if they even have an
effect on the competency of an organization. Furthermore, the specific indicators of each
category are equivocal across authors. These combined limitations led to the difficulty of
quantitative measurement; there is uncertainty in which OCC markers are significant, as
well as their weighted contribution to OCC. However, a model suggested by Hernandez
and Nesman (2006) creates an opportunity for the examination and quantitative
measurement of the OCC construct.

**Relationship between Organizational Infrastructure and Direct Service**

**Function**

In Hernandez and Nesman’s (2006) model, proposed domains of OCC are
conceptualized to be related to an organization’s direct service function (as cited in
Harper et al., 2006). This direct service function is comprised of an accessibility,
utilization, and availability component. The accessibility component “involves
facilitating individuals’ ability to successfully enter, navigate, and exit needed services
and supports” (Hernandez et al., 2009, p. 1048). The utilization component “involves the
promotion of service use in the community and the facilitation of organizational
accountability by tracking service use patterns” (Hernandez et al., 2009, p. 1048).
Moreover, the availability component “involves ensuring that the range and capacity of
available services adequately reflects the needs of community being served” (Hernandez
et al., 2009, p. 1048).

Hernandez et al. (2009) did not explicitly describe how the construct of OCC was
related to the direct service function. For example, they did not specify how the domains
of OCC interact with one another, if at all. Similarly, specificity of how the direct service functions interact with one another is also unclear. In addition, they did not discuss if all the domains of the construct were necessary to interact with all the components of service delivery, and vice versa. What is clear, however, is that the model suggests a relationship between direct service and OCC organizational infrastructure. There is preliminary research to support this.

Organizational literature suggests that direct services are a by-product of structural components within agencies (Donabedian, 1997; Miles et al., 1978). Specifically, in program evaluation, components such as material resources, facilities used by clients, and staff demographics are considered “program inputs” and components such as how much of an available service is provided are considered a “program output” (Kettner, Moroney, & Martin, 1999). In the input-output relationship, the variability of “input” determines “output.” Applying this to university counseling centers and outreach services, the following is suggested: The availability of outreach service to racial and ethnic minority students (i.e. output) is related to culturally competent organizational infrastructure markers (i.e., input).

In addition, Darnell and Kuperminc (2006) found that agencies with culturally competent mission statements and mandatory multicultural training (both OCC markers) had staff that perceived culturally competent clinical practices to be both prevalent and promoted in their agency. While Darnell and Kuperminc (2006) did not directly examine the presence of services in relation to OCC markers, their findings are supportive of the relationship suggested by Hernandez and Nesman (2006). Because Darnell and
Kuperminc’s (2006) study is the only known study to empirically examine OCC markers in relation to any other variable, it is critically reviewed in the following section give its importance to the current study.

**Critique of empirical evidence.** Darnell and Kuperminc (2006) examined “agency-level” markers such as ‘mission statement’ and ‘cultural competency training’ in relation to predictors of cultural competency on the individual level. Specifically, the researchers contacted 12 community mental health agencies in Georgia by telephone to inquired about “agency level” markers of cultural competency. The researchers measured five OCC markers by determining whether the markers were present at the agency. The markers included: (a) the presence or absence of mission statement that explicitly addressed diversity; (b) the presence or absence of a mechanism in place to monitor promotions of minority staff; (c) the presence or absence of required cultural competence training for all staff; (d) the presence or absence of a diversity committee, task force, or dedicated staff position; and (e) staff diversity as measured by (a) the percentage of non-White staff (non-White); (b) a difference score between percentage of African American staff and percentage of African American consumers (match); and (c) percentage of the total population that represented the largest racial and ethnic group (diversity).

These five variables were investigated in relation to “individual-level” predictors of cultural competence. Darnell and Kuperminc (2006) measured these by developing a survey that inquired about “perceptions of organizational efforts to promote cultural competence” and “perceptions of the prevalence of culturally competence clinical practices in their agency” (p. 198). A factor analysis of the survey items revealed two
factors that explained 60% of the variance in items. These factors were named *promote* and *practice* and they measured the perception of participants regarding their agency’s promotion of cultural competency and presence of culturally competent practices.

Darnell and Kuperminc (2006) used a hierarchical linear model to examine the relationship between agency level markers (e.g., mission statement, diversity staff, cultural competency training, minority staff promotion, and diversity committee or diversity staff position) and individual level markers (e.g., practice, promote) of cultural competency. The indicators of OCC were entered as single predictors. They found that the presence of a culturally competent mission statement was the strongest predictor of the staffs’ perception that the agency promoted OCC efforts. In addition, they found that the presence of mandatory diversity training predicted both the perception of agency promotion of OCC as well as the presence of culturally competent practices. No other agency-level variable explained the variance in ‘promote’ and ‘practice’ scales. While Darnell and Kuperminc (2006) succeeded in empirically examining OCC markers, there were several limitations to their research.

First, the checklist format used to capture the OCC markers is problematic. Darnell and Kuperminc (2006) noted that this format was utilized because it had strong evidence of reliability and validity, which included “high levels of internal consistency, inter-rater reliability, and criterion-related validity” (p. 197). While the reliability and validity of measurement are important, the dichotomous nature of these items is limited in scope. Considered nominal variables, these items only assign a number for the purpose of classification—present or absent (Sarle, 1995). The presence or absence of a mission
statement, for example, does not truly indicate or disconfirm the presence of cultural competency. Ideally, markers of OCC should be examined through ordinal or interval scaling. That is, the assignment of numbers so that distances between the numbers have meaning and value (Sarle, 1995). Ordinal and interval scales, however, do not have a true zero, indicating that statements can be made about differences between two points but not by how much (Borgatta & Boornstedt, 1980). Nonetheless, ordinal and interval level scales are more descriptive and better capable of describing cultural competency than a nominal level measures. Interestingly, Darnell and Kuperminc (2006) did not actually utilize a checklist format as intended. Because answers to these questions were derived through telephone, participants provided qualitative answers that sometimes did not result in a yes or no response. This supports the notion that a more fine tuned assessment is needed to capture the varying degrees of OCC markers.

Second, there was a one year delay between the data collection of ‘individual-level’ and ‘agency level’ predictors of cultural competency. This is significant threat to internal validity due to history effect. In other words, there is a likelihood that some agencies adopted culturally competent practices (e.g., mission statements, mandatory training) after the individual level surveys was conducted. This is problematic because individual-level perceptions would thereby not accurately represent the status of the organization when agency level markers were measured. To improve upon this, it is recommended that all variables be examined simultaneously; only then can one be more confident about capturing a relationship between OCC markers and other variables.
Third, only the *perceptions* of OCC promotion and practice were measured however, Darnell and Kuperminc (2006) suggested that their study examined the relationship between agency and individual level cultural competency markers, which is misleading. The items developed to measure individual-level cultural competency were not consistent with common definitions and measures of individual-levels of cultural competency. For example, a common definition of individual level cultural competency includes (a) awareness of beliefs and attitudes about cultural minorities, (b) knowledge of own worldview, cultural groups, and sociopolitical influences, and (c) skills in interventions, techniques, and strategies when working with minority groups (Sue, Arredondo, & McDavis, 1992). This definition, is intended to capture the individual’s expression of cultural competency; however, Darnell and Kuperminc’s (2006) variable is capturing the individual’s perception of the agency’s cultural competence expression. It appears that the researchers more accurately measured something such as the presence of OCC markers in relation to staff perceptions of agency OCC. Because these are perceptions, it is uncertain whether the variables accurately captured cultural competency on the individual level as well as the intended relationship between agency level and individual levels of cultural competency. Might Darnell and Kuperminc’s (2006) results be better interpreted as staff members having positive attitudes for OCC; or maybe the results represented an institutional climate of OCC? This is unclear because the concept of OCC perceptions was not clearly described. To avoid such research limitations, it is suggested that constructs be clearly and consistently defined (Heppner, Wampold, & Kivilighan, 2008).
Conclusion about Organizational Cultural Competence

In summary, as the only known empirical investigation of OCC markers, Darnell and Kuperminc’s (2006) research is innovative in the area of OCC and its relation to other variables. However, there are several methodological limitations to their research. Many of these limitations stem from the infancy of OCC theoretical, conceptual, and empirical development (Greiger, 1996). For example, there is no consensus regarding the definition of OCC and its potential indicators. This has posed a barrier to measurement and the establishment of empirical evidence to support early theoretical conceptualizations. Nonetheless, there are preliminary conceptual and empirical indications that a relationship exists between services and markers of culturally competent organizational infrastructure. This is significant because it suggests a potential relationship between OCC markers and the availability of outreach services.

Because, no known studies have investigated the relationship between OCC components and the availability of outreach services, the proposed study will be exploratory in nature. In the present study, the relationship between some of the OCC markers identified in the literature and the availability of outreach services will be investigated. The markers of OCC chosen for this study were selected based on their feasibility in capturing the intended organizational component in an interval level of measurement. The variables selected include mission statement, staff diversity, hiring and retention practices, diversity committee, translation, physical environment, and cultural competency training. The following is a discussion of each of these variables, rationale, and intended measurement.
Organizational Cultural Competence Markers

Mission Statement

As a marker of OCC, mission statements have the capacity to demonstrate the organization’s value for cultural competence and care (e.g., Hernandez et al., 2009). It reflects the goals, purpose, and ideal intentions to working with clients (Arredando, 1996). In addition, mission statements have the capacity to distinguish the organization’s identity along with revealing its approach and operations towards a multicultural goal (Arredando, 1996). According to the APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (2003), the mission of organizations is significant in achieving an “enhanced, culturally proficient, and inclusive systems and practices” (p. 393). Specifically, the Guidelines note that a mission statement of a multicultural organization would express inclusiveness and pluralism.

Darnell and Kuperminc’s (2006) examined the OCC marker of mission statement by only determining its presence. As discussed earlier, this was a limitation to their research; a continuous measure of ‘mission statement’ would provide richer information about OCC. To capture institutional-level variables in a continuous fashion behaviorally anchored rating scales were used (BARS) (e.g., Zedeck, et al., 1974). These types of scales allow respondents to rate items in relation to an objective description or “anchor.” To develop BARS, a range of objective descriptions is identified. Then they are presented to respondents in a ranked order. For example, a job performance BARS may include descriptions that range from effective to ineffective behaviors.
While there is no literature dedicated to the differing levels of culturally competent mission statements, there are some indications of varying degrees. For example, several sources have specified that culturally competent mission statements should include the use of terms such as “diversity” or “multiculturalism” (Reynolds & Pope, 2003). Furthermore, Greiger (1996) suggested that mission values should be discussed in relation to all of an organization’s functions. In addition, Chin (2010) noted that there presumably is a difference between mission statements that mention diversity and those that “integrate diversity, difference, and multiculturalism within a system” (p. 4). Perez, Fukuyama, and Coleman (2005) provided a qualitative example of a culturally competent mission statement that included both of these characteristics. In addition, Reynolds and Pope (2003) reported that a mission statement should be incorporated into all department publications and advertisements.

**Diversity Committee**

The marker of a diversity committee is described as the organization’s ability to oversee and establish goals and policies that ensure the delivery of culturally competent care (Hernandez et al., 2009). Ponterotto, et al. (1995) stated that a “Multicultural Affairs Committee” would have the capacity to “oversee a program’s efforts in relation to multiculturalism” (p. 15). In addition, Arredondo (1996) explained that while the composition of leadership designated towards diversity initiative may take many forms (e.g., task forces, committees, councils, trustees, community council, diversity director, etc.), its presence creates accountability, action, and delegation of responsibility.
Similar to the diversity mission statement, this marker has primarily been measured through a checklist format in which the participant indicates either the presence or absence of a diversity committee or staff position dedicated to diversity concerns (e.g., Darnell & Kuperminc, 2006). As discussed previously, to develop a behaviorally anchored rating scale (BARS) for this marker, a review of literature was conducted to identify indications of varying degrees.

Cross et al. (1989) and Dana et al. (1992) suggested that diversity committees that are comprised of racial and ethnic minorities demonstrate a more advanced level of cultural competence than those that do not. The rationale is that these diversity committees are not only handling diversity concerns, they are also incorporating the opinion and personal suggestions of the intended population (Arredondo, 1996). In addition, the amount of times that this diversity committee meets is likely a contributing indicator of cultural competency. For example, if committees were to meet weekly, it would be presumed that diversity issues were being considered more frequently than if meetings were held on an “as-needed” basis. The “as-needed” meetings are considered less culturally competent because they are remedial or reactive in their approach to addressing diversity issues. According to Vera et al. (2005), the mental health profession heavily relies on reactive interventions; however, a preventive approach is the ideal way to serve communities of Color.

**Staff Diversity**

Staff diversity is considered an indicator of an organization’s ability to recruit and retain racial and ethnic minorities (Dana et al., 1992; Darnell & Kuperminc, 2006;
Garica-Caban, 2001; Ponterotto, et al., 1995; Siegel, et al., 2000). Sanchez and King-Toler (2007) suggested that the presence of minority faculty and staff was represented a culturally welcoming environment on campus. In other words, racial and ethnic minority staff is likely to work where they feel comfortable with the campus and organizational environment. Sanchez and King-Toler (2007) noted that the cultural climate experiences of minority staff are likely also experienced by minority students and vice versa.

Furthermore, Flores and Spanierman (1998) reported that diverse staff was especially important when working with racial and ethnic minority students. They suggested that the diversity provides students with more opportunities to relate with staff and the agency.

**Hiring and Retention Practices**

Similar to staff diversity, an organization’s hiring and retention practices can be an indication of the efforts made to enlist and retain racial and ethnic minority staff (Hernandez et al., 2009). Darnell and Kuperminc (2006) explained that hiring and retention practices differentiate organizations that make efforts to achieve staff diversity from those that do not. Geron (2002) also noted that hiring and retention practices demonstrate an organization’s capacity to recruit professional staff that is reflective of the client population’s cultural diversity. According to Arrendondo et al. (1996) it is also important that organizations seek to recruit bilingual or multilingual individuals to meet the diverse needs of clients.

Darnell and Kuperminc (2006) measured ‘hiring and promotion policies’ through a checklist format in which participants indicated either the presence or absence of “mechanisms that monitor promotions of minority staff” (p. 198). There are likely
varying degrees of competency, however, expressed through this specific marker. A review of literature revealed that the frequency in which racial and ethnic minorities are recruited could differentiate organizations that actively seek staff diversity from those that do not (Hernandez et al., 2009). Similarly, organizations that are able to retain racial and ethnic minorities over several years demonstrate a higher level of cultural competency (Arredondo, 2009). Finally, as mentioned previously, organizations that recruit bilingual and multilingual staff indicate an attention to the diverse cultural needs of client populations (Arredondo et al., 1996).

**Physical Environment**

The physical environment refers to the cultural diversity that is represented in the artwork displayed in the organization (e.g., paintings, drawings, posters, photographs, video presentations, etc.; Ponterotto et al., 1995). It is considered a marker of OCC because it indicates that the organization values and respects multiculturalism. Arredondo (1996) explained that racial and ethnic minority clients are more likely to feel comfortable with and trusting of an organization that displays an understanding and value for cultural differences. Ponterotto et al., (1995) suggested that organizations that display artwork more frequently reflect a greater level of OCC than those that only display cultural items temporarily. This distinction is useful for measuring the varying degrees of physical environment.

**Translation**

Translation is referred to the conversion of printed materials into languages relevant to non-English speaking clients. According to Harper et al. (2006), the
translation of printed materials not only makes services accessible to racial and ethnic minorities but also facilitates the delivery of clinical services. In addition, the availability of printed materials in different languages communicates to clients that the organization acknowledges and values cultural diversity (Chin, 2010). Much like the ‘physical environment’ marker, the varying degrees of translation is likely distinguishable through the frequency that it is incorporated in the organization. In other words, an organization that translates printed materials consistently is demonstrating a greater level of cultural competency than an organization that uses translation sparingly.

**Cultural Competency Training**

Cultural competency training is described as a mandatory training provided by the organization to its staff to improve skills in reaching racial and ethnic minorities and providing cultural competent services (Dana et al., 1992; Darnell & Kuperminc, 2006; Reynolds & Pope, 2003; Siegel et al., 2000). This marker not only represents a value for diversity but also a value for the availability of culturally competent services. In addition, the marker demonstrates that the organization has established a systemic expectation for culturally competent practice. According to Arredondo (1996), when values for diversity and cultural competency are policies of an organization, the staff is supported in their individual efforts to attain cultural competency.

Two distinguishing characteristics of this marker were identified. First, the frequency of that the trainings are provided is likely a contributing indicator of cultural competency. For example, if trainings were provided multiple times per year, it would be presumed that diversity issues were being considered more frequently than if trainings
were provided on an “as-needed” basis. The “as-needed” meetings are considered less culturally competent because they are remedial or reactive in their approach to addressing diversity issues (Vera et al., 2005).

Second, the participants included in the training likely reflect the organization’s level of cultural competency. Organizations that expect the entire organizational staff to be trained and competent in cultural diversity demonstrate higher levels of cultural competency than those that only have this expectation for select staff (Harper et al., 2006). This is because the training of all staff expresses that culturally competent services are a standard across the organization.

**Summary**

In summary, the markers of mission statement, diversity committee, staff diversity, hiring and retention practices, cultural competency training, translation, and physical environment have been selected as viable indicators of OCC for the current study. The concept of OCC is of interest because it is believed to be linked to the availability of outreach services for racial and ethnic minority students. Scholars have identified outreach services as complimentary to the cultural and developmental needs of racial and ethnic minority students. However, utilization data and multicultural literature indicate that the racial and ethnic minority population is not being served sufficiently by psychological services. It is considered, then, that the concept of OCC in counseling centers may be influencing the availability of outreach services for this population.

The current study is thus an examination of the relationship between outreach services for racial and ethnic minority students and seven OCC markers (i.e., mission
statement, diversity committee, staff diversity, hiring and retention practices, cultural competency training, translation, and physical environment). In addition to these specific OCC markers’ influence on services offered at counseling centers, five other variables have been identified to affect the availability of outreach services. These are institution size, student diversity, institution type, accreditation, and staff size. Based on the review of the extant literature, the following research questions and predictions are made:

**Research Questions**

1. What are the types of outreach services provided to racial and ethnic minority students by counseling centers?

2. To what racial and ethnic groups are outreach services being provided to by counseling centers?

3. How much time is spent providing outreach services to racial and ethnic groups by counseling centers?

4. Is there a relationship between the four OCC markers (i.e., mission statement, diversity committee, staff diversity, hiring and retention practices, cultural competency training, translation, and physical environment) and outreach service availability beyond institution size, student diversity, institution type, accreditation, and staff size?

5. If a relationship exists between the OCC markers and outreach service availability, what markers, if any, more significantly explain the variance in outreach service availability?
Hypothesis

1. The OCC variables of mission statement, staff diversity, hiring and retention practices, diversity committee, translation, physical environment, and cultural competency training will predict outreach service availability for racial and ethnic minority students in counseling centers above and beyond those generally found to effect the availability of outreach services (i.e., institution size, student diversity, institutional type, accreditation, and staff size).
CHAPTER III

Method

The purpose of the current study was to investigate the effect of OCC markers (i.e., mission statement, staff diversity, hiring and retention practices, diversity committee, translation of publications, physical environment, and cultural competency training) on the provision of outreach services for racial and ethnic minority students above and beyond those generally found to effect the availability of outreach services (i.e., institution size, institution type, student diversity, accreditation, and staff size).

Participants

Data for this research was collected from UCCC directors (or staff member with an equivalent functional title; e.g. director of student affairs, director of health services, etc.). The names of all U.S. universities and colleges (7,322) were obtained from the U.S. Department of Education Institute of Education Sciences (IES) Database. The names of these institutions were entered into a list randomizer on www.random.org. The first 800 institutions from the randomized list were selected as the sample for this study. The researcher along with a team of undergraduate assistants reviewed each school’s website and identified those that provided counseling services to students on campus. Six hundred and forty-one (80%) of these schools had counseling services on campus available to students; these institutions served as the subsample to this study. Contact information of
the directors of these schools’ counseling centers was collected through each school’s website. An online survey was emailed to the directors with an incentive for participation. Six-hundred and forty-one surveys were sent, 151 surveys were completed, and 21 surveys were attempted but not completed. Ten surveys were undeliverable and four participants opted out. Twenty-seven percent of the sample responded to the survey and an 83% of these completed the survey.

Participating counseling centers were located in 41 different states and across 4 United State regions (i.e., West, Midwest, Northeast, and South). Fifty-five percent of the participating counseling centers were housed in a private educational institution and 45% in a public institution. The number of students enrolled at each institution ranged from 187 to 51,659 with a mean of 9,914 ($SD = 10,980.58$). The percentage of racial and ethnic minorities enrolled at each institution ranged from 2% to 100% with a mean of 26% ($SD = 18.00$). The total number of staff employed in participating counseling centers ranged from one to 73 with a mean of 14 ($SD = 14.41$). Of these, the number of senior staff professionals (e.g., psychologists, psychiatrists, social workers, nurse-practitioners, etc.) ranged from 1 to 39 with a mean of 7 ($SD = 6.49$), the number of pre-professionals (e.g., practicum students, psychology interns, professionals in training, etc.) ranged from 1 to 50 with a mean of 5 ($SD = 7.21$), and the number of support professionals (e.g., office managers, administrative assistants, external consultants, etc.) ranged from 1 to 8 with a mean of 2 ($SD =1.79$).

Respondents identified themselves as having the following leadership titles over counseling (and career, health, and/or student) services: director, coordinator, executive,
president, and lead psychologists. Duration of directors’ employment at their present counseling center ranged from 8 months to 33 years with a mean of 10 years and 10 months ($SD = 8.31$). Directors’ age ranged from 30 to 76 years, with a mean of 52 years ($SD = 8.90$). Eighty-eight percent identified as White, Caucasian, or European-American, 10% as Black, African-American, or Negro, 1% as Biracial or Multiracial, 1% as Hispanic or Latino, and 1% as Filipino. Seventy-six (44%) identified as female, 69 (40%) as male, and one (1%) as transgendered.

The majority of respondents held a doctorate (73%) as their highest completed degree. This was followed by a masters (26%) and associates degree (1%). Degree specializations were in counseling psychology (39%), clinical psychology (24%), social work (12%), mental health counseling (8%), counselor education (8%), marriage and family therapy (6%), community psychology (2%), education psychology (2%), higher education (2%), and organizational psychology (1%). Health psychology, nursing, pastoral counseling, psychiatry, and rehabilitation psychology were each identified as degree specialization by less than 1% of the respondents.

**Instruments**

**Counseling center cultural competence (CCCC).** To measure counseling organizational competence several markers of OCC were identified through the literature. These were cultural competency training, existence of a diversity committee within the center, its mission statement, physical environment, translation of counseling center publications, hiring and retention practices, and staff diversity. Behavioral descriptions that indicated varying degrees of cultural competency for each of these markers were
derived from literature on OCC. Due to the lack of research available to guide OCC
measurement, the markers in this study were exploratory and selected based on their
feasibility of measurement (e.g., objective, quantifiable) and relevancy to the UCCC
setting. Markers were also selected based on their feasibility of expression and
measurement on a continuum. Because so few scholarly implications distinguished how
markers behaviorally varied along the OCC continuum, only markers with some literary
support for ranged expression were selected for this study.

Twelve items were developed. All but the marker “staff diversity” was measured
on a rating scale ranging from zero to four. Higher rating described a more culturally
competent expression of each marker. For example, the “provision of cultural
competency training *multiple times a year*” received a value of four whereas the
“provision of cultural competency training *as needed*” received a value of one. A lack of
cultural competency training received a value of zero. Staff diversity was measured as the
percentage of racial and ethnic minorities (as defined by 2010 US Census, with an
additional option of biracial or multiracial—see Appendix B) employed at the counseling
center. Staff was defined as senior professions (e.g., psychologists, etc.), preprofessionals
(e.g., practicum students, etc.), and support professionals (e.g., office assistants, etc.).

**Validity.** While use of a rating scale to measure CCCC allowed for the
measurement of markers on a higher than nominal level, there was no empirical literature
supporting the varying levels of cultural competency for the identified markers.
Therefore, the items that were developed and their use on a unified scale were
exploratory in nature. To gain support for the content validity of the 15 original items,
two experts in OCC reviewed the items prior to administration. These reviewers were identified as “experts” based on their published works in MOD self-assessment scales, UCCCs, and services for racial and ethnic minorities.

Experts rated each item in terms of (a) representativeness of the OCC construct and (b) comprehensibility. To assess item representativeness of the OCC construct, items were scored as “1” if it clearly represented the construct; “2” if the item somewhat represented the construct; or “3” if the item did not represent the construct. In regards to comprehensibility, items were scored “1” if the item’s wording was comprehensible, “2” if the wording was somewhat comprehensible, and “3” if the item was not comprehensible. In addition, expert reviewers were instructed to provide explanations of their ratings.

The experts rated nine of the 15 original items as “1” on representativeness and comprehensibility. Three of the remaining items received a “2” on either comprehensibility or representativeness. Based on comments from the expert reviewers these items were reworded to increase either their representativeness or comprehensibility. For example, an item representing the “hiring and retention” marker (i.e., How often has the counseling center been able to retain racial and ethnic minority staff in the last three years?) was reworded to include the phrase “in the last three years” to provide respondents with a time frame reference. Such items were modified according to these suggestions thereby achieving a rating of “1”. Three items measuring the marker of “financial resources” received a score of “3”. The experts indicated that while these
items represented OCC, their rating would be challenging and would limit their validity as a measure of the “financial resources” marker.

Subsequent to these changes on the CCCC items, two additional experts in counseling center functions reviewed the original 15 items for face validity. These reviewers were identified as “experts” based on their seniority in providing counseling center services, specialization in providing services to racial and ethnic minorities, and knowledge of counseling center functions through leadership positions (e.g., director, training director, participants on national and/or regional UCCC committees). Based on these reviewers’ comments wording of some items was adjusted to resemble terminology that is consistent to counseling center functions. The items that had initially received scores of “3” by the OCC experts were also flagged as problematic by these experts. Comments from the reviewers indicated that while these items might be relevant to counseling center functions, the items’ meaning would vary significantly across counseling centers—thereby threatening their validity. Consequently, these three items were removed from the survey resulting in a 12-item measure of CCCC (see Appendix A). Scores on the CCCC measure can range from zero to 144 with higher scores indicating higher expressions of cultural competence.

*Construct validity.* An exploratory factor analysis (EFA) was conducted to determine the nature of the construct(s) underlying the responses of counseling center directors to the 12 CCCC questions. First, an examination of assumptions was conducted to justify the use of these items in an EFA. A histogram and a Q-Q plot demonstrated that the data was normally distributed and linear. Casewise diagnostics did not detect any
cases with values exceeding $SD = +/-$ three, the recommended value indicating cases that significantly lie outside the general linear pattern. The Kaiser-Meyer-Olkin (KMO) was a value of .74, indicating that the EFA results were reliable. Similarly, the Bartlett’s Test of Sphericity generated a significance value less than .05 indicating that the responses to the questions were sufficiently factorable. Further, a correlation matrix revealed that there are several correlations over .30 and an anti-image correlation matrix revealed that the measures of sampling adequacy for all individual variables was greater than .5, thereby supporting their retention in the analysis.

Factor loadings were evaluated using the principle axis extraction method. This method is considered the best method for exploring underlying factors for theoretical purposes (DeCoster, 1998). Similarly, due to the exploratory nature of the CCCC items, an orthogonal (varimax) rotation was used to help maximize the identification of each variable with a single factor. An extraction based on eigenvalues greater than 1 was first used to examine the data. Results indicated four potential factors. Subsequent factor analyses were therefore conducted to examine results when one, two, three, or four factors were specified.

According to Hair et al. (1998), factor loadings between .384 and .512 are practically and statistically significant for sample sizes between 100 and 200. Items that double loaded or loaded at values less than .384 were removed; the remaining items were then examined. The best factor solution was a single factor of 11-items that loaded in between .425 and .703 (see Table 1). In comparison to the other solutions, a single factor
with 11 items was ideal because it described the maximum variance using the fewest number of factors. In this case, 31% of the variability was accounted for.

Table 1

*Factor Loadings of Items Measuring CCCC*

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Commonalities Extraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Training</td>
<td>.61</td>
<td>.37</td>
</tr>
<tr>
<td>Participants of Training</td>
<td>.50</td>
<td>.25</td>
</tr>
<tr>
<td>Diversity Committee Composition</td>
<td>.43</td>
<td>.18</td>
</tr>
<tr>
<td>Diversity Committee Activity</td>
<td>.49</td>
<td>.24</td>
</tr>
<tr>
<td>Mission Statement Use of Language</td>
<td>.53</td>
<td>.28</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>.55</td>
<td>.30</td>
</tr>
<tr>
<td>Translation</td>
<td>.48</td>
<td>.23</td>
</tr>
<tr>
<td>Percentage of Racial and Ethnic Minorities on Staff</td>
<td>.56</td>
<td>.31</td>
</tr>
<tr>
<td>Recruiting Racial and Ethnic Minorities</td>
<td>.67</td>
<td>.44</td>
</tr>
<tr>
<td>Retention of Diverse Staff</td>
<td>.70</td>
<td>.49</td>
</tr>
<tr>
<td>Recruiting Bilingual or Multilingual Staff</td>
<td>.55</td>
<td>.30</td>
</tr>
</tbody>
</table>

The items measuring CCCC were developed to capture the construct of organizational cultural competency in counseling centers. This construct is presumed to be a one-dimensional construct that is comprised of varying markers (e.g., Harper et al., 2006) (e.g., mission statement, policies, etc). The results of the EFA indicated that a single factor best described the construct underlying the responses. The *mission statement accessibility* item (see Appendix A), however, was removed because it loaded poorly at a
value of .263. It was originally assumed that this items would load similarly to the mission statement use of language item (see Appendix A) which also inquired about counseling centers’ mission statement. The item’s poor loading may be due to ineffective wording of the item stem. The item inquires about the incorporation of the mission statement into “publications and advertisements such as brochures, flyers, and websites.” Although the item was intended to measure the accessibility of the mission statement, the phrasing may have been “double-barreled”—assessing for more than one characteristic at a time by stating ‘publications and advertisements’ and using several examples. Such phrasing can be a threat to construct validity and reliability (Clark & Watson, 1995).

It is also possible that the item loaded poorly because it does not measure the intended OCC construct adequately. While the item inquires about the accessibility of a mission statement, it is not exclusive to mission statements that mention diversity or multiculturalism. A mission statement’s accessibility is meaningful to the OCC construct only if it communicates a value for diversity or cultural competency (Reynolds & Pope, 2003) which was not specified in the item.

It was concluded that the observed item response pattern was consistent with OCC theory. According to Cross et al., (1989) and colleagues, the construct of OCC is a value for culture and culturally unique needs across the organizational system. OCC scholars have identified an array of organizational markers that may be reflective of OCC. The CCCC instrument measured seven of these OCC markers. These are cultural competency training, diversity committee, mission statement, physical environment, translation of counseling center publications, hiring practices, and staff diversity and
retention. The results of the EFA suggested there to be a strong correlation between individual markers that are best accounted for as a single construct of OCC. Thereby, the markers of OCC were determined as best examined collectively through the CCCC instrument using a total score. As a result, analyses on the predictive capacity of individual markers (research question 5) were not conducted.

**Reliability.** Cronbach’s alpha internal consistency reliability was assessed for the 11-items measuring CCCC. According to Nunnally (1978), an alpha value of .70 is respectable for new measures. For the CCCC measure, the items yielded a standardized item alpha coefficient of .83. Composite scores to the CCCC ranged from zero to 140, with higher values indicating a greater level of OCC present at the counseling center. The mean of the composite score was \( M = 33.17 \) with a standard deviation of \( SD = 26.56 \).

**Outreach service availability (OSA) measure.** Outreach service availability was an aggregate score of three items regarding outreach services provided only to racial and ethnic minority students at the university. These included: (a) the number of different types of outreach services, (b) the number of hours spent per week in providing outreach services, and (c) the number of different racial and ethnic student groups targeted and served by outreach services. These three indices of outreach service availability were identified in the literature on organizational cultural competence (OCC) (e.g., Hernandez et al., 2009). According to Hernandez and Nesman (2006), service availability is defined as “having services and supports in sufficient range and capacity to meet the needs of the populations they serve” (as cited in Harper et al., 2006, p. 27). This definition served as the foundation of the current OSA measure.
Because no empirical studies to date have measured this definition of OSA, the components of service availability operationally defined as followed. The term “range” was quantified as “the number of different types of services provided,” the term “capacity” referred to “the number of hours spent on services,” and the phrase “populations they serve” was linked to “the number of racial and ethnic minority groups serviced.” The following is a description of how each of these three components was measured.

**Number of outreach service types.** Respondents indicated the types of outreach services provided at their counseling center to racial and ethnic minority students. Response options included nine outreach formats derived from a review of the multicultural and outreach literature. In addition, respondents were provided the options of selecting “other” with an option to specify the additional outreach service offered and “none.”

The nine outreach formats listed were: (a) presentation or workshop (e.g., classroom presentations, psychoeducational programming); (b) discussion groups (e.g., support groups, panel discussions); (c) training (e.g., of faculty and staff, residence hall advisors, coaches, clergy, or other campus community members); (d) printed materials (e.g., pamphlets, flyers, posters, bulletin, newsletter); (e) electronic or computer-based outreach (e.g., mail, chat-room, discussion boards, cable television); (f) media (e.g., radio, TV, interview, internet); (g) response to traumatic or stressful event; (h) campus-wide outreach (e.g., resource fair, screenings, tours); (i) community wide outreach (e.g., referrals, collaboration with community healers).
Responses to the “other” outreach types were categorized based on content by the researcher and two additional raters. These raters were graduate students pursuing a doctorate in counseling psychology. They were selected based on their familiarity of qualitative data analysis methods. Each rater independently assigned the open-ended responses either a score of “0” indicating that the response was better represented by the nine categories provided on the check-list or was otherwise irrelevant or incoherent, or a “1” when the response was not clearly represented by the nine categories but needed to be included in another category of services. There was no variability between the raters’ scores. Based on these ratings, two additional outreach service categories were created. These are: (a) advocacy, (b) liaison relationship, (c) wellness retreat, and (d) mentoring.

Each outreach format selected by the respondents was assigned a value of one. Thus scores could range from zero to 11. Higher values indicated a greater range of outreach services available to racial and ethnic minorities.

*Types of outreach services for general student body.* Counseling center directors also indicated the types of outreach services provided at their counseling center to the general student population. The response options were the same as those discussed above (i.e., nine outreach formats, “other,” and “none”). However, this item was not calculated into the OSA composite score, as it did not reflect services specifically designed for ethnic and racial minority college students. The intended use of this item was two-fold. First, it was used to increase the accuracy of information about outreach for racial and ethnic minority students. That is, by specifying the populations targeted by outreach, respondents were less likely to generalize outreach intended for the general population to
with those specific to racial and ethnic minorities (Fowler, 2003). Second, the item provided the ability to make conclusions about outreach types provided for racial and ethnic minorities in comparison to the general student population.

**Number of racial and ethnic minority groups.** Counseling center directors indicated the students targeted by outreach services at their center from a list of 12 racial and ethnic minority groups as defined by the 2010 United States Census (see Appendix B). Participants were also provided the response options of “Biracial or Multiracial”, “none” and “other.”

Sixteen respondents indicated that they serviced “other” ethnic minority groups of students than those listed in the survey. The researcher and the two graduate raters mentioned previously examined these responses. First, each rater independently assigned the responses with either a value of zero or one. The aim was to identify any additional racial and ethnic groups that had not been indicated in the checklist. A response received a value of zero when it better fit into one of the twelve categories provided or when it was considered irrelevant or incoherent. A response received a value of one when the response was *not* clearly explained by any of the twelve categories and needed a separate category. Ratings were consistent across raters for each open-ended response. Next, the researcher and raters independently grouped the responses into categories. A review of groupings revealed that all raters had grouped the responses into five distinct categories. These were international students, Hmong, Lao, Armenian, and Russian. Of these, the most targeted group was international students (9%), followed by Hmong (1%). Lao, Armenian, and Russian were indicated by less than 1% of counseling centers. Each
selected racial and ethnic group was assigned a value of one. A value of one was assigned to the “other” category whether the respondent provided one or multiple racial and ethnic group descriptions. Values to this item ranged from zero to 14 with higher values indicating greater variety of racial and ethnic minority groups serviced through outreach.

**Number of hours spent on outreach.** Counseling center directors indicated the estimated number of hours spent per employee (weekly) on outreach services to racial and ethnic minorities. The following activities were included in determining time spent on outreach: developing, training, preparing, implementing, and evaluating outreach services for racial and ethnic minorities. Employees for which these hours were counted included senior staff (e.g., psychologists) and pre-professionals (e.g., practicum students). Scoring consisted of adding up the time spent on services. Values ranged from zero to 40, with higher values indicating greater amount of time spent in servicing racial and ethnic minority students through outreach.

**Validity.** In developing these three items (i.e., number of outreach types, number of racial and ethnic groups, amount of time spent on outreach) representing OSA the multicultural, outreach, OCC, and counseling center literature was consulted. Responses to each of the OSA components were collapsed into a composite score of OSA to increase level of measurement. Yet, these items and their use on a composite scale were exploratory in nature due to a lack of available literature on how to measure this construct. The two experts in counseling center functions (described previously) were consulted for evaluation of these items’ content and face validity. The experts employed the same rating scale as they did when evaluating the CCCC measure. All three items
received a score of “1” for both comprehensibility and representativeness. The expert reviewers suggested minor word changes to increase face validity on the items, which were subsequently changed.

*Construct validity.* An exploratory factor analysis (EFA) was conducted to determine the nature of the construct(s) underlying the responses to the three OSA questions. The assumptions necessary for an EFA were examined. The data was normally distributed and linear according to a Q-Q plot and a histogram. Casewise diagnostics did not detect any cases that significantly lied outside the general linear pattern. The Kaiser-Meyer-Olkin (KMO) was a value of .60, indicating that the EFA results were reliable. Similarly, the Bartlett’s Test of Sphericity generated a significance value less than .05 indicating that the responses to the questions were sufficiently factorable. Further, a correlation matrix revealed that there are several correlations over .30 and an anti-image correlation matrix revealed that the measures of sampling adequacy for all individual variables was greater than .5, thereby supporting their retention in the analysis.

Factor loadings were evaluated using the principle axis extraction method. This method is considered the best method for exploring underlying factors for theoretical purposes (DeCoster, 1998). Similarly, due to the exploratory nature of the OSA items, an orthogonal (varimax) rotation was used to help maximize the identification of each variable with a single factor. An extraction based on eigenvalues greater than 1 was first used to examine the data. Results indicated that one factor best captured the underlying construct. Subsequent factor analyses, however, were still examined when two or 3 factor was specified.
The best factor solution was a single factor of 3-items that loaded in between .472 and .940 (see Table 2). In comparison to the other solutions, a single factor was ideal because it described the maximum variance using the fewest number of factors. In this case, 50% of the variability was accounted for.

Table 2

*Factor Loadings of Items Measuring OSA*

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Commonalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Outreach Types</td>
<td>.94</td>
<td>.88</td>
</tr>
<tr>
<td>Number of Racial Groups</td>
<td>.62</td>
<td>.38</td>
</tr>
<tr>
<td>Number of Outreach Hours</td>
<td>.47</td>
<td>.22</td>
</tr>
</tbody>
</table>

The items measuring OSA were developed to capture the availability of outreach services. This construct is presumed to be a one-dimensional construct and this was supported by the results of the EFA.

**Reliability.** Cronbach’s alpha was calculated to examine the internal consistency of the composite measure of OSA. Standardized item alpha was .70, which is acceptable for a new measure (Nunnally, 1978). Composite scores to the OSA ranged from zero to 65, scores indicating a greater availability of outreach services for racial and ethnic minorities. The mean of the composite score was $M = 7.14$ with a standard deviation of $SD = 7.31$.

**Institutional demographic information.** Information was collected on six institutional demographic variables: institution size, student diversity within school,
institution type, accreditation, and staff size. Information about institution size, student
diversity, and institution type were ascertained from the IES database. Information about
accreditation and staff size was obtained through items on the survey. The following is a
description of how these items were measured.

**Institution size.** According to IES, institution size was measured as the total number
of students (graduate and undergraduate) enrolled for any amount of credit for the fall of
the 2009.

**Student diversity.** Student diversity was measured as the percentage (0-100%) of
racial and ethnic minority students (graduate and undergraduate) enrolled for any amount
of credit for the fall of the 2009. Six broad racial and ethnic groups were included. These
were: (a) American Indian or Alaska Native, (b) Asian, Native Hawaiian, or Pacific
Islander, (c) Black, non-Hispanic, (d) Hispanic, (e) Nonresident Alien, and (f) Biracial or
Multiracial. The following are descriptions of these groups from the IES database
(IPEDS, 2011).

- **American Indian or Alaska Native.** A person having origins in any of the original
  peoples of North America and who maintains cultural identification through tribal
  affiliation or community recognition.

- **Asian, Native Hawaiian, or Pacific Islander.** A person having origins in any of
  the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, and
  Pacific Islands. This includes people from China, Japan, Korea, the Philippine
  Islands, American Samoa, India, and Vietnam.
- **Black non-Hispanic.** A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).

- **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

- **Nonresident alien.** A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.

- **Biracial or Multiracial.** A person who has origins in two or more races.

**Institution type.** Institution type was categorized as either (a) public, 4-year or above, or (b) private, not-for-profit, 4-year or above (IPEDS, 2011). Due to the categorical nature of this variable, it was “dummy-coded” (Gupta, 2008) for the purpose of this study. Public schools were coded as one and private schools as zero.

**Accreditation.** Respondents identified the accreditation of their counseling center as one of the following: (a) APA accredited, (b) IACS accredited, (c) APA and IACS accredited, (d) Other accreditation, or (e) None. As accreditation is a categorical variable, it was dummy coded for the purpose of this study. There were five levels, 1=APA Only, 2=IACS Only, 3=APA and IACS, 4= other, and 5=none. When dummy coded, the following values were assigned (see Table 2): (a) if accreditation = 1, then APA Only will be coded as 1, and all others coded with 0; (b) if accreditation = 2, then IACS Only was coded 1 and all others with 0; (c) if, accreditation = 3, then APA and IACS was coded 1 and all others as 0; (d) if accreditation = 4, then Other was coded 1 and all others as 0; (e) if accreditation = 5, then all five levels were coded 0.
### Table 3

**Coding Matrix of Accreditation Variable**

<table>
<thead>
<tr>
<th>Level of Accreditation</th>
<th>New Variable APA Only</th>
<th>New Variable IACS Only</th>
<th>New Variable APA and IACS</th>
<th>New Variable Other</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>3</td>
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<tr>
<td>4</td>
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<td>0</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Based on this coding method, the level of “None” is the non-coded category.

When interpreting results of statistical analyses, the predictive capacities of the coded accreditation types were compared with the category of “None.” Comparing accreditation this way provides more information about what type of accreditation has more of an effect on the criterion, rather than the value. This type of dummy coding generates new variables that are compared against the “none” accredited variable. It is as if four dichotomous (zero, 1) variables with zero defined as “none” in each pair.

**Staff size.** Respondents indicated the number of senior staff (e.g., psychologists, etc.), pre-professionals (e.g., practicum students, etc.), and support staff (e.g., office managers, etc.) employed at the counseling center. Staff size was measured as the summed value of responses to these items.

**Counseling director demographics.** Counseling center directors or their representatives provided information about their age, race and ethnicity, gender, level of
education, degree of specialization, position, and years and months of service at the present counseling center (see Appendix A).

**Procedures**

The names of all U.S. universities and colleges (7,322) were obtained from the U.S. Department of Education Institute of Education Sciences (IES) Database. The names of these institutions were entered into a list randomizer on www.random.org. The first 800 institutions from the randomized list were selected for this study. The researcher along with a team of undergraduate assistants reviewed each school’s website and identified those that provided counseling services to students on campus. Contact information (especially email addresses) of the counseling center directors was also collected through each school’s website by the research team. Six hundred and forty-one (80%) of these schools had counseling services on campus available to students; these institutions served as the sample to this study.

An email invited directors to participate in a brief survey online survey about their counseling center’s structure and services (see Appendix C). In the email was an incentive for participation; a chance to enter into a $1000 drawing that would be donated to one participating counseling center. A web address (URL) led participants to the survey. Another web address (URL) was provided to those wanting to opt out of participation. A message was provided to participants upon completion (see Appendix D). It informed participants of details regarding the drawing, the notification process, and the attainment of research results.
CHAPTER IV

Results

This study was a descriptive survey design in which a hierarchical regression analysis was performed to test the hypothesis that CCCC (OCC markers: i.e., mission statement, staff diversity, hiring and retention practices, diversity committee, translation, physical environment, and cultural competency training) would predict outreach service availability for racial and ethnic minority students in counseling centers above and beyond those generally found to effect the availability of outreach services (i.e., institution size, student diversity, institutional type, accreditation, and staff size). In addition descriptive statistics were performed to answer the following research questions:

(a) What are the types of outreach services provided to racial and ethnic minority students by counseling centers?

(b) To what racial and ethnic groups are outreach services being provided to by counseling centers?

(c) How much time is spent providing outreach services to racial and ethnic groups by counseling centers?

Descriptive statistics were also performed to provide information about the institutions surveyed and their responding representatives.
Research Question 1

What are the types of outreach services provided to racial and ethnic minority students by counseling centers?

Nine general categories of outreach services were identified in a review of the literature. These were: (a) presentation or workshop, (b) discussion groups, (c) training of campus and community personnel, (d) printed materials, (e) electronic or computer-based outreach, (f) media, (g) response to traumatic or stressful event, (h) campus-wise outreach, and (i) community-wide outreach. In addition, participants were provided the response options of “none” and “other.” Analysis of the “other” outreach types described by respondents generated four additional categories. These were: (a) wellness retreat, (b) advocacy through involvement in campus committees, (c) mentoring, and (d) liaison relationships. Results are reported in Figure 1.
All of the participating counseling center directors indicated that they provided outreach services to the general student population. However, 60% of participating counseling centers indicated providing outreach services specifically to racial and ethnic minorities. When targeting minorities, the presentation or workshop service was the most employed method (43%), followed by discussion groups (42%), and training of campus and community personnel (25%). Counseling centers employed media (6%) the least with this population. When targeting all students, the training of campus and community personnel was the most utilized outreach type (94%), followed by presentation or
workshop (93%), and printed materials (90%). Counseling centers used community-wide outreach services with the general student population the least (40%).

**Research Question 2**

*To what racial and ethnic groups are outreach services being provided by counseling centers?*

Respondents indicated students targeted by outreach services from a list of 12 racial and ethnic minority groups as defined by the 2010 United States Census (see Appendix B). These are: (a) Hispanic or Latino, (b) Black, African-American, or Negro, (c) American Indian or Alaska Native, (d) Asian Indian, (e) Chinese, (f) Filipino, (g) Japanese, (h) Korean, (i) Vietnamese, (j) Native Hawaiian, (k) Guamanian or Chamorro, and (l) Samoan. In addition, participants were provided the response options of “Biracial or Multiracial”, “none” and “other.” Analysis of the “other” outreach types described by respondents generated five additional categories. These were international students, Hmong, Lao, Armenian, and Russian. Results are reported in Figure 2.
Figure 2

Figure 2. Racial and Ethnic Groups Targeted by Outreach Services. This figure illustrates the racial and ethnic minority targeted by outreach services.

Fifty-eight percent of participating counseling centers indicated that specific racial and ethnic groups were targeted by outreach services. Black, African American, or Negro was the most frequently targeted group (52%), followed by Hispanic or Latino (38%), and Chinese (21%). Students that identified as Samoan and Guamanian or Chamorro were the least targeted groups; serviced by only 3% of counseling centers.

Research Question 3

How much time is spent providing outreach services to racial and ethnic groups by counseling centers?

Counseling centers indicated that each of their senior and pre-professional staff spent approximately 0 to 25 hours per week on outreach services targeting racial and ethnic minorities. On average, 2.7 hours per staff member per week were dedicated to
these outreach services \((SD = 3.83)\). Most frequently, counseling centers spent either no time \((25\%)\) or one hour \((24\%)\) on outreach services for minorities. See Figure 3.

**Figure 3**

![Figure 3](image)

*Figure 3.* Number of Hours Spent Per Employee (Weekly) on Outreach Service for Racial and Ethnic Minority Students. This figure illustrates the hours spent on outreach services for minorities per employee (weekly) by percentage of counseling centers.

**Research Question 4**

*Will CCCC as determined by OCC markers (i.e., mission statement, diversity committee, staff diversity, cultural competency training, physical environment, translation, and hiring and retention practices) predict outreach service availability above and beyond that of institution size, student diversity, institution type, accreditation, and staff size?*
It was hypothesized that the OCC variables would predict outreach service availability for racial and ethnic minority students in counseling centers beyond those generally found to affect the availability of outreach services (i.e., institution size, student diversity, institutional type, accreditation, and staff size). An analysis of internal consistency, however, determined that the OCC variables were best examined as an intact measure rather than individually (see Methods). Therefore, it was hypothesized that the CCCC measure (rather than the OCC variables) will be predictive of outreach service availability superior to the institutional variables.

A hierarchical regression analysis was performed to answer this question. Institutional predictors were isolated in a separate block from the CCCC measure. Each ‘block’ represented one step in the hierarchy. Block 1 contained the variables of institution size, student diversity, institution type, accreditation, and staff size. These variables were entered using forced entry. Block 2 contained the CCCC measure—a cumulative score of responses to 11 OCC items. This variable was also entered using a forced entry.

**Preliminary analyses.** The reliability of the model was determined by examining if the assumptions of multiple regression were met. Potential threats to the model through multicollinearity, missing data, and outliers were also investigated. The following is a discussion of these analyses.

**Independent sample.** The sampling methods were designed to maintain an independence of observation. Each respondent was identified as a representative of a single counseling center. They were each emailed directly through a SurveyMonkey.com
data collection service. The service automatically excluded any duplicate email addresses. Each email included a survey link that contained a unique code that identified the respondents’ email address. Only responses from this email address were accepted and respondents were only permitted to respond to the survey once.

**Normality of data distribution.** A histogram (see Figure 4) visually displayed that the data was normally distributed. A Q-Q plot of expected values compared to the actual values also demonstrated that the data was normally distributed (see Figure 5).

**Figure 4**

![Histogram of Criterion Variable Outreach Availability](image)

*Figure 4.* Histogram of Criterion Variable Outreach Availability. This figure illustrates the normalization data for the criterion variable, outreach availability.
Figure 5.

Figure 5. Q-Q Plot of Expected and Observed Values. This figure illustrates that the expected values compared to the actual values are normally distributed.

**Linearity and Homoscedasticity.** A scatterplot of standardized residuals and predicted values produced a rectangular shape, indicating that the assumption of normality, linearity, and homoscedasticity were met (see Figure 6).
Figure 6. Scatterplot of Standardized residual and Predicted Value for the Criterion Outreach Availability. This figure illustrates the assumption of linearity is met when the standardized residual and predicted values and compared.

**Independence of residuals.** The Durbin-Watson statistic was used to test for residual autocorrelation. The value was 1.97, indicating that this assumption was met.

**Missing data.** A test of Little’s MCAR was conducted to determine if the patterns of incomplete data were dependent on the data values. The analysis resulted in Chi-square = 44.46, DF = 57, and an insignificant value ($p = .887$), indicating that the data is missing completely at random.—a condition necessary for listwise deletion. The range of missing data was 0% to 12.2% with a mean of 8.05% ($SD = 3.95\%$).

**Outliers.** Casewise diagnostics were conducted to examine the standardized residuals for potential outliers. No cases were detected with values exceeding $SD = +/-$
three, the recommended value indicating cases that significantly lie outside the general linear pattern.

**Multicollinearity.** The variance inflation factor (VIF) was examined to identify potential collinearity. None of the variables derived a value equal to or greater than five, the recommended value indicating collinearity.

**Summary of preliminary analyses.** The assumptions of: (a) independence of sample, (b) normality, (c) linearity, (d) homoscedasticity, and (e) independence of residuals, were examined and determined to have been met. Examinations of multicollinearity, missing data, and outliers were also investigated and no threats were detected. The regression model was therefore determined reliably interpretable.

**Hierarchical multiple regression analysis.** A hierarchical multiple regression analysis was performed to examine how the CCCC measure and institutional characteristics predicted the variability of the criterion, OSA. It was hypothesized that the CCCC measure would predict OSA beyond the institutional characteristics. To investigate this, two ‘blocks’ were used to represent the steps in the hierarchy. **Block 1** contained the variables of institution size, student diversity, institution type, accreditation, and staff size. These variables were entered first using forced entry. **Block 2** contained the CCCC measure—a cumulative score of responses to 11 OCC items was entered second using forced entry. Results of the multiple regression analysis are presented in Table 4, below.
Table 4

Results of Hierarchical Regression Analysis for Criterion Variable Outreach Availability

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>b</th>
<th>SE b</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Constant</td>
<td>-.54</td>
<td>.96</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public or Private</td>
<td>.69</td>
<td>1.29</td>
<td>.41***</td>
</tr>
<tr>
<td></td>
<td>Enrollment</td>
<td>-8.12E-5</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Student Diversity</td>
<td>.17</td>
<td>.03</td>
<td>.41***</td>
</tr>
<tr>
<td></td>
<td>Staff Size</td>
<td>.17</td>
<td>.05</td>
<td>.31**</td>
</tr>
<tr>
<td></td>
<td>APA Only</td>
<td>1.94</td>
<td>1.40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IACS Only</td>
<td>1.80</td>
<td>2.09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>APA and IACS</td>
<td>5.56</td>
<td>1.92</td>
<td>.25**</td>
</tr>
<tr>
<td></td>
<td>Other</td>
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<td>.18*</td>
</tr>
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<td>2</td>
<td>Constant</td>
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<td>Public and Private</td>
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<td>.25**</td>
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<tr>
<td></td>
<td>Staff Size</td>
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<td>.05</td>
<td>.24**</td>
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<td></td>
<td>APA Only</td>
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<td></td>
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<td></td>
<td>IACS Only</td>
<td>.102</td>
<td>2.03</td>
<td></td>
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<td></td>
<td>APA and IACS</td>
<td>3.993</td>
<td>1.86</td>
<td>.18*</td>
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<tr>
<td></td>
<td>Other</td>
<td>3.850</td>
<td>1.87</td>
<td>.14*</td>
</tr>
<tr>
<td></td>
<td>Counseling Center Cultural Competence</td>
<td>.093</td>
<td>.02</td>
<td>.34***</td>
</tr>
</tbody>
</table>

Note. $R^2 = .423$ for Step 1; $\Delta R^2 = .063$ for Step 2 ($p < .001$). *$p < .05$, **$p < .01$, ***$p < .001$.

The results indicated that there is a significantly strong positive relationship between institutional variables and outreach availability ($R = .651$, $p < .001$). The institutional variables explained 42.3% of the variance in outreach service availability. The CCCC measure explained an additional 6.3% of the variance in outreach availability when added to the model in Step 2 ($R = .697$, $p < .001$). The $F$-ratios for the first and second model (13.04, 14.82) are significant ($p < .001$), suggesting that these models considerably improve the ability to predict outreach availability.
As Table 4 revealed, the variables of student diversity, $t(141) = 3.33, p < .01$, staff size, $t(141) = 2.85, p < .01$, APA and IACS accreditation, $t(141) = 2.15, p < .05$, other accreditation, $t(141) = 2.06, p < .05$, and the CCCC measure, $t(141) = 4.15, p < .001$ were significant predictors of outreach availability. Based on the magnitude of these variables’ $t$-statistics and $\beta$, it was concluded that the CCCC measure had the greatest contribution in explaining the variance in outreach availability, thereby supporting the hypothesis.
CHAPTER V

Discussion

The purpose of this study was to examine the effects of OCC on the availability of outreach services at UCCCs for racial and ethnic minorities when accounting for institutional characteristics. An additional aim of this study was to determine (a) the types of outreach services provided to racial and ethnic minority students, (b) the amount of time spent on outreach services for these students, and (c) the specific racial and ethnic minority groups targeted by outreach services. To accomplish this, UCCC directors responded to a survey inquiring about the counseling center’s organizational structure and use of outreach services. A summary of the findings and their implications are in this chapter. The chapter also includes a discussion of general limitations and strengths of the study.

Summary and Interpretation of Results

Methods of Outreach Provided

The first research question inquired about the types of outreach services provided to racial and ethnic minority students by counseling centers. National data suggest that 90% of counseling centers report using outreach services (Gallagher, 2009). Congruent with this, all of the counseling centers represented in this study use outreach services in some form or another to target general student populations. These results affirm that the
provision of outreach services has become standard practice in counseling centers—a

Stone and Archer (1990) further asserted that future outreach would mitigate
increasing demands on clinical services. While counseling centers use outreach to
manage student overutilization (Gallagher, 2009), it is also common to recommend it to
address underutilization rates among racial and ethnic minority students (e.g., Brinson &
Kottler, 1995). Pursuant to addressing the issue of underutilization, this study examined
the use of outreach to service racial and ethnic minorities.

In this study, 60% of counseling centers self-reported using some form of
outreach to target racial and ethnic minority students. These results suggest that
counseling centers may in fact heed the recommendations of scholars to use outreach for
underserved racial and ethnic minorities. While continued research should warrant such
presumptions, it remains encouraging that counseling centers are increasing their use of
alternative modalities of treatment to target racial and ethnic minority students.

Meanwhile, 40% of counseling centers reported that they did not offer specific
outreach for racial and ethnic minority students. There are numerous potential
explanations for this including, low numbers of racial and ethnic minorities on campus
and a lack of staff resources to provide specialized outreach efforts. Later in this chapter
is a discussion on these and other factors affecting outreach availability. The following
are summaries of results regarding each specific type of outreach offered to ethnic
minority students and the general student population at UCCCs.
Presentations or Workshops. Counseling centers reported using presentations and workshops the most to reach racial and ethnic minority students. It was the second most frequent means of outreach to target the general student population. There are several speculations for as to why this approach is so popular among counseling centers. First, presentations and workshops fit easily into classes and facilitate learning much like traditional classroom lectures do. Second, it is likely that clinicians prefer the direct contact and interpersonal interactions with students inherent in these modes of interventions. Unlike other outreach approaches, the close personal interactions with students in the presentation or workshop method may feel very familiar to clinicians’ experiences of delivering traditional counseling services. Last, counseling centers may use presentations and workshops because university departments, college groups, and their target audiences simply prefer them.

Discussion groups. Discussion groups were the second most used outreach service for minority students. In comparison, this method was the sixth most often used when targeting the general student population. This discrepancy implies that counseling centers are distinguishing discussion groups as a particularly suitable method to reach racial and ethnic minorities. This may be because discussion groups are such that they are ideal for targeting students reluctant to seek traditional services (Johnson et al., 2007). An appealing characteristic of discussion groups is its resemblance to group therapy without the label of “therapy.” Discussion groups are often small (e.g., less than 10 participants) and can meet more than once. In addition, as the name implies, the groups includes topics for discussion; they serve a psychoeducational purpose but also help elicit deeper
discussions about student concerns. Johnson et al. (2007) found that among Asian Pacific American students, topic discussions facilitated difficult conversations while also allowing participants to “save face.” These elements provide students a level of intimacy without the stigma associated with seeking professional help. In contrast to minority students, the general student population more readily accesses counseling services and thereby can gain elements of intimacy, psychoeducation, and group discussion through traditional formats such as group and individual counseling.

**Training of campus & community personnel.** Counseling centers offered training of campus and community personnel the most frequently when targeting the general student population. These results correspond to findings by Gallagher (2009) who reported that counseling centers often used this method to manage the increased number of students presenting with severe psychological problems. While the current study did not examine the reasons for implementing specific types of outreach interventions, the frequent use of trainings may be due to this specific reason. Training of campus and community personnel generally provide information on common student concerns and help personnel identify students in distress (Elingson et al., 1999). This feature is particularly attractive considering the general trend towards an increasing number of students with severe psychological problems (Cooper, et al., 2008) and the difficulties of meeting these growing needs due to limitations in resources (Stone & McMichael, 1996). The frequent use of trainings reported in this study may be a reflection of a growing effort to meet students’ increasing needs.
Counseling centers train campus and community staff to target racial and ethnic minorities less frequently than they do to reach the general student populations. This is likely because, when using trainings to increase resources for students with severe psychopathology, students of color are inherently included and consequently may not require a specialized training. Nonetheless, training of campus personnel is the third most preferred method when targeting students of color, indicating that counseling centers see a need for specialized training. These trainings may prepare faculty and staff to serve as natural sources of support to minority students unlikely to utilize counseling services (Brinson & Kottler, 1995). They may also aim toward building a bridge between the counseling center and the students of color (Mier et al., 2009). Furthermore, counseling centers may implement training to increase staffs’ awareness, knowledge, and sensitivity of students’ cultural needs and provide education as a response to discriminatory events on campus (Vera & Speight, 2007).

Community-based outreach. Community-based outreach was the least used outreach method to target the general student population, but was a relatively common method used to target racial and ethnic minorities. These results imply that counseling centers view community-wide outreach as a particularly suitable method to reach racial and ethnic minorities. This may be in large part due to racial and ethnic minorities’ propensity to access community sources of help (e.g., religious institutions) before exploring traditional counseling services (Brinson & Kottler, 1995). Furthermore, because cultural mistrust among minority students can serve as a barrier for seeking psychological services (Whaley, 2001); community-based outreach can potentially
minimize or eliminate concerns regarding the counseling center and the services that it provides. Engaging with students in their communities increases the likelihood that they establish safety and comfort in accessing counseling center services (Sanches & King-Tolar, 2007).

In addition, community-based outreach can facilitate a collaborative relationship between the counseling center and the community. Many racial and ethnic minority communities, especially those of low socio-economic status, display negative feelings towards academic institutions. According to Uehling (2009), colleges oftentimes neglect to consider the needs of the surrounding community and the consequences that university culture, activities, and decisions have on non-college citizens. Positive community-based outreach experiences can possibly lead to affirmative relations between the college and the community and subsequently between minority students and the counseling center.

**Printed materials, responses to traumatic or stressful events, and campus-wide outreach.** Commonly, counseling centers used printed materials, responses to traumatic or stressful events, and campus-wide outreach to target the general student population. In comparison, centers used these methods less often to target racial and ethnic minorities. One explanation for this difference is that each of these methods sufficiently reaches racial and ethnic minorities when targeting all students. For example, printed materials used to target the general student population will likely include general information about counseling resources, common student concerns (e.g., test anxiety, relationship problems, etc.), and de-stigmatizing information (Kern, 2000). Such material is relevant and useful to all students, including minorities. Yet, there are instances that
warrant the use of printed materials for minority students alone. For example, it can be beneficial for international students to have access to printed materials in languages other than English. Similarly, it can be useful to provide printed materials on issues related to discrimination or racism.

The limited use of population-specific materials may also be due to operational costs. In recent years, expense of printing services has proved especially taxing on counseling centers, especially those moving towards “greener” operational systems. Counseling centers may be reducing the use of printed materials relevant only to limited groups of students to decrease strains on financial resources.

Similarly, responses to traumatic or stressful events on campus and campus-wide outreach methods are most efficient when targeting the general population. That is, most traumatic or stressful campus event scenarios (e.g., death of student or teacher; campus shooting) and campus-wide events (e.g., stress fairs, orientations) affect most students. However, there are certainly scenarios when counseling centers may use the campus-wide or response to traumatic event methods to target racial and ethnic minorities. For example, a counseling center may react to the Haiti earthquake by providing the Haitian student population particular support through campus-wide outreach or response to the stressful event.

**Electronic, computer-based, and media type outreach.** Electronic or computer based outreach and media were the least used with racial and ethnic minorities and rarely used to target the general student population. As with the outreach methods previously discussed, counseling centers may likely focus less on targeting only racial and ethnic
minorities because efforts used to target the larger general student population also reaches students of color. Some schools, however, did report using these methods specifically for students of color. Although this study did not investigate how counseling centers used these methods with minorities, there are several possibilities. For example, a translation of the counseling center website or online materials such that it is available in an array of languages would constitute as electronic and computer-based outreach. In addition, the use of YouTube videos to target minorities facing discrimination or using the counseling center Facebook account to connect with racial and ethnic minority student groups on campus are examples of use of this type of outreach. An example of the use of media would be conducting an interview with the school newspaper on topics relevant to minority students.

In general, it is surprising how infrequently counseling centers used electronic technology and media for outreach purposes, given the frequent use of technology such as the internet, smart phones, and social media among college student. These results suggest that counseling centers may be technologically conservative. It is possible that counseling centers lack the staff and financial resources to keep up with technological changes. In addition, because the use of technology for mental health professionals is relatively new, there are still many concerns about the ethical implications, effectiveness, and risk factors associated with the use of technology with clients (McMinn, et al., 1999). The limited use reported in this study may reflect a reluctance to employ unconventional and potentially risky outreach methods.
Nonetheless, the increased dependence on the Internet and technology among students necessitates counseling centers adapting to this new form of communication and using it to reach out to more students. Future research is needed examining the current uses and effectiveness of technology as an outreach method both with racial and ethnic minorities and with students in general.

“Other” forms of outreach. Participating counseling centers described any other outreach methods utilized by their center that was not specifically queried in the survey. A few counseling center directors provided information about other outreach methods used. These included advocacy, liaison relationships, wellness retreat, and mentoring. Unfortunately, while these methods are intriguing, the current data do not provide explanations about how the participants defined or used these forms of outreach. Scholars, for example, recommend advocacy as an intervention with persons of color but typically describe it as separate from outreach interventions (e.g., Vera & Speight, 2007). Therefore, there is no certainty about how respondents used advocacy as a method of outreach, especially, because the activities that constitutes advocacy can vary greatly. According to Vera and Speight (2007), advocacy can be “as simple as making a phone call on someone’s behalf to taking legal steps to ensure client’s rights are not violated” (p.376). There is similar uncertainty about the use of liaison relationships, wellness retreat, and mentoring as outreach methods. Future research on UCCCs use of outreach services should consider allowing participants to describe with more detail how they performed these activities under the umbrella of outreach services.
Racial and Ethnic Minority Groups Targeted

The second research question inquired about the racial and ethnic minority groups serviced through outreach services. In response to this question, 58% of counseling centers indicated that they targeted a specific racial and ethnic minority group through outreach activities. A discussion follows for each racial and ethnic minority groups indicated.

Black, African American, or Negro and Hispanic or Latino students. African American and Latino students currently represent the largest racial and ethnic minority groups attending college (National Center of Education Statistics [NCES], 2011). In the current study, counseling centers focused on outreach for ‘Black, African American, or Negro’ and ‘Hispanic or Latino’ students the most. This suggests that counseling centers provide the greatest supply of resources to the population with the greatest demand. Likewise, college enrollment rates of these populations increases each year, thereby intensifying the importance of meeting these students’ needs (NCES, 2011).

In addition and unlike other minority groups, Black and Hispanic populations maintain a political and social presence on and off campuses through institutions like Greek organizations, cultural pride groups, and racial advocacy organizations (e.g., NAACP). These groups have the propensity to highlight the importance of serving the African American and Latino community as well as the social capital to insist on specific mental health services. It is possible that counseling centers are responding to these efforts by providing more outreach services to these students.
**Asian students.** The current study did not measure the single term ‘Asian’; rather, it examined Asian nationalities separately (e.g., Chinese, Asian Indian, Filipino, Vietnamese, etc.) as reflected by the U.S. 2010 Census. However, also consistent with the census, the current study included the single terms of ‘Black, African America, Negro’ and ‘Hispanic or Latino’ to describe the different nationalities among these groups. This discrepancy does not allow for accurate comparisons between Black, Hispanic, or Asian students. As such, future research would benefit from examining the student groups targeted uniformly, all either by nationalities or by macro-terms (e.g., African American, Latino, Asian, etc.).

Nonetheless, of the Asian nationalities targeted, counseling centers identified Chinese and Asian Indians the most often. This is not surprising considering that Chinese and Asian Indians are the two largest Asian groups in the United States (U.S. Census, 2010). As discussed previously, counseling centers are likely to supply more services to larger student populations, given greater demand. It is interesting, however, that the majority of Chinese and Asian Indian students attending college are international students (Peterson’s College Search, 2010). In fact, Chinese and Asian Indian students represent the two largest international student bodies in the United States (Global Education Digest [GED], 2009). It is possible that the rates indicated in this study primarily represent outreach services to international Chinese and Asian Indian students. Similarly, the rates indicated for any of the race and ethnicity categories may have reflected efforts to service international students. Unfortunately, the current data is insufficient in determining if the students targeted were also international students.
International students. Nine-percent of counseling center directors wrote “international students” as an “other” group targeted by outreach. The results of this study suggest that counseling centers consider international students a noteworthy racial and ethnic minority group serviced by outreach. The provision of outreach services to international students is not surprising considering scholars consider ‘international students’ a unique group that experiences cultural barriers as do domestic minority students, despite nationality (e.g., Nilsson, et al., 2004). For example, international students commonly experience acculturative stress, underutilize traditional counseling services, and have diverse help seeking values, which further substantiates the use of outreach with this population (Yakushko, et al, 2008). There is therefore room to speculate that the data may have changed if this study originally included the term ‘international students’.

Aside from targeting ‘international students,’ the data suggests that counseling centers may also target specific nationalities. A few counseling centers wrote “Hmong,” “Lao,” and “Russian” as an “other” group targeted by outreach. It is possible that these specific nationalities had cultural experiences that merited the use of specialized outreach.

Biracial and multiracial students. Twenty-percent of counseling centers reported that they targeted biracial and multiracial students in their outreach services. Traditionally educational institutions had not recognized biracial and multiracial people as an exclusive racial and ethnic group. Only in the past twelve years have respondents on the US census been able to identify themselves as belonging to more than one racial
category (U.S. Census, 2000). As such, counseling centers have traditionally offered mental health services to these students through resources intended for a single race or ethnic identity (Shang, 2008).

Emerging literature has begun to recognize biracial and multiracial students as an exclusive minority group, as well as highlighting the unique cultural needs of this population (e.g., Renn, 2008). The sizeable emphasis put on this population in the current study suggests that a growing number of counseling centers are incorporating biracial and multiracial students into their specific services to racial and ethnic minority students.

**Hours Spent on Outreach to Racial and Ethnic Minorities**

The third question inquired about how much time counseling center staff spent providing outreach services to racial and ethnic groups. The results indicated that staff spent anywhere between 0 to 25 hours per week on outreach services targeting racial and ethnic minorities. Counseling centers have historically hired ‘racial representatives’ of various ethnic communities to provide for that particular population (Stone & Archer, 1990). As such, the number of hours reported by some counseling centers may be higher because they account for the entire work hours of one specialized employee. While hiring ‘racial representatives’ may be beneficial for accessing certain racial and ethnic groups (Sanchez & King-Toler, 2007), it would be impractical to hire ‘experts’ for every minority group; especially considering the increasing diversity of the student population. Similarly, the approach assumes a great deal of unsupported cultural truths that pose a greater harm to students such as assuming that employees of a specific race or ethnicity are inherently competent to serve students of that race (Hodges, 2001). Instead,
counseling centers are beginning to expect all staff to work effectively with diverse student populations (Guinee & Ness, 2000; Hodges, 2001). This may explain the greater percentages found in this study of staff members spending one and two hours per week on outreach. That is, counseling centers might be expecting all staff to spend small portions of time on outreach for racial and ethnic minorities rather than one staff member with all their time spent on these activities.

The percentage of racial and ethnic minorities on campus may also explain a wide range of outreach hours reported in this study. Participants in this study who represent historically ethnic colleges or serve high numbers of predominately-ethnic students will naturally report the majority of their outreach hours as targeting racial and ethnic minorities. Similarly, college campuses with very little racial and ethnic diversity would seemingly spend less time on outreach activities for students of color. Approximately 7% of the participating counseling centers were from universities with at least 50% racial and ethnic minority population. On the other hand, 12% of the participating counseling centers were from universities that have less than 10% racial and ethnic minority students.

Of all the hours indicated, zero was the most often number reported. In this study was the assumption that counseling centers reporting that they did not use outreach for students of color (40%) would likewise report that they did not spend any time on this specific outreach. However, only 25% of counseling centers reported spending zero hours on outreach services. This means that the remaining counseling centers (15-17%) do not use outreach with racial and ethnic minorities but nonetheless report spending time on
these activities. A possible explanation for this may be wording of the questions used in this survey. That is, the use of the word "regularly" in the question stems involving ‘types of outreach programs’ and ‘the specific minority groups targeted’ prompted participants to account for only programs that were ongoing and regular. The present question regarding the number of hours spent on outreach services did not limit respondents to only regular and ongoing outreach activities. Consequently, it is likely that counseling centers’ that provide outreach for racial and ethnic minorities were accounting for efforts that also do not occur on a regular basis. It is possible then, that this question highlights a portion of counseling centers that offer sporadic, indirect, or incidental outreach activities.

In addition, the present question allowed participants to take several tasks into consideration that are involved in conducting outreach activities (i.e., developing, training, preparing, implementing, and evaluating outreach activities). There was no mention, however, of these tasks in the other outreach questions. It is possible that some of the counseling centers may not ‘regularly implement’ outreach with racial and ethnic minorities but are nevertheless spending time on the tasks of ‘developing, training, preparing, or evaluating outreach activities for racial and ethnic minorities.

On average, each staff person spent 2.7 hours per week on outreach services for racial and ethnic minorities. In a follow-up to Stone and Archer’s study (1990), Guinee and Ness (2000) found that significantly more counseling directors “made outreach and consultation a high priority” in 2000 than in 1990 (p. 274). Guinee and Ness (2000) interpreted these results as counseling centers expending an increased amount of time and
energy on outreach activities. While the data in both of their studies did not specify outreach with racial and ethnic minorities, it is possible these types of outreach activities are ‘a high priority’ among counseling directors as well. To verify this, future research should examine and compare how counseling centers spend time on outreach activities with students of color over time.

**Validation of CCCC Measure**

Prior answering research question number four, it was important to measure OCC congruent to OCC theory. A previous study had restricted the measurement of OCC to dichotomous survey questions whereby markers of OCC were either “present” or “absent” (see Darnell & Kuperminc, 2006). One shortcoming of this method is the limited “all or nothing” interpretation that can be made about each marker. According to OCC theory, cultural competency is a continuous variable and reflects a range from a monocultural to a multicultural system of care (e.g., Cross et al., 1989; Sue, 2001). It is possible, therefore, for counseling centers to demonstrate gradients of cultural competency in their policy and structural markers; however, dichotomous items fail to account for the range that exists between present and missing OCC markers.

Darnell and Kuperminc (2006) also restricted the measurement of OCC by examining each marker independently. According to OCC theory, cultural competency is “a set of congruent behaviors, attitudes, and policies [i.e., markers] that come together in a system…that enables that system to work effectively in cross cultural situations” (Cross et al., 1989, p. 13). That is, OCC is the collective expression of markers; measuring each marker separately contributes little to the understanding of OCC. Because of these
limitations, one objective of this study was to measure OCC so that it more accurately reflected the construct as a continuum. However, because no other study had measured OCC in this manner, the instrument used in this study along with its corresponding markers was exploratory.

The CCCC instrument was developed which included items measuring the level of cultural competency for seven individual markers (i.e., mission statement, diversity committee, staff diversity, cultural competency training, physical environment, translation, and hiring and retention practices) and a cumulative score of the markers representing the level of OCC expressed. An exploratory factor analysis (EFA) was conducted (see Methods) to examine the relationship between the OCC marker items and if they reflected the same underlying construct.

Consistent with OCC theory (e.g. Cross et al., 1989), it was expected that the individual markers were collectively representative of a single OCC construct. The results of the EFA clearly identified one dimension underlying the responses to the CCCC measure. Thus, the data helped provide initial validity of the CCCC measure, which warranted its use in answering the study’s fourth research question. In addition, as this was the first study examining the construct of OCC, the EFA results provided preliminary empirical support to OCC theory and its measurement. Several inferences are noteworthy.

First, the literature contained a volume of markers potentially indicative of OCC. Yet, without empirical data, there was no certainty that any of the markers would relate to one another to explain an underlying OCC construct. The current data provided
provisional validity for mission statement, diversity committee, staff diversity, cultural competency training, physical environment, translation, and hiring and retention practices as OCC markers underlying a uni-dimensional construct of organizational cultural competence.

Furthermore, the results provided support for the measurement of OCC markers as continuous variables on a likert-type scale. Because only one prior study had attempted to measure OCC markers (see Darnell & Kuperminc, 2006), and because that study only used dichotomous survey items, there was little certainty about how well a greater than nominal measurement would perform under statistical examination. The present findings provide initial support for the measurement of the markers as continuous variables as stipulated by OCC theory.

Given the exploratory nature of the CCCC measure, however, there is a need to substantiate the psychometrics of this instrument, to further examine, and develop the CCCC as a measurement of OCC. For example, it would be of interest to investigate how markers other than the ones used in this study would “behave” in relation to the current markers if added to the CCCC measure. While the current findings provided initial support for seven markers as representing OCC, scholars have suggested many other indicators that currently lack empirical support. Future research should continue developing ways to assess OCC as stipulated by theory (e.g., Cross et al, 1989; Harper et al., 2006; Hernandez et al., 2009).
Predicting the Availability of Outreach Services for Racial and Ethnic Minorities

The fourth and final research question inquired about the propensity for institutional variables (i.e., institution size, student diversity, institution type, accreditation, and staff size) and OCC as measures by the CCCC to predict outreach service availability. It also questioned if the OCC predicted outreach availability beyond that of institutional variables. It was hypothesized that the OCC markers (as measured by the CCCC instrument) would predict the availability of outreach services for students of color beyond that of institutional variables.

As expected, the group of institutional variables was a significant, strong, and positive predictor of outreach service availability. In particular, staff size, accreditation, and student diversity independently predicted outreach service availability.

**Staff size.** The availability of outreach was contingent on the amount of staff available to provide services as anticipated. Whiteley et al.’s (1987) similarly found that larger staffed counseling centers were more likely to provide outreach than smaller centers. However, they did not examine the effects of staff size specific to outreach services for students of color; rather, ‘staff size’ was found to influence the availability of outreach generally. The similarity in results despite differences in measurement may be an indication that ‘staff size’ influences the availability of outreach despite the population targeted. In other words, the current study may have observed a relationship between outreach and staff size that exits regardless of students served.

Staff size is a reflection of both financial and physical resources (Durand et al., 1980). It is possible then, that counseling centers with low availability of services for
minorities are suffering from a lack of resources or finances to provide adequate services to students. In fact, the lack of financial resources is a common concern amongst counseling centers interested in providing outreach services (Durand et al., 1980). The current findings may substantiate the relationship between resources and meeting the needs of students that are greatly underserved. Future research should further examine this relationship to support needs for funding and reallocation of resources.

**Accreditation.** Consistent with Whiteley et al.’s (1987) results, accredited counseling centers were significantly more likely to provide outreach services than non-accredited centers. Whiteley et al. (1987), however, found only IACS accreditation to be significant while the current study identified the combination of IACS & APA accreditation and “other” accreditation to be significant predictors. One reason for this difference is that Whiteley et al. (1987) only examined IACS accreditation while this study investigated IACS, APA, both IACS & APA, and “other” types of accreditation. It is also important to note that Whiteley et al.’s study did not look at accreditation in relation to outreach specifically for minorities. The following are possible reasons for the significance of the IACS and APA accreditation type and the “other” types of accreditation in regards to outreach availability for racial and ethnic minorities.

**IACS and APA accreditation.** It is believed that the combination of IACS and APA were especially significant for several reasons. First, counseling centers only seek out APA accreditation if they provide a training function. Pre-professional trainees increase the size of the staff, which is predictive of the availability of outreach. Therefore, APA accreditation may be inherently significant because it reflects a larger
staff size available to provide outreach services to minorities. However, if that were the sole reason then counseling centers with only APA accreditation would have similar predictive strength. There appears to be something contributive to outreach availability for racial and ethnic minorities when both APA and IACS accreditations are present.

One possibility is that IACS guidelines specifically emphasize the importance of outreach interventions for racial and ethnic minorities. Those with both accreditations would stress the values for outreach for students of color through both service provision and training. Another possibility is the effect created by having two accreditations. Achieving accreditation is an attempt of making sure that services and standards are up to par; therefore, those that ascribe to two accreditations a likely more attuned to the needs of racial and ethnic minorities through the attainment of both accreditations.

“Other” accreditation. A unique aspect of the current study was exploring if “other” accreditations would have an effect on the availability of outreach from minorities. The rationale was that because accreditation, in general, is intended to identify agencies with high qualities of services and standards, it would be plausible that accreditations other than APA and IACS might also have an effect on outreach availability for minorities. The data supported this prediction; having an “other” type of accreditation significantly contributed to predicting the availability of outreach for racial and ethnic minorities. In this study, 7% of counseling centers identified having an “other” accreditation, however, only some participants provided a description. A review of responses identified the following accreditation types: Accreditation Association for Ambulatory Health Care (AAAHC), California Psychology Internship Council, Southern
Association of Colleges and Schools, American Association of Marriage and Family Therapy, American Association of Pastoral Counselors, and Higher Learning Commission of the North Central Association of Colleges.

Due to the exploratory nature of this item, the data gathered is limited. Preliminary results however, do make a convincing case for future research on the effects of “other” accreditations on the availability of outreach for racial and ethnic minorities. It would be of particular interest to examine the accreditation of AAAHC because it was the most identified by participants. This accreditation is primarily for medical practices, which suggest that AAAHC accredited counseling centers, are associated with the health services on campus. In addition, several participants who also selected APA and/or IACS accreditation also indicated this accreditation type. Unfortunately, the data did not examine the effect of counseling centers with APA and/or IACS accreditation in addition to an “other” accreditations.

**Student diversity.** This study expected that the percentage of racial and ethnic minorities enrolled at each academic institution would be a predictor of outreach availability because it is reasonable to presume that the availability of services for a specific population would be contingent on the presence of that population on college campuses. The results appeared to demonstrate this; the availability of outreach was significantly contingent on the percentage of racial and ethnic minority students enrolled at the university. That is, the larger the percentage of minorities, the greater the availability of outreach services provided by counseling centers. As predicted, there appears to be a supply and demand relationship; however, there is no additional research
to corroborate these results. Whiteley et al. (1987) had examined a similar concept, ‘region of the country’, and its effect on the provision of outreach services but found no relationship between these variables.

In summary, the institutional factors of staff size, accreditation, and student diversity predicted the availability of outreach services for minorities, as expected. The institutional variables, however, of institution type (public or private) and institution size did not predict outreach availability as expected. A description of possible reasons is below.

**Institution type.** Whiteley et al. (1987) found that public schools were more likely to provide outreach service than private schools. This may have reflected differences in resources, admission standards, and values for mental health treatment. For this reason, the current study examined institution type. However, it did not predict outreach availability for minorities as expected. It is possible that the influence of institution type on outreach services has diluted since Whiteley et al.’s (1987) study, 25 years ago. All the counseling centers that participated in this study reported providing outreach services; a dramatic difference from the 60% identified in Whiteley et al.’s (1987) study. Therefore, the availability of outreach may have become such common place whereby the influences of institution type are less significant. Similarly, outreach services specific to racial and ethnic minorities may not be as influenced by institution type considering the increased enrollment rates of minorities across both public and private institutions since the 1980s. Together, it is plausible that private schools are providing outreach services and servicing racial and ethnic minorities at equal rates to
public schools thereby eliminating any significant differences between the two institution types.

**Institution size.** Previous studies had mixed findings regarding institution size and the provision of services. Whiteley et al. (1987) found no relation between institution size and outreach. Yet, Oetting et al. (1970) and Elton and Rose (1973) demonstrated differences in types of services based on the size of the institution. For example, schools with approximately 20,000 students had counseling centers that emphasized vocational counseling while schools with less than 4,900 students primarily provided services to treat psychological disorders. It was therefore plausible to expect institution size to predict outreach services for racial and ethnic minorities. It did not predict, however, the availability of outreach in this study.

While counseling centers may differ in the types of services they provide, it is possible that institution size does not influence the service of outreach. As mentioned previously, all the participating counseling centers reported providing outreach services in this study. Therefore, it is likely that counseling centers are providing outreach as a common service function and as such not effected by institution size. Similarly, institution size would not explain the availability of outreach specific to racial and ethnic minorities. By definition, there is always a presence of a minority group at a school despite the size of the school. Therefore, the availability of outreach services to minorities would not change simply based on changes in the institution size.

In summary, three of the five institutional factors measured in this study were predictive of the availability of outreach for racial and ethnic minorities. Another
hypothesis in this study was that OCC would predict outreach availability and that its predictive capacity would be greater than that of the institutional variables. The results in this study supported this hypothesis.

**Organizational cultural competence (OCC).** First, the CCCC scale developed in this study to measure OCC was a significant predictor of outreach availability for racial and ethnic minorities. OCC theory stipulates that a collection of cultural competent markers is indicative of cultural competency on an organizational level (e.g., Cross et al., 1989). The CCCC instrument measured seven markers (i.e., mission statement, physical environment, translation, cultural competency training, diversity committee, hiring and retention practices, and staff diversity) to determine the level of OCC in counseling centers. The results demonstrated that the availability of outreach for minorities increased as the value of cultural competency (as measured by CCCC) increased. Thus, the more culturally competent the counseling centers were the more likely they were to provide outreach services to racial and ethnic minorities.

This positive relationship between OCC and the availability of outreach services for minorities is consistent with OCC theory (e.g., Harper et al., 2006; Hernandez et al., 2009). It is plausible then that an organization that places a high value on servicing racial and ethnic minorities also has a tendency to make unique services available to that population. At present, these findings provide initial support for this relationship. There is a need for future research to substantiate these finding by replicating this study and by examining OCC in relation to the availability of other recommended services for racial and ethnic minorities.
As expected, the OCC as measured by CCCC predicted outreach availability beyond institutional variables. In fact, OCC had the greatest contribution in explaining the variance in outreach availability. It was an expectation of this study that institutional factors would also affect the availability of outreach services; in particular, student diversity, staff size, and accreditation predicted the amount of outreach available to minorities. However, these factors only helped explain the importance of resources, supply & demand, and professional standards. When servicing racial and ethnic minorities, it was expected that this service would be contingent upon additional element of importance, namely of the multicultural competence within the organization. The data supported this hypothesis. OCC explained the availability of outreach more substantially than institutional predictors did. That is, an increase in services for minorities is not only contingent on staff size, student diversity, and accreditation but also the cultural competency of the organization.

Research and Practice Implications

Given the exploratory nature of this study and the lack of research on outreach services for racial and ethnic minorities, OCC, and the factors influencing the availability of outreach more such research is needed. In particular, there is a need for research that allows UCCCs to describe with more detail the types of outreach used and how they are preformed. Such data would help clarify the outreach service methods used and the attributes of UCCCs that may be most significantly contributing to reaching racial and ethnic minorities. Furthermore, because this study did not include the terms ‘international’ and ‘Asian’ when describing particular student minority groups, there is a
need for studies on the use of outreach services with these particular groups. Finally, as counseling centers have increased the amount of time spent on outreach services (Guinee & Ness, 2000), it is recommended that future research examine and compare how counseling centers spend time on outreach specifically for students of color over time.

In addition, because the current study demonstrated that both institutional and OCC variables contributed to the availability of services for students of color, continued research in this area is needed. For example, future research can help shed light on the accreditation process and its capacity to improve services for racial and ethnic minorities. In the current study, 82% of counseling centers were not accredited. Similarly, Whiteley et al., (1987) found that 87% of their participating counseling centers were not accredited. Both Whiteley et al., (1987) and the current study demonstrated that there is a significant difference between counseling centers that are accredited and those that are not. It would be of interest to identify reasons counseling centers do not seek accreditation. There is compelling evidence that accredited counseling centers are more likely to provide services appropriate for racial and ethnic minorities. Counseling centers not accredited may consider accreditation or evaluation of their services to ensure that service standards are congruent to the needs of students.

It is also important to investigate ‘student diversity’ in relation to the availability of outreach services generally. The institutional variables of ‘staff size’ and ‘accreditation’ both influenced outreach generally (see Whiteley et al., 1989) and when specific to racial and ethnic minorities. Future research would help distinguish whether
the influence of ‘student diversity’ is distinct to culturally adapted outreach or if it too has a general effect on outreach services.

In addition to implications for research, the results have relevance for practice. Current results provide a compelling argument for the importance of cultural competency on an organizational level. For example, 40% of counseling centers in this study reported that they provide outreach services but do not have specific outreach services available for racial and ethnic minorities. Considering the results of this study, lack of staff resources, lack of accreditation, and few minorities on campus may partially explain limited amount of minority outreach. However, given the substantial importance of OCC demonstrated in this study, it is also safe to suggest that lack of outreach for minority students is due to the counseling centers’ limited organizational cultural competence. In other words, these counseling centers may not have the policies and structures in place to make outreach services for minorities feasible. Therefore, it is important that these counseling centers and others, for which the same applies, examine their agency’s OCC and determine possible areas that may need modification.

There is a variety of self-assessment measures available to aid counseling centers in this endeavor (e.g., Dana et al., 1992; Grieger, 1996; Reynolds & Pope, 2003; Ponterotto et al., 1995). While the CCCC measure is not a self-assessment instrument, it provides descriptors of how specific markers occur on a continuum of cultural competency. For example, counseling centers may be interested in aspiring towards a mission statement that expresses values for diversity and multiculturalism and specifies the significance of these terms to counseling center functions.
It is encouraging that the majority of counseling centers seem to be making efforts to provide some type of outreach services to racial and ethnic minorities given the prevalent underutilization experienced by this population. Providing tailored services to populations not likely to use traditional methods is challenging work! Clinicians are undoubtedly contributing additional time and energy to meet the unique needs of these students. For this reason, it is important to highlight the importance demonstrated by institutional factors. There is certainly a need for additional efforts when providing services to a population not regularly served through the traditional methods; however, it is nearly impossible to achieve such a task simply by increasing staff size. Rather, an organizational effort, hence OCC, is necessary to ensure that clinicians (despite the staff size) have the proper funding, resources, and policies in place to facilitate, encourage, and reward efforts made to service racial and ethnic minorities.

It is important to note that the developmental process towards OCC is not achievable simply by making outreach services available to minorities. According to Cross et al. (1989), OCC is a continuous and endless aspiration towards cultural competency. In fact, they define “final stage” of OCC (i.e., cultural proficiency) as the organization’s recognition that it needs to be dynamic and ever changing as the needs of their client population also changes. Therefore, despite whether a counseling center has a high or low level of cultural competency, the efforts invested towards OCC is the same. Optimistically, work contributing to the understanding of OCC will increase the knowledge on effective methods to improve cultural competency in counseling centers.
Strengths and Limitations

The current study’s research design had some limitations. Due to the dearth of research in this area, there was a lack of guidance on the best methodological, operational, and statistical methods for studying the topic. This increased the potential threats to the reliability and validity of the measures used. For example, without guiding research, it is possible that the chosen OCC markers (i.e., mission statement, diversity committee, staff diversity, cultural competency training, hiring and retention practices, physical environment, and translation) would not sufficiently capture the complex construct of organizational cultural competence. To maximize the strength of the OCC measure, an extensive literature review was conducted to provide adequate support for the OCC markers selected for the study. In addition, interdisciplinary sources (e.g., organizational psychology) were consulted to provide support for the measurement of the OCC markers selected for this study. Furthermore, to strengthen the content validity of the markers selected for the CCCC measure experts were contacted to review each question in regards to its relevance for the OCC construct as well as in regards to how easy it would be for a director to provide a valid answer to the question. Statistical analyses performed on the CCCC measure provided the initial validity (EFA) and reliability (Cronbach’s alpha) of the instrument; however, there is a need for future research to substantiate the validity and reliability of the CCCC as a measure of OCC.

As the current study’s data were gathered using a survey, there may be a bias due to respondents not answering truthfully. Yet, efforts were made to minimize this threat by asking participants to indicate their objective observations of counseling center functions,
thereby reducing the need to select a “morally right” answer. Generally, the threat of survey bias is especially significant when the questions asked of participants are concerning opinions or feelings (Fisher, 1993). Sampling through email may also pose a threat to the study’s internal and external validity. Some potential respondents (UCC directors) may have “blocked” or “filtered” their emails and therefore not received the request for participation. These participants may be systematically different from those who did respond. A selection bias may threaten the external validity of the study. That is, those who decided to respond to the study may represent somewhat different counseling centers than those that did not. To minimize this threat, potential participants received follow-up emails reminding them to participate in the study. Email sampling was selected as the best strategy and a potential strength as it has been found to combat low return rate of mail-in surveys (Heppner et al., 2008).

Despite this study’s exploratory nature, one of its greatest strength is its novelty and potential to significantly contribute to the current knowledge on organizational cultural competence, multicultural interventions, and outreach services in UCCCs. This study is likely to be especially important given that OCC research is in its infancy and only one known study (i.e. Darnell & Kuperminc, 2006) has empirically investigated the OCC construct. To assess OCC, the current study used the CCCC measure, which has the potential to contribute to the advancement of OCC measurement, theory, and practice. Furthermore, while multicultural scholars (e.g., Brinson & Kottler, 1995) have suggested outreach services as a culturally competent intervention for racial and ethnic minority students, no research had yet investigated how counseling centers utilized this service
with this population. The current study helped shed light on the current availability of outreach services to minority populations and thereby provided empirical evidence regarding culturally competent services.

**Conclusion**

Based on the findings of this study, OCC, student diversity, staff size, and accreditation all related to the availability of outreach for racial and ethnic minorities. Among these, OCC was the best predictor of outreach availability. Thus, as suggested by OCC theory (e.g., Hernandez et al., 2009), an organization’s cultural competency is related to the availability of services for racial and ethnic minorities beyond that dictated by other institutional factors. Given the exploratory nature of this study, further research is necessary to validate these findings. In terms of practice, it may be beneficial for counseling centers to evaluate their organization’s cultural competency when aspiring to increase services for racial and ethnic minorities.

In addition, listed in order of popularity from highest to lowest, the outreach types of (1) presentation or workshop, (2) discussion group, (3) training, (4) printed materials, (4) response to traumatic or stressful event, (4) campus-wide outreach, (4) community-based outreach, (5) electronic and computer based outreach, and (6) media were used with racial and ethnic minorities. Discussion groups and community-based outreach were methods especially used with racial and ethnic minorities when compared to the general student population. Characteristics of each of these methods suggest that counseling centers are selecting these interventions for their unique ability to address the underutilization of services by racial and ethnic minorities. The limited use of electronic
and computer based outreach and media was particularly surprising considering the technological dependency of students. Thus, increasing emphasis on technological outreach methods may prove to be beneficial to reaching racial and ethnic minority students.

Listed in order from highest to lowest, counseling centers provided outreach to (1) Black, African American, or Negro, (2) Hispanic or Latino, (3) Chinese, (4) Asian Indian, (4) Biracial or Multiracial, (5) Japanese, (6) Korean, (7) American Indian or Alaska Native, (8) Vietnamese, (9) Filipino, (10) Native Hawaiian, (11) Guamanian or Chamorro, and (12) Samoan. Several counseling centers identified ‘international students’ as a racial and ethnic minority group particularly targeted for outreach services. International students undergo similar cultural experiences when attending school abroad, despite nationality (Nilsson, et al., 2004). Counseling centers appear to have distinguished the population as one that would possibly benefit from culturally adapted outreach interventions. Further research can help examine the use of outreach with this population more closely. The popular use of outreach with biracial and multiracial students was an unexpected finding. As a historically undefined population, the current study did not predict that counseling centers would recognize this group as a unique minority group so readily. Further research regarding the specific interventions used with biracial and multiracial students would be particularly important.

Pre-professional and senior counseling center staff spent 2.7 hours per week on activities dedicated to outreach services for racial and ethnic minorities. Most frequently, counseling centers spent 0 to 1 hour per week. Guinee and Ness (2000) found that
counseling “directors made outreach and consultation a higher priority” in 2000 than in 1990 (p. 274). Guinee and Ness (2000) interpreted these results as counseling centers spending an increased amount of time and energy on outreach activities. While Guinee and Ness’s (2000) study did not specify outreach with racial and ethnic minorities, it is possible that outreach for minorities are also ‘a high priority’ among counseling directors. Continued research can determine the ways counseling centers utilize their time.

In summary, there is a need for further research to validate the results in the current study. One recommendation is to continue the validation of the CCCC measure to increase confidence in OCC measurement. Furthermore, examining OCC through different markers would be contributive to the knowledge of OCC theory. Similarly, research investigating the relationship of OCC with other types of culturally adapted services would help substantiate theory and the results of this study.
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APPENDIX A

Counseling Center Cultural Competence (CCCC) Measure and Online Survey
1. Training

The following questions refer to training in cultural competency that is mandated by your counseling center. This type of training is formal and is administered by either a senior staff professional or an external consultant. The primary topic of the training is multicultural competency in counseling and/or professional development.

* **How often** does your counseling center provide mandatory cultural competency training?

<table>
<thead>
<tr>
<th>Frequency of Training</th>
<th>As needed</th>
<th>Yearly</th>
<th>Multiple times a year</th>
</tr>
</thead>
<tbody>
<tr>
<td>The counseling center does not provide mandatory cultural competence training</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The counseling center does provide mandatory cultural competence training</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

* **For whom** is your counseling center’s mandatory cultural competency training provided?

<table>
<thead>
<tr>
<th>Participants</th>
<th>Only to senior staff (e.g., psychologists, etc.)</th>
<th>Senior staff and preprofessionals (e.g., predoctoral students, etc.)</th>
<th>Senior staff, preprofessionals, and support staff (e.g., office assistants, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The counseling center does not provide mandatory cultural competence training</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The counseling center does provide mandatory cultural competence training</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. Diversity Committee

The following questions refer to your counseling center’s diversity committee. A diversity committee is described as any appointed group (of staff and/or trainees) that emphasizes and addresses diversity related concerns.

* **How often** are racial and ethnic minority students included into diversity committee activities (e.g., decision making)?

<table>
<thead>
<tr>
<th>Composition</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>The counseling center does not have a diversity committee</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The counseling center does have a diversity committee</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

* **When** does the counseling center’s diversity committee formally meet to address diversity related concerns?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Meets on an unscheduled, as needed basis</th>
<th>Meets on a scheduled, infrequent basis (e.g., yearly or monthly)</th>
<th>Meets on a scheduled, frequent basis (e.g., daily or weekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The counseling center does not have a diversity committee</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The counseling center does have a diversity committee</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
3. Mission Statement

The following questions refer to your counseling center’s mission statement. A mission statement is often a formal, short, written statement. It discusses, but is not limited to, the organization’s goals, purpose, and ideal intentions when working with clients.

* Does your counseling center’s mission statement explicitly use the term ”diversity” and/or ”multicultural”? If so, does it also state how these concepts are significant to counseling center functions?

<table>
<thead>
<tr>
<th></th>
<th>Use of Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>The counseling center does not have a mission statement</td>
<td>○</td>
</tr>
</tbody>
</table>

* How often is your counseling center’s mission statement incorporated into publications and advertisements such as brochures, flyers, and websites?

<table>
<thead>
<tr>
<th></th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>The counseling center does not have a mission statement</td>
<td>○</td>
</tr>
</tbody>
</table>

4. Physical Environment and Translation

The following questions refer to your counseling center’s physical environment and translation of printed materials.

* How often does your counseling center display posters, artwork, or visual representations that reflect racial and ethnic diversity and multiculturalism?

<table>
<thead>
<tr>
<th></th>
<th>Physical Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>○</td>
</tr>
</tbody>
</table>

* How often does your counseling center translate publications (e.g., websites, brochures, signage) in a language other than English?

<table>
<thead>
<tr>
<th></th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>○</td>
</tr>
</tbody>
</table>

5. Hiring and Retention Practices

The following questions refer to your counseling center’s hiring and retention practices of racial and ethnic minorities.
What is the total percentage of racial and ethnic minorities on staff?

**Racial and ethnic minorities include:**
Hispanic or Latino
Black, African American, or Negro
American Indian or Alaska Native
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Native Hawaiian
Guamanian or Chamorro
Samoan
Biracial/Multiracial

**Staff include:**
senior professionals (e.g., psychologists, etc.), preprofessional students (e.g., practicum students, etc.), and support professionals (e.g., office assistant, etc.).

Percentage of Racial and Ethnic Minorities on Staff

---

* How often are racial and ethnic minorities recruited by the counseling center for staff positions?

<table>
<thead>
<tr>
<th>Recruiting Racial and Ethnic Minorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>⬜</td>
</tr>
</tbody>
</table>

* How often has your counseling center been able to retain racial and ethnic minority staff in the last three years?

<table>
<thead>
<tr>
<th>Retention of Diverse Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>⬜</td>
</tr>
</tbody>
</table>

* How often are bilingual or multilingual persons recruited by the counseling center for staff positions?

<table>
<thead>
<tr>
<th>Recruiting Bilingual or Multilingual Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>⬜</td>
</tr>
</tbody>
</table>

6. Outreach Services

The following questions refer to the outreach services provided for students through your counseling center. Outreach services are described as services that are conducted outside the context of the clinician’s office and within the context of the client’s natural setting. Outreach also refers to services that are preventative and psychoeducational.
* The following is a list of types of outreach services. Which types of outreach services targeting ALL students are regularly implemented through your counseling center?

Please select all that apply.

- Presentation/Workshop (e.g., classroom presentations, psychoeducational programming)
- Discussion Groups (e.g., support groups, panel discussions)
- Training (e.g., of faculty/staff, residence hall advisors, coaches, clergy, or other campus community members)
- Printed Materials (e.g., pamphlets, flyers, posters, bulletin, newsletter)
- Electronic or Computer-Based outreach (e.g., email, chatroom, discussion boards, cable television, etc.)
- Media (e.g., Radio, TV, Interview, Internet)
- Response to Traumatic/Stressful Event
- Campus-wide Outreach (e.g., resource fair, screenings, tours)
- Community-wide Outreach (e.g., referrals to culturally relevant community resources, collaboration with cultural healers, etc.)
- None
- Other (please specify)

* The following is a list of types of outreach services. Which types of outreach services ONLY targeting RACIAL AND ETHNIC MINORITY students are regularly implemented through your counseling center?

Please select all that apply.

- Presentation/Workshop (e.g., classroom presentations, psychoeducational programming)
- Discussion Groups (e.g., support groups, panel discussions)
- Training (e.g., of faculty/staff, residence hall advisors, coaches, clergy, or other campus community members)
- Printed Materials (e.g., pamphlets, flyers, posters, bulletin, newsletter)
- Electronic or Computer-Based outreach (e.g., email, chatroom, discussion boards, cable television, etc.)
- Media (e.g., Radio, TV, Interview, Internet)
- Response to Traumatic/Stressful Event
- Campus-wide Outreach (e.g., resource fair, screenings, tours)
- Community-wide Outreach (e.g., referrals to culturally relevant community resources, collaboration with cultural healers, etc.)
- None
- Other (please specify)
* Which racial and ethnic groups have been specifically targeted by the outreach services indicated in the previous question?

Please select all that apply.

- Hispanic or Latino
- Black, African American, or Negro
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Biracial or Multiracial
- None
- Other (please specify)

* On average, what is the estimated number of hours spent by each employee (weekly) providing outreach services to racial and ethnic minorities?

This includes hours spent: developing, training/preparing, implementing, and evaluating the outreach activities indicated.

Persons include: senior staff (e.g., psychologists, etc.) and preprofessionals (e.g., practicum students, etc.)

Please indicate the estimated number of hours per person per week in the space provided.

<table>
<thead>
<tr>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

7. Counseling Center Characteristics
What type of accreditation does your counseling center have?
* Please select from the pull down menu the accreditation type of your counseling center. If other, please specify in the space provided.

<table>
<thead>
<tr>
<th>Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Other (please specify)

How many senior professionals are on staff in your counseling center?
* Please use the space provided to indicate the number of senior professionals (e.g., psychologists, psychiatrists, social workers, nurse-practitioners, etc.) on counseling center staff.

<table>
<thead>
<tr>
<th>Number of Senior Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

How many preprofessionals are on staff in your counseling center?
* Please use the space provided to indicate the number of preprofessionals (e.g., practicum students, interns, professionals in training, etc.) on counseling center staff.

<table>
<thead>
<tr>
<th>Number of Preprofessionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

How many support professionals are on staff in your counseling center?
* Please use the space provided to indicate the number of support professionals (e.g., office managers, administrative assistants, external consultants, etc.) on counseling center staff.

<table>
<thead>
<tr>
<th>Number of Support Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

8. Respondent Demographics

What is your age?
* Please enter a number that best describes your age in years.

<table>
<thead>
<tr>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

What is your race or ethnicity?
* Please select from the pull down menu the race or ethnicity with which you identify the most. If other, please specify.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Other (please specify)

What is your gender?
* Please select from the pull down menu the gender with which you identify the most.

<table>
<thead>
<tr>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
What is your highest level of education completed?
*Please select from the pull down menu your highest level of education.*

<table>
<thead>
<tr>
<th>Education Level</th>
<th></th>
</tr>
</thead>
</table>

What is your degree specialization (e.g., counseling psychology, counselor education, social work, etc.)? *Please indicate your degree specialization in the provided text box.*

What is your current position title at the counseling center? *Please specify your primary title in the space provided.*

How long have you worked at the current counseling center? *Please use the spaces provided to indicate the number of years and months that best approximate your length of service at the current counseling center.*

<table>
<thead>
<tr>
<th>Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Months</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

Drop-Down Answer Choices for Survey Items 17, 22, 23, and 24

Q17. Accreditation Type:
ONLY International Association of Counseling Services (IACS)
ONLY American Psychological Association (APA)
BOTH APA and IACS Accreditation
Other (please specify)
None

Q22. Race/Ethnicity:
White, Caucasian, or European-American
Hispanic or Latino
Black, African American, or Negro
American Indian or Alaska Native
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Native Hawaiian
Guamanian or Chamorro
Samoan
Other (please specify)

Q23. Gender:
Male
Female
Other (e.g., Transgender)

Q24. Highest Educational Level:
Associates
Bachelors
Masters
Doctorate
Other (e.g., professional/technical degree)
APPENDIX C

List of 2010 U.S. Census Races and Ethnicities

1.) Hispanic or Latino
2.) Black, African American, or Negro
3.) American Indian or Alaska Native
4.) Asian Indian
5.) Chinese
6.) Filipino
7.) Japanese
8.) Korean
9.) Vietnamese
10.) Native Hawaiian
11.) Guamanian or Chamorro
12.) Samoan
APPENDIX D

Recruitment Email

Dear [first and last name of director],

My name is Mona Ghosheh and I am a doctoral student in counseling psychology at Ball State University collecting data for my doctoral dissertation. I would like to invite you to participate in a brief survey about your counseling center’s structure and services. As an incentive for participation, your counseling center will be entered into a drawing of $1000 that will be donated to one participating counseling center. ONLY directors of counseling centers or persons in an equivalent administrative position at your counseling center are eligible to participate, as you will need to have knowledge about the structure and services of your counseling center. Included in this email is a link to a confidential survey that should take approximately 15 to 20 minutes to complete. To take the survey, either click on the link below or copy and paste into your webbrowser:

[SurveyLink]

Thank you for your participation! If you have any questions, please feel free to contact the researcher or the researcher’s dissertation chair:

Mona Ghosheh, M.Ed.
Doctoral Candidate
Department of Counseling Psychology
Ball State University
Muncie, IN 47306
Tel 765-285-8040; Fax 765-285-2067
mrghosheh@bsu.edu

Stefanía Ægisdóttir, Ph.D.
Associate Professor
Department of Counseling Psychology
Ball State University
Muncie, IN 47306
Tel 765-285-8040; Fax 765-285-2067
stefaegis@bsu.edu

Please note: If you do not wish to participate or receive further emails for research participation, please click the link below and you will be automatically be removed from the mailing list:
[RemoveLink]
APPENDIX E

Message upon Survey Completion

Thank you for completing this survey!

Your email address has been entered into a drawing of $1000 that will be donated to one participating counseling center. The drawing will be held in November 2011. The winning counseling center will be contacted by phone and email. An announcement of the winner as well as summary of research results will be provided to all participants. Please feel free to contact the researcher or the researcher's dissertation chair with any questions at:

Mona Ghosheh, M.Ed.
Doctoral Candidate
Department of Counseling Psychology
Ball State University
Muncie, IN 47306
Tel 765-285-8040; Fax 765-285-2067
mrghosheh@bsu.edu

Stefanía Ágisdóttir, Ph.D.
Associate Professor
Department of Counseling Psychology
Ball State University, TC 622
Muncie, IN 47306
Tel 765-285-8040; Fax 765-285-2067
stefaegis@bsu.edu