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The Concerns about Counseling Racial Minority Clients Scale

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The purpose of this study was to develop and validate the Concerns about Counseling Racial Minority Clients (CCRMC) scale among counselor trainees. Sample 1 was used for an exploratory factor analysis and confirmatory factor analysis. Four factors were identified, Managing Cultural Differences ($\alpha = .82$), Offending or Hurting Clients ($\alpha = .87$), Biased Thoughts and Behaviors ($\alpha = .81$), and Client Perceptions ($\alpha = .77$). The coefficient alpha for the CCRMC was .90. The results support the validity of the scale. The scores on the CCRMC and its subscales have positive associations with fear of negative evaluation from others ($r = .19$ to .40) and negative associations with general counseling self-efficacy ($r = -.30$ to $-.46$) and multicultural intervention self-efficacy ($r = -.30$ to $-.64$). The CCRMC significantly predicted fear of negative evaluation, session management self-efficacy, and multicultural intervention self-efficacy over and above multicultural social desirability. The validity evidence was not different between White and minority graduate trainees. In Sample 2, the estimated 1-week test–retest reliabilities ranged from .75 to .96 for the CCRMC and its four subscales.

Keywords: concerns about counseling racial minority clients, counselor trainee, multicultural competence, multicultural training

As the population in the United States becomes more culturally diverse, the ability to conduct psychotherapy effectively with racially and ethnically diverse populations is one of the main goals for multicultural counseling competency training (Atkinson & Lowe, 1995; Helms, 1984; Sue & Sue, 2008). Understanding whether, when, and how therapists should address race-related issues with racial minority clients is a critical topic to address in multicultural counseling training (Maxie, Arnold, & Stephenson, 2006). However, acknowledging the importance alone does not guarantee that counselor trainees will feel comfortable enough to work with their racial minority clients, have a clear understanding of how to deal with race-related issues (Cardemil & Battle, 2003), and/or take action to address these race-related issues in counseling sessions. Indeed, in one recent study, Zhang and McCoy (2009) reported that although about 94% of counselors indicated the importance of discussing racial differences in the counseling process, only 47% actually acknowledged and discussed racial differences by the completion of the third session.

In reality, many counselor trainees may feel anxious about working with racial minority clients or feel overwhelmed because they do not know how to incorporate multicultural knowledge and skills into therapy (Cardemil & Battle, 2003) or when might be the appropriate time to discuss differences (e.g., in the first session or waiting until relationship is further developed). Some may choose to wait until their clients bring up a topic related to their experiences as a racial minority before engaging in such a conversation. Unfortunately, as Thompson and Jenal (1994) indicated, when counselors avoid discussing race in counseling sessions, their racial minority clients might feel frustrated and thus refuse to engage beyond a superficial level. This approach may also neglect the possibility that many clients do not bring up issues related to race and ethnicity for various reasons (e.g., their own discomfort with the topic, fear of therapist bias, or uncertainty of whether their therapists would understand their experiences). Additionally, engaging clients in diversity dialogues can facilitate the development of a good cross-racial counseling relationship (Arredondo, 1999; Atkinson & Lowe, 1995; Helms, 1984; Ivey & Ivey, 1999; Sue & Sue, 2002). Empirically, when racial differences were discussed in counseling sessions, counselors tended to build a stronger working alliance (Fuertes, Mueller, Chauhan, Walker, & Ladany, 2002; Zhang & McCoy, 2009), and racial minority clients tended to disclose more intimate aspects of themselves (Thompson, Worthington, & Atkinson, 1994). Thus, we believe that counselors would benefit from taking a more active stance by initiating race-related issues with their racial minority clients early in psychotherapy. This active stance would provide opportunities to

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explore the possible relevance of race-related issues to the psychotherapy process (Cardemil & Battle, 2003).

However, what are the reasons for this discrepancy between the cognitive understanding of the importance of addressing race-related issues and the actual behaviors of addressing this issue in session? There are a variety of potential reasons why counselors may be missing opportunities to have an open conversation about race and ethnicity differences. The race-related issues may carry strong emotional reactions (e.g., anger, fear, shame, or guilt) as a result of both historical and current events and interracial relations in this country (Helms & Cook, 1999). Some counselors may feel uncomfortable discussing the issues of racial differences because it is an emotionally charged topic (Cardemil & Battle, 2003). Some may be afraid of unintentionally making an offensive comment to racial minority clients as a result of limited contact with diverse populations (Kiselica, 1998; Ridley, 2005). Conversations about race/ethnicity can also be uncomfortable due to anxiety of being judged for "saying the wrong thing" (Cardemil & Battle, 2003; Maxie et al., 2006). In a qualitative study, European American counselors reported some discomfort in the discussion of race in sessions because of uncertainty about how such a discussion would play out and how their clients might receive it (Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003). Gunter (2002) also found that irrespective of developmental level, student counselors' comfort level with their culturally specific skills was significantly lower with Black clients in comparison to White clients.

As we know, it is typical for counselor trainees to have anxiety or concerns during their clinical training (Stoltenberg, McNeil, & Delworth, 1998). Conceptually, these anxieties and concerns can serve as a motivation for them to learn how to become a competent counselor (Morrissette, 1996). However, if they have excessive concerns, such anxiety may be channeled into their work with clients, hinder their performance, and negatively impact the therapeutic process (Morrissette, 1996). Similarly, it is typical for counselor trainees to have anxiety or concerns about cross-cultural counseling sessions. If we follow the rationale above for general counseling, excessive anxiety or concerns in cross-cultural counseling may weaken their ability to work with racial minority clients. However, thus far, there is no such measure to assess anxiety or concerns counselors have in regards to working with a racial minority client. If we can understand specific components of counselors' concerns about multicultural counseling, educators in multicultural training can provide a tangible solution to help trainees process these concerns and further enhance counselor trainees' multicultural competence. For this reason, there is a need to develop a scale to measure counselors' concerns about seeing a racial minority client.

Thus far, a few scales have developed to assess multicultural competences (e.g., LaFromboise, Coleman, & Hernandez, 1991; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Pope-Davis & Dings, 1994; Sodowsky, Teffe, Gutkin, & Wise, 1994) or multicultural counseling self-efficacy (MCSE; Sheu & Lent, 2007). However, these two types of scales do not fully capture the complexity of emotions that counselor trainees might have in their multicultural training (e.g., fears or concerns of counseling racial minority clients). Kiselica (1991) urged "counselor-educators to be particularly sensitive to the feelings of students engaged in multicultural counseling training" (p. 130). For some trainees, it may be sufficient to provide concrete multicultural skills (e.g., a script to address the racial difference in a counseling session) for them to implement in a counseling session. However, for other trainees, even though they may cognitively or intellectually know "how to" implement multicultural skills, they just cannot apply them in sessions due to their complex psychological fears and concerns. Holding these concerns or fears may occupy trainees' thoughts and lower their ability to function well in sessions. Such concerns or fears may be channeled into their work with clients and hinder their work with clients (Morrissette, 1996). Kiselica (1998) indicated that "additional measures may be necessary to help trainees process their intense personal experiences" (p. 6). Therefore, it is clear that engaging in multicultural counseling training can be anxiety provoking and full of fears, concerns, and struggles. A scale to measure these concerns is needed to facilitate the process of addressing fears and concerns in multicultural training.

Purpose of the Present Study

In the present study, we sought to establish the factor structure, reliability, and validity of the Concerns about Counseling Racial Minority Clients (CCRMC) scale across two samples. Sample 1 was used for scale development to explore the factor structure, provide support for the factor structure, and assess the reliability and validity of the scale. Sample 2 was used to assess test–retest reliability of the scale. To assess validity, we compared the new measure of concerns about counseling racial minority clients with theoretically related concepts (i.e., fear of negative evaluation, general counseling self-efficacy, and multicultural intervention self-efficacy) and a nonrelated concept (i.e., multicultural social desirability). Stoltenberg et al. (1998) indicated that counselor trainees may be anxious about their lack of skills and knowledge or anxious about being evaluated by supervisors or clients. Counselor trainees who tend to be afraid of negative evaluation from others are more likely to have concerns about counseling a racial minority client (e.g., fear of unintentionally offending clients and fear of how their clients perceived them). Therefore, we hypothesized that concerns about seeing a racial minority client would have a small positive correlation with fear of negative evaluation. On the basis of self-efficacy theory, anxiety inhibits one's self-efficacy (Bandura, 1982). Empirically, Larson et al. (1992) found that counseling self-efficacy was negatively associated with both trait and state anxiety. As we know, concern about counseling racial minority clients is a specific type of anxiety in counseling. For this reason, we hypothesized that concerns about seeing a racial minority client would have moderate negative associations with general counseling self-efficacy and multicultural intervention self-efficacy.

Finally, Sodowsky and colleagues (1994; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998) indicated that some trainees may think that having a concern means they are not a good counselor. They may hide or minimize their concerns in order to appear culturally desirable. Therefore, it would be important to examine whether concerns about counseling racial minority clients would still be associated to the above variables for examining validity after controlling for multicultural social desirability. Statistically, Hoyt, Warbasse, and Chu (2006) also suggested using statistical control strategies to partial out social desirability. That is to say, if the CCRMC accounts for a significant incremental R^2 over and above multicultural social desirability, then we can in-

terpret this as evidence of the relationships between the CCRMC and other variables (e.g., multicultural intervention self-efficacy) independent of multicultural social desirability. For this reason, we expected that the CCRMC would predict fear of negative evaluation, general counseling self-efficacy, and multicultural intervention self-efficacy after controlling for multicultural social desirability. Moreover, Coleman (1998) indicated that the perceptions of general and MCSE may overlap with each other. In order to assess the incremental validity for the CCRMC on multicultural intervention self-efficacy, we expected that concerns about seeing racial minority clients would predict multicultural intervention self-efficacy after controlling for all the above variables (i.e., fear of negative evaluation, general counseling self-efficacy, and multicultural social desirability).

Method

Participants

Sample 1: Scale development and confirmatory factor analysis (CFA). Participants were 256 graduate trainees (53 [21%] males, 199 [78%] females, and two [1%] transgender; two did not respond to this question). Of these, 159 (62%) were from counseling psychology programs, 41 (16%) from clinical psychology programs, 22 (9%) from counselor education programs, and 33 (13%) from other counseling-related programs (e.g., school counseling, mental health counseling, or family and marriage counseling; one did not respond to this question). They were enrolled in counseling or counseling-related programs in the Midwest (78 [30%]), Northeast (55 [22%]), Southwest (54 [21%]), Southeast (33 [13%], and West Coast (28 [11%]) areas (eight did not respond to this question). The sample included European Americans (172 [67%]), African Americans (21 [8%]), Asian Americans (15 [6%]), Latino/a Americans (17 [7%]), Native Americans (2 [1%]), multiracial Americans (10 [4%]), international students (17 [7%]), and two who did not respond to this question. The majority of participants (167 [65%]) were working toward a doctoral degree, and 87 (34%) were in a master's degree program (two did not respond to this question). Participants ranged in age from 22 to 61 ($M = 30.24$, $SD = 8.36$).

Sample 2: Test–retest reliability. The second sample was collected to estimate test–retest reliability for the final version of the CCRMC. Participants were 24 graduate students (13 [54%] males and 11 [46%] females) who were enrolled in a counseling program. The sample included 75% European Americans, 17% Latino/a Americans, 4% African Americans, and 4% indicated "other." Almost half of participants (46%) were working toward a doctoral degree, and 54% were in a master's degree program. Participants ranged in age from 23 to 41 ($M = 29.71$, $SD = 5.05$).

Procedure

For Sample 1, the snowball method of data collection was used by sending an invitation e-mail to counselor trainees after receiving permission from relevant e-mail listserv owners (e.g., the counseling-related divisions in the American Psychological Association and American Counseling Association). In addition, an invitation e-mail was sent to training directors in counseling and counseling-related programs after receiving each university's Institutional Review Board approval to do so. Participants were informed that they must be a graduate student (18 years old or above) in a counseling psychology or counseling-related program in order to participate in this study. Completion of the survey indicated their consent to participate in the study. Participants were told that this study was related to concerns trainees have about counseling clients of a racial minority group and that it would take approximately 15–25 min to complete the questionnaire. Trainees could provide their contact information to enter into a drawing for a $70 gift certificate. Originally, there were 298 participants; however, 36 did not complete the survey, and six incorrectly answered one validity item (i.e., please click "1 = *strongly disagree*" for this item). Therefore, a final sample of 256 participants was used in the analyses. This sample was randomly divided into two groups. The first group was used as Sample 1A ($n = 128$) for conducting exploratory factor analyses of the measure. The second group was used as Sample 1B ($n = 128$) for conducting CFAs. However, the total sample of 256 was used to evaluate the reliability and validity of the measure and to conduct additional analyses on the multiple-group analyses for examining the invariance of validity across race (White and minority). Particularly, based on national data from the American Psychology Association, there are ethnic minorities (i.e., 29%) in the counseling and clinical psychology programs. Thus, it is best to use the whole sample in Sample 1 (i.e., $N = 256$) for the validity estimation and later multiple-group analyses for different race.

The second sample was collected from a university in the West Coast area. All the data were collected by one of the authors in a classroom setting. All participants were enrolled in a counseling psychology program but did not take a practicum class during the two data collection time points. They were told that this study was to examine the test–retest reliability of a measure of concerns about counseling racial minority clients and that it would take 5–10 min of their time. After 1 week, the data were collected again in the same classroom.

Scale Development

Several steps were used to develop items for the scale. First, a group of 23 graduate students (16 White, four Latino/a, two Asian, one international student; seven men and 16 women) in counseling psychology or counseling-related programs were asked to write down several statements regarding the potential anxiety and/or discomfort a counselor may face in working with diverse clients (e.g., different race, ethnicity, sexual orientation, physical ability, language, immigration, etc). Second, the two senior authors (who are licensed psychologists and have been teaching multicultural counseling and/or counseling practicum for 6–10 years) categorized these statements into four domains (see below). These four domains were supported by literatures on multicultural training, multicultural self-efficacy, or multicultural competence (e.g., Cardemil & Battle, 2003; Kiselica, 1998; Knox et al., 2003; Ridley, 2005; Sheu & Lent, 2007; Sue & Sue, 2008) and were relevant to authors' professional experiences as instructors, supervisors, and psychologists in multicultural counseling and training. The first domain is *Biased Thoughts and Behaviors*, which indicates concerns about being unaware of their biased thoughts and behaviors (e.g., Kiselica, 1998; Ridley, 2005). The second domain is *Offending or Hurting Clients*, which refers to concerns about offending or

hurting clients (e.g., Cardemil & Battle, 2003; Kiselica, 1998; Parham, 1993; Ridley, 2005). The third domain is *Client Perceptions*, which points to concerns about their clients' perceptions of them or their ethnic group (e.g., Kiselica, 1998; Knox et al., 2003). The fourth domain is *Managing Cultural Differences*, which taps into concerns about managing cross-cultural differences (e.g., Knox et al., 2003). On the basis of these four domains, a total of 49 items were developed. It is important to note that because diversity can be very broadly defined (e.g., race, ethnicity, culture, sexual orientation, social class, gender, religion, age, etc), a decision was made to focus only on racial minority clients for this study. Third, six faculty members and/or psychologists (one White, two Latino, two Black, and one biracial; two men and four women) were invited to serve as experts to review and provide feedback on the entire draft of the scale and used a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) to rate each of the 49 items. The definition of the four domains (see above) along with a list of corresponding items was provided, and participants were asked to comment on the appropriateness of the items, wordings, or any missing items/domains; to judge whether each item matches the above four domains; and to provide other feedback. On the basis of their comments, revisions were made to the items (resulting in 11 items for Biased Thoughts and Behaviors, eight items for Offending or Hurting Clients, 15 items for Client Perceptions, and 15 items for Managing Cultural Differences).

These 49 items were administered to participants. The instructions were as follows:

> Below are listed common concerns of a trainee who counsels racial minority clients. We are looking for your honest responses that reflect your current concerns, not how you would like to be in the future. Therefore, the following statements have no right or wrong answers. Please click on the number that indicates the extent of your agreement with the following statements.

They were asked to respond to these items using five response options (1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*). In addition, for each item, participants were asked, "When seeing racial minority clients, I am concerned that. . ."

Other Measures

Fear of negative evaluation. Fear of negative evaluation was measured by the Brief Fear of Negative Evaluation scale (BFNE; Leary, 1983). The BFNE (12 items) assesses the degree to which people are concerned about being perceived and evaluated negatively by others. A sample item is, "I am afraid that people will find fault with me." Items are rated on a 5-point Likert scale ranging from 1 (*not at all characteristic of me*) to 5 (*extremely characteristic of me*). Scores range from 12 to 60, with higher scores indicating a greater fear of negative evaluation from others. The BFNE scale has adequate internal consistency, with a coefficient alpha of .91 (Wei, Mallinckrodt, Larson, & Zakalik, 2005). In the present study, the coefficient alpha was .90 (95% CI [.88, .92]). In a study conducted by Wei et al. (2005), concurrent validity has been demonstrated through positive correlations with depressive symptoms and excessive reassurance seeking among college students.

General counseling self-efficacy. General counseling self-efficacy was assessed by the Session Management Self-Efficacy scale (SMSE; Lent, Hill, & Hoffman, 2003). The SMSE (10 items) reflects perceived capability to facilitate the process of counseling sessions. A sample item is, "Know what to do or say next after your clients talks." Participants were asked to rate items on a 9-point scale ranging from 0 (*no confidence at all*) to 9 (*complete confidence*). The total scores range from 0 to 90, with higher scores indicating greater session management self-efficacy. Lent et al. (2006) reported coefficient alphas of .96 and .97, respectively, on their two-time point study among counselors in a prepracticum class. The coefficient alpha in the present study was .94 (95% CI [.93, .95]). Lent et al. (2006) reported evidence of construct validity through a positive association with counselor evaluation of session quality among counseling trainees.

Multicultural intervention self-efficacy. Multicultural intervention self-efficacy was assessed by the Multicultural Intervention (MI) subscale from the Multicultural Counseling Self-Efficacy Scale—Racial Diversity Form (Sheu & Lent, 2007). The MI (24 items) reflects confidence in handling cross-cultural impasses and bringing about positive outcomes in multicultural counseling. A sample item is, "Take into account multicultural constructs (e.g., acculturation, racial identity) when conceptualizing the client's presenting problems." Participants were asked to rate how confident they are in their ability to counsel clients who are racially different from them using a 9-point Likert scale ranging from 0 (*no confidence at all*) to 9 (*complete confidence*). The total scores range from 0 to 216, with higher scores indicating greater confidence in multicultural interventions with racially different clients. The coefficient alpha was .98 among counseling graduate students (Sheu & Lent, 2007) and .96 (95% CI [.96, .97]) in the present study. Sheu and Lent (2007) provided evidence of construct validity by positive associations with general counseling self-efficacy, as well as multicultural counseling skills, awareness, knowledge, and relationship among counselor trainees.

Multicultural social desirability. Multicultural social desirability was measured by the Multicultural Social Desirability Index (MCSD; Sodowsky et al., 1998; Sodowsky, O'Dell, Hagemoser, Kwan, & Tonemah, 1993). The MCSD (26 items) measures the degree to which an individual claims he or she possesses favorable attitudes toward minorities all of the time on personal, social, and institutional issues. A sample item is, "I have never intensely disliked anyone of another race." Participants were asked to rate items on a true or false forced-choice format, with higher scores indicating greater favorable attitudes toward minority and diversity issues. The coefficient alpha was .72 among counseling psychology graduate trainees (Wendler & Nilsson, 2009) and .66 (95% CI [.59, .72]) in the present study. Sodowsky et al. (1993) have demonstrated validity evidence by a positive correlation with the scores on the other social desirability scale (i.e., Marlowe-Crowne Social Desirability Scale).

Results

Preliminary Analyses

We conducted two chi-square analyses to examine how representative our sample was to the national population regarding the ratios of race and gender. Because the majority of our samples are

students from counseling and clinical programs, these two programs were used to examine how closely the ratio of race and gender reflected national data. National data from the American Psychology Association (http://www.apa.org/ed/accreditation/about/research/gender-ethnicity-table.pdf) showed that about 71% of trainees in counseling and clinical psychology programs are White, and 29% are minorities. In our sample, 74% of trainees were White, and 26% were of minority status. The nonsignificant chi-square result, $\chi^2(1, N = 182) = 0.67$, $p = .41$, indicated that the proportion of race in our sample was comparable to the proportion of race in the national data. Moreover, in the national data, there are 23% males and 77% females. In our sample, we have 21% males and 79% females. The nonsignificant chi-square result, $\chi^2(1, N = 252) = 0.56$, $p = .45$, also indicated that the proportion of gender in our sample was comparable to the proportion of gender in the national data.

Sample 1: Exploring Factor Structure

We conducted a principal axis factor (PAF) analysis on the 49 CCRMC items on Sample 1A ($n = 128$). We used a parallel analysis to determine the number of factors to extract (Brown, 2006; Horn, 1965; Kahn, 2006; Russell, 2002). The basis of the parallel analysis is that the factors underlying the measures should account for more variance than is expected by chance based on factor extractions using multiple sets of random data (Brown, 2006). That is, we would retain factors derived from the data with higher eigenvalues than the average values for the corresponding factors in the random data sets. We computed 1,000 random data sets, and results suggested that we retain four factors because eigenvalues for the first four factors were higher in the actual data set (i.e., 17.32, 3.45, 2.54, and 2.23) than in the parallel analysis (i.e., 2.46, 2.28, 2.16, and 2.05).

Furthermore, we explored the three-, four-, and five-factor solutions using both orthogonal (i.e., varimax) and oblique (i.e., promax) rotations of the extracted factors. The four-factor solution with an oblique rotation was found to be the most interpretable. Most notably, these four factors correspond to the four domains used at the beginning to develop the initial items. Items were selected for the measure on the basis of the factor pattern matrix using the following criteria: (a) a factor loading at least .50 on the factor, (b) cross-loadings on other factors of less than .30, and (c) no more than five items representing each factor in order to keep this scale as brief as possible (e.g., Brown, 2006; Tabachnick & Fidell, 2007). On the basis of these criteria, 20 items out of the original 49 items were retained. We conducted a second exploratory factor analysis using PAF extraction on this set of 20 items. A four-factor solution accounted for 56.02% of the total variance in the items after rotation. Following an oblique rotation, loadings of the items on the respective factors all exceeded .45, and no item was found to have a cross-loading exceeding .30 on the other factors. On the basis of this set of 20 items, Table 1 presents the four factors and their respective items, factor loadings, communality estimates, item-total correlation, means, and standard deviations.

Factor 1 was labeled *Managing Cultural Differences* (five items, accounting for 33.71% of the total variance after rotation; all five items were from the domain of concerns about managing cross-cultural differences). This factor refers to concerns about how to manage cultural differences in sessions. The highest loading items were, "I do not know how to address cultural differences in a session" and "I do not know how to handle my clients' feelings if issues of racism are addressed in a session."

Factor 2 was labeled *Offending or Hurting Clients* (five items, accounting for 9.84% of the total variance after rotation; all five items were from the domain of concerns about offending clients). This factor measures a concern about offending or hurting clients. The highest loading items were, "I may unintentionally hurt my clients for reasons I do not know" and "My positive intentions may be taken differently by my minority clients."

Factor 3 was labeled *Biased Thoughts and Behaviors* (five items, accounting for 7.57% of the total variance after rotation; all items were from the domain of concerns about biased thoughts and behaviors). This factor reflects the concerns about being unaware of one's biased thoughts and behaviors. The highest loading items were, "I am not aware of assumptions which prevent me from accurately understanding my clients" and "I may impose my own stereotypes on the presenting problems of my clients."

Factor 4 was labeled *Client Perceptions* (five items, accounting for 4.91% of the total variance after rotation; all five items were from the domain of concerns about client perceptions). This factor indicates concerns about how clients perceive the counselor and his or her racial/cultural group. The highest loading items were, "My clients have a bias about me" and "My clients have a bias about my cultural group."

Validating Factor Structure

We conducted confirmatory factor analysis on the 20-item CCRMC on Sample 1B using the maximum likelihood estimation method available in LISREL 8.54. As suggested by Hu and Bentler (1999), three fit indices were used to evaluate the fit of the model to the data: the comparative fit index (CFI; a value of .95 or greater suggests adequate model fit), the root-mean-square error of approximation (RMSEA; a value of .06 or less suggests adequate model fit), and the standardized root-mean-square residual (SRMR; a value of .08 or less suggests an adequate model fit). We also tested other alternative models. In addition to the four-factor oblique model found in Study 1, we also tested (a) a four-factor orthogonal model, (b) a one-factor model with all 20 items loading on one factor, and (c) a second-order model (i.e., the four factors stemming from one second-order factor; see details below).

The fit indices for the four models are presented in Table 2. Because the four-factor oblique model and the four-factor orthogonal model are nested models (i.e., the oblique model adds correlations among the factors to the orthogonal model, with the nature of the factors being unchanged), we used a chi-square difference test to compare the fit of these two models with the data. The significant chi-square difference, $\chi^2(6, N = 128) = 137.98$, $p < .001$, suggested that there were statistically significant correlations among the factors; therefore, the four-factor oblique model provided a better fit to the data. In addition, the one-factor model is nested within the four-factor oblique model, with the difference being that the one-factor model sets the correlations among the factors at 1.0. Thus, we used a chi-square difference test to compare these two models. The significant chi-square difference, $\chi^2(6, N = 128) = 219.61$, $p < .001$, also indicated that the four-factor oblique model provided a better fit to the data.

Table 1
Items, Factor Loadings, Communality Estimates, Item-Total Correlations, Means, and Standard Deviations for the Concerns about Counseling Racial Minority Clients Scale

Scale and item	1	2	3	4	h^2	Item-total *r*	*M*	*SD*
Managing Cultural Differences								
29. I do not know how to address cultural differences in a session.	.93	−.06	−.11	−.05	.70	.55	2.06	0.90
34. I do not know how to handle my clients' feelings if issues of racism are addressed in a session.	.88	−.02	−.03	−.04	.69	.60	2.25	1.05
5. I am not ready to see racially diverse clients.	.72	.16	−.19	−.06	.53	.49	1.68	0.75
2. I do not know how to handle the situation when diversity issues are addressed in a session.	.69	−.13	.23	.04	.65	.65	2.31	0.91
42. I do not know how to let my clients know that I have limited knowledge of their group.	.45	−.03	.23	−.05	.35	.53	2.38	1.07
Offending or Hurting Clients								
35. I may unintentionally hurt my clients for reasons I do not know.	.02	.91	.07	−.09	.84	.70	2.95	1.10
26. My positive intentions may be taken differently by my minority clients.	−.05	.83	−.22	−.02	.51	.43	3.39	0.91
30. I may unknowingly offend my minority clients.	−.02	.78	−.02	.20	.75	.71	3.15	1.09
38. I may unintentionally hurt my clients due to my lack of knowledge.	.03	.62	.22	−.11	.63	.64	2.98	1.04
46. I may say/do something that would be seen as ignorant by my clients.	.05	.53	.25	.06	.59	.71	2.90	1.08
Biased Thoughts and Behaviors								
37. I am not aware of assumptions which prevent me from accurately understanding my clients.	−.20	−.01	.82	−.08	.56	.46	2.82	0.96
24. I may impose my own stereotypes on the presenting problems of my clients.	.05	−.01	.74	.10	.70	.75	2.66	1.03
18. I may impose my own values on the presenting issues of my clients.	.02	−.10	.71	−.02	.43	.60	2.59	1.10
22. I may underestimate how issues of diversity are linked to my client's presenting problems.	−.01	.03	.65	.03	.47	.61	2.74	1.02
1. I may not be aware of my own biases.	.23	.07	.55	−.01	.54	.68	2.81	1.18
Client Perceptions								
21. My clients have a bias about me.	−.22	−.03	.09	.82	.79	.54	3.14	0.90
9. My clients have a bias about my cultural group.	−.22	−.02	−.07	.73	.52	.32	3.19	0.76
4. My clients think that I have stereotypes about their culture.	.21	−.04	−.06	.72	.62	.60	2.79	1.08
40. My clients perceive me negatively.	.18	.02	.00	.60	.51	.60	2.32	1.02
11. My clients may not feel comfortable about opening themselves up to me.	.23	.08	−.02	.51	.64	.63	2.89	1.08

Note. $N = 128$. Participants respond to these items using five response options (1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*). The instructions to participants are as follows: "Below are listed common concerns of a trainee who counsels racial minority clients. We are looking for your honest responses that reflect your current concerns, not how you would like to be in the future. Therefore, the following statements have no right or wrong answers. Please click on the number that indicates the extent of your agreement with the following statements." In addition, for each statement, please begin with "When seeing racial minority clients, I am concerned that."

Moreover, we compared the four-factor oblique model and the second-order model with each other. Because these two models are not nested models, we used the Akaike's information criterion (AIC; Akaike, 1987) and the expected cross-validation index (ECVI; Browne & Cudeck, 1993) to decide a better model (i.e., the smaller value indicated a better model; Maruyama, 1998). As can be seen in Table 2, the three fit indices in the four-factor oblique model and the second-order model met the criteria (i.e., CFI = .95, RMSEA = .06, and SRMR = .08) proposed by Hu and Bentler (1999). The AIC and ECVI for the four-factor oblique and the

Table 2
Goodness-of-Fit Indicators for the Competing Models of the 20-Item CCRMC

Model	*df*	χ^2	CFI	RMSEA [CI]	SRMR	AIC	ECVI [CI]
1. Four-factor orthogonal	170	373.70	.91	.09 [.08, .11]	.23	436.04	3.43 [3.04, 3.89]
2. One first order	170	455.30	.88	.13 [.11, .14]	.10	591.31	4.66 [4.15, 5.22]
3. One second order	166	244.09	.97	.05 [.03, .07]	.08	304.13	2.39 [2.13, 2.73]
4. Four-factor oblique	164	235.72	.97	.05 [.02, .06]	.07	301.19	2.37 [2.11, 2.70]

Note. CCRMC = Concerns about Counseling Racial Minority Clients; CFI = comparative fit index; RMSEA = root-mean-square error of approximation; CI = 90% confidence intervals for RMSEA and ECVI; SRMR = standardized root-mean-square residual; AIC = Akaike's information criterion; ECVI = expected cross-validation index.

second-order model were very comparable to each other. The factor loadings in the four-factor oblique model, $t(128) = 5.45$–14.69, $ps < .001$, and the second-order model, $t(128) = 4.22$–8.87, $ps < .001$, were all significant (see Table 3). However, the high factor loadings (i.e., .45–.91; see Table 3) between the first-order factors and the second-order factor in the second-order model may imply one general construct of concerns about counseling racial minority clients. Therefore, the second-order model may be a better representation of the data.

Examining Reliability and Validity

Reliability. As we addressed earlier, all participants in Sample 1 (i.e., $N = 256$) would be used to estimate the reliability. The results indicated adequate reliability for the CCRMC ($\alpha = .90$, 95% CI [.88, .92]) and its four subscales: Managing Cultural Differences ($\alpha = .82$, 95% CI [.78, .86]), Offending or Hurting Clients ($\alpha = .87$, 95% CI [.84, .89]), Biased Thoughts and Behaviors ($\alpha = .81$, 95% CI [.77, .85]), and Client Perceptions ($\alpha = .77$, 95% CI [.72, .85]). The corresponding items for each subscale were summed together to create a score for each subscale. That is, no factor mean (i.e., a latent mean for each factor with the corresponding items as indicators) was used in any of the following analyses in the present study. The correlations among the scores on the four subscales ranged from .36 to .61 (see Table 4). The results indicated Managing Cultural Differences has a large association with Biased Thoughts and Behaviors ($r = .52$) and a moderate association with Offending or Hurting Clients ($r = .36$) and Client Perceptions ($r = .42$). Offending or Hurting Clients has a large association with Biased Thoughts and Behaviors ($r = .61$) and a moderate association with Client Perceptions ($r = .39$). Biased Thoughts and Behaviors has a moderate association with Client Perceptions ($r = .40$).

Table 3

The Factor Loadings of the Four-Factor Oblique Model and the Second-Order Model for the Concerns about Counseling Racial Minority Clients Scale

Item content by factor	Four-factor oblique model		Second-order model		
			First order		
	Factor loading	Uniqueness	Factor loading	Uniqueness	Second order
Managing Cultural Differences					.64
29. I do not know how to address cultural differences in a session.	.66	.56	.68	.54	
34. I do not know how to handle my clients' feelings if issues of racism are addressed in a session.	.70	.51	.70	.51	
5. I am not ready to see racially diverse clients.	.62	.61	.63	.60	
2. I do not know how to handle the situation when diversity issues are addressed in a session.	.81	.35	.80	.36	
42. I do not know how to let my clients know that I have limited knowledge of their group.	.54	.71	.53	.72	
Offending or Hurting Clients					.80
35. I may unintentionally hurt my clients for reasons I do not know.	.83	.32	.83	.32	
26. My positive intentions may be taken differently by my minority clients.	.66	.56	.66	.56	
30. I may unknowingly offend my minority clients.	.77	.41	.77	.41	
38. I may unintentionally hurt my clients due to my lack of knowledge.	.75	.44	.75	.44	
46. I may say/do something that would be seen as ignorant by my clients.	.64	.59	.64	.59	
Biased Thoughts and Behaviors					.91
37. I am not aware of assumptions which prevent me from accurately understanding my clients.	.54	.71	.54	.71	
24. I may impose my own stereotypes on the presenting problems of my clients.	.84	.30	.84	.29	
18. I may impose my own values on the presenting issues of my clients.	.67	.55	.67	.55	
22. I may underestimate how issues of diversity are linked to my client's presenting problems.	.65	.57	.65	.58	
1. I may not be aware of my own biases.	.62	.61	.62	.62	
Client Perceptions					.59
21. My clients have a bias about me.	.58	.66	.59	.65	
9. My clients have a bias about my cultural group.	.46	.79	.47	.78	
4. My clients think that I have stereotypes about their culture.	.77	.40	.80	.37	
40. My clients perceive me negatively.	.54	.71	.51	.74	
11. My clients may not feel comfortable about opening themselves up to me.	.63	.60	.61	.63	

Note. In the four-factor oblique model, factor intercorrelations were as follows: Managing Cultural Differences and Offending or Hurting Clients ($r = .45$), Managing Cultural Differences and Biased Thoughts and Behaviors ($r = .59$), Managing Cultural Differences and Client Perceptions ($r = .57$), Offending or Hurting Clients and Biased Thoughts and Behaviors ($r = .76$), Offending or Hurting Clients and Client Perceptions ($r = .47$), and Biased Thoughts and Behaviors and Client Perceptions ($r = .49$).

Table 4
Intercorrelations Among Measured Variables

Variable	1	2	3	4	5	6	7	8	9
1. Concerns about Counseling Racial Minority Clients	—								
2. Managing Cultural Differences	.74***	—							
3. Offending or Hurting Clients	.78***	.36***	—						
4. Biased Thoughts and Behaviors	.84***	.52***	.61***	—					
5. Client Perceptions	.70***	.42***	.39***	.40***	—				
6. Fear of Negative Evaluation	.40***	.34***	.37***	.32***	.19**	—			
7. Session Management Self-Efficacy	−.46***	−.45***	−.32***	−.36***	−.30***	−.27***	—		
8. Multicultural Intervention	−.56***	−.64***	−.33***	−.46***	−.30***	−.35***	.70***	—	
9. Multicultural Social Desirability	−.25***	−.13	−.13	−.28***	−.24*	−.04	.13	.26*	—
M	2.76	2.11	3.23	2.83	2.90	3.04	6.77	6.42	0.51
SD	0.57	0.70	0.79	0.80	0.69	0.74	1.13	1.16	0.12
Skewness	−0.33	0.76	−0.72	−0.14	−0.05	0.15	−0.53	−0.05	−0.35
Kurtosis	0.06	0.33	−0.27	−0.63	−0.27	−0.71	0.68	−0.37	0.14
Actual score range	1.25–4.20	1.00–4.20	1.00–4.80	1.00–4.80	1.00–4.60	1.42–4.58	2.50–9.00	3.22–9.00	0.15–0.77
Possible range	1–5	1–5	1–5	1–5	1–5	1–5	0–9	0–9	0–1
α	.90	.82	.87	.81	.77	.90	.94	.96	.66
[95% CI]	[.88, .92]	[.78, .86]	[.84, .89]	[.77, .85]	[.72, .82]	[.88, .92]	[.93, .95]	[.96, .97]	[.59, .72]

Note. $N = 256$. CI = confidence intervals for alpha.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Validity. Table 4 presents the correlations of scores on the CCRMC and its four subscales with the other variables for examining validity ($N = 256$). As expected, scores on the CCRMC and its four subscales have small to moderate positive associations with fear of negative evaluation from others (*r*s = .19 to .40). Those who reported greater concerns about seeing racial minority clients also reported greater fear of negative evaluation from others. Scores on the CCRMC and its four subscales also had moderate to large negative associations with general counseling self-efficacy (*r*s = −.30 to −.46) and multicultural intervention self-efficacy (*r*s = −.30 to −.64). Those who reported greater concerns about seeing racial minority clients are likely to have low self-efficacy for their general counseling skills and multicultural interventions. Finally, although the correlations of the scores on multicultural social desirability with the scores on the CCRMC ($r = -.25$), Biased Thoughts and Behaviors ($r = -.28$), and Client Perceptions ($r = -.24$) were significant, the correlations were small. All of these results support the validity of the CCRMC and its subscales.

Moreover, we conducted hierarchical regression analyses in order to examine whether multicultural social desirability was independent from the associations between the CCRMC and the other variables (i.e., fear of negative evaluation, general counseling self-efficacy, and multicultural social desirability). As indicated in Table 5 (see the top three sets of results), the CCRMC accounted for an additional 16%, 20%, and 26% of the variance in predicting fear of negative evaluation ($\beta = .40$), session management self-efficacy ($\beta = -.46$), and multicultural intervention self-efficacy ($\beta = -.53$) over and above multicultural social desirability. These results suggest that, after controlling for multicultural social desirability, the CCRMC significantly predicted the above outcome variables.

Similarly, we also examined the incremental validity by examining the role of CCRMC in predicting multicultural intervention self-efficacy over and above the other three variables (i.e., fear of negative evaluation, general counseling self-efficacy, and multicultural social desirability). As can be seen in Table 5 (see the final set of the results), in Step 1, all the other three variables accounted for 54% of the variance in predicting multicultural intervention

Table 5
Summary of Hierarchical Multiple Regression for Incremental Validity

Variable	*B*	β	ΔR^2	R^2
Fear of Negative Evaluation				
Step 1			.00	.00
Multicultural Social Desirability	−0.28	−.04		
Step 2			.16***	.16***
CCRMC	0.53	.40***		
Session Management Self-Efficacy				
Step 1			.02	.02
Multicultural Social Desirability	1.30	.13		
Step 2			.20***	.22***
CCRMC	−0.88	−.46***		
Multicultural Interventions				
Step 1			.07***	.07***
Multicultural Social Desirability	2.60	.26*		
Step 2			.26***	.33***
CCRMC	−1.07	−.53***		
Multicultural Interventions				
Step 1			.54***	.54***
Fear of Negative Evaluation	−0.29	−.19**		
Session Management Self-Efficacy	0.65	.62***		
Multicultural Social Desirability	1.65	.16**		
Step 2			.04***	.58***
CCRMC	−0.48	−.24***		

Note. $N = 256$. CCRMC = Concerns about Counseling Racial Minority Clients.
* $p < .05$. ** $p < .01$. *** $p < .001$.

self-efficacy. In Step 2, the CCRMC accounted for an additional 4% of the variance in predicting multicultural intervention self-efficacy ($\beta = -.24$) over and above the other three variables. This result demonstrates the incremental validity of the CCRMC over and above fear of negative evaluation, general counseling self-efficacy, and multicultural social desirability.

Additional analyses for demographic information. We explored the possible analyses for demographic information (i.e., race, gender, academic degree [master's and doctoral program], professional program [counseling psychology, clinical psychology, counselor education, and other counseling-related programs], age, and year in training). We used *t* tests or analyses of variance to examine the mean differences. Because of multiple tests, we used a *p* value of .01 for all analyses. Results indicated that Whites reported significantly greater concerns (i.e., greater mean scores) than those reported by minorities for the CCRMC (2.89 vs. 2.49) and its subscales: Managing Cultural Differences (2.22 vs. 1.88), Offending or Hurting Clients (3.36 vs. 2.95), Biased Thoughts and Behaviors (3.00 vs. 2.50), and Client Perceptions (3.00 vs. 2.67), respectively (all ps $>$ .001). On the basis of Cohen's (1992) analysis of effect size, the magnitude of this difference (i.e., Cohen's *d*s of 0.5 to 0.7) reflects medium effect sizes. However, we found no significant results for gender (ps = .23 to .99), academic degrees (ps = .02 to .52), or different professional programs (ps = .012 to .85). In addition, the results from correlation analyses indicated that age and year in training were not significantly associated with scores on the CCRMC and its four subscales except the association between year in training and Managing Cultural Differences ($r = -.20$, $p = .001$). Students with more years in training reported fewer concerns on managing cultural differences.

In order to increase the generalizability of our scale, we also conducted additional analyses to examine whether the correlations between the CCRMC (i.e., total and subscale scores) and the other variables (i.e., fear of negative evaluation, session management self-efficacy, multicultural intervention, and multicultural social desirability) would be equivalent across race, academic programs, and professional programs. Because the sample size for each minority group is small (n = 2–21), we combined all minorities in one group (i.e., including all ethnic minority groups and international students) when we compared White (n = 172) and minority groups (n = 82). In a multiple-group structural equation modeling (SEM) analysis for race, we compared the unconstrained model (i.e., the associations among variables were allowed to vary between White and minority) with the constrained model (i.e., the associations among these variables were set to be identical between White and minority). The unconstrained model is the saturated model. Thus, the chi-square value was zero and the fit was perfect (i.e., CFI = 1.00, RMSEA = 0.00, and SRMR = 0.00). The result for the constrained model was $\chi^2(20, N = 254) = 20.44$, $p = .43$, CFI = 1.00, RMSEA = 0.01, 95% CI [.00, .08], and SRMR = 0.06. This nonsignificant result between the unconstrained and constrained models indicated the correlations among these variables were invariant between White and minority graduate trainees. Furthermore, when international students were removed from the minority group (i.e., 172 White and 65 minority students), the nonsignificant result between the unconstrained (i.e., chi-square value was zero and the fit was perfect) and constrained model, that is, $\chi^2(20, N = 237) = 21.21$, $p = .38$, CFI = 1.00, RMSEA = 0.02, 95% CI [.00, .08], and SRMR = 0.06, still indicated the invariance regarding validity.

Moreover, we used two additional multiple-group SEM analyses to examine the validity equivalence for different academic degrees and professional programs. The nonsignificant result between the unconstrained (i.e., chi-square value was zero and the fit was perfect) and constrained models, that is, $\chi^2(20, N = 254) = 18.85$, $p = .53$, CFI = 1.00, RMSEA = 0.00, 95% CI [.00, .07], and SRMR = 0.05, indicated validity invariance across academic degrees (i.e., the master's [n = 87] and doctoral [n = 167] program). In addition, the nonsignificant result between the unconstrained (i.e., chi-square value was zero and the fit was perfect) and constrained models, that is, $\chi^2(60, N = 255) = 78.98$, p = .051, CFI = 0.99, RMSEA = 0.07, 95% CI [.00, .11], and SRMR = 0.12, also indicated validity invariance across four different professional programs.

Sample 2: Examining Test–Retest Reliability

The purpose of Sample 2 was to provide test–retest reliability of scores on the instrument over a 1-week period of time. We hypothesized that the CCRMC and each of its subscales would show adequate test–retest reliability (e.g., above .70) over this time period. The 1-week test–retest reliability estimates for the CCRMC and four of its subscales were as follows: CCRMC (r = .95), Managing Cultural Differences (r = .75), Offending or Hurting Clients (r = .94), Biased Thoughts and Behaviors (r = .96), and Client Perceptions (r = .87). We also conducted a paired samples *t* test to test whether there was a change in the mean score for each subscale over time. There were no statistically significant mean differences, $t(23) = -1.100$ to .710, ps = .28 to .82.

Discussion

The main purpose of these studies was to develop a reliable and valid measure of the CCRMC across two samples. Results from an exploratory factor analysis indicated that there are one general construct and four factors (subscales) underlying concerns about counseling racial minority clients. The four subscales are concerns about Managing Cultural Differences, Offending or Hurting Clients, Biased Thoughts and Behaviors, and Client Perceptions. Results from the CFAs suggested that a second-order model was a better fit model. Reliability estimates indicated that these factors were internally consistent and stable over a 1-week period.

Regarding validity, fear of negative evaluation had small to moderate positive associations with overall concerns (CCRMC) and specific concerns about Managing Cultural Differences, Offending or Hurting Clients, Biased Thoughts and Behaviors, and Client Perceptions. General counseling self-efficacy and multicultural intervention self-efficacy had moderate to large negative associations with overall concerns (CCRMC) and specific concerns about Managing Cultural Differences, Offending or Hurting Clients, Biased Thoughts and Behaviors, and Client Perceptions. These results provided support for validity of the CCRMC. Moreover, Sheu and Lent (2007) indicated that multicultural intervention self-efficacy "can be used to facilitate studies on how trainees translate their awareness and knowledge into counseling behaviors in the multicultural context" (p. 43). The negative associations between the CCRMC and its subscales and multicultural interven-

tion self-efficacy may provide support for possible behavioral validity of CCRMC.

Furthermore, the CCRMC accounted for an additional 16%, 20%, and 26% of the variance in predicting fear of negative evaluation, session management self-efficacy, and multicultural intervention self-efficacy, respectively, over and above multicultural social desirability. Therefore, after controlling for multicultural social desirability, the CCRMC significantly predicted the above outcome variables (i.e., fear of negative evaluation, session management self-efficacy, and multicultural intervention self-efficacy). Results also demonstrated the incremental validity of the CCRMC in predicting multicultural intervention self-efficacy over and above fear of negative evaluation, general counseling self-efficacy, and multicultural social desirability. All of these results supported the validity of the CCRMC. Finally, our results indicated that the correlations among the CCRMC and its subscales and other variables measured for validity are similar across race (i.e., White and minority), academic degrees (i.e., master's and doctoral program), and professional programs (i.e., counseling psychology, clinical psychology, counselor education, and other counseling-related programs). These results suggest validity invariance and increase the generalizability of the validity evidence across race, academic degrees, and professional programs. In conclusion, our scale adds to multicultural competence literature by assessing concerns and fears trainees have about counseling racial minority clients.

Implications for Supervision and Multicultural Training

The development of this scale has several implications for supervision and multicultural training. First, supervisors or training educators can use this scale as an initial tool to let trainees know that it is common to experience discomfort, anxiety, or concerns about seeing racial minority clients. This normalization process (i.e., knowing concerns or anxiety is a common experience) may allow them to know they are not the only ones who have concerns (Gunter, 2002) and increase their willingness to explore their concerns with their supervisors (Ponterotto, 1998). After understanding what contributes to trainees' discomfort and anxiety, supervisors can create a dialogue to process an internal self-exploration by asking for specific examples or for further clarifications (e.g., what does it mean to them [or what are their feelings or reactions] if their client has negative perceptions about their cultural group or them?). For trainees, it is important for them to process these concerns or fears. Holding these concerns may occupy trainees' thoughts and lower their ability to function well in sessions. Such concerns or fears may be channeled into and hinder their work with clients (Morrissette, 1996). If trainees acknowledge and process these concerns, they may feel relieved instead of keeping these concerns inside. Furthermore, it is hoped that trainees can move their understanding about their concerns from the intellectual and conceptual level to the experiential and emotional levels and work on their deeper fears and concerns about counseling racial minority clients.

Second, supervisors or multicultural educators can share their own concerns and fears in counseling racial minority clients or invite a panel of psychology interns or psychologists (both White and minority) to use our scale as a basic tool to share their story about their struggle and how they managed their own concerns (Kiselica, 1998; Sabnani, Ponterotto, & Borodovsky, 1991). Sharing their fears and concerns and how to manage them in cross-cultural counseling may help trainees in three ways. One, they may feel less isolated because their supervisors had similar worries in the past. Two, when trainees are treated with sensitivity and empathy by supervisors, they are likely to do the same (e.g., sensitivity and empathy) with their minority clients. Three, the fears are manageable, and, most importantly, the anxiety may motivate them to grow into multiculturally sensitive counselors just like their supervisors. Hopefully, by talking about their concerns of working with racial minority clients, the process itself may serve as a model for how trainees can process their clients' race-related issues.

Third, trainees may have recognized that cultural factors influence their clients' presenting problems, but they may feel overwhelmed and not competent enough to apply their knowledge into counseling sessions. Trainees can look at survey items to identify which specific areas they should work on. Once these concerns are accepted and processed, trainees may be able to be more empathic with their racial minority clients (Stoltenberg et al., 1998). Moreover, this may potentially facilitate the development of a good cross-racial counseling relationship (Arredondo, 1999; Atkinson & Lowe, 1995; Helms, 1984; Ivey & Ivey, 1999; Sue & Sue, 2002).

Finally, in general, multicultural competence (i.e., awareness, knowledge, skills, and/or relationship) were negatively associated with the earlier stages (Contact, Disintegration, or Reintegration) but positively associated with the later stages (e.g., Pseudo-Independence and Autonomy) of White racial identity attitudes (see Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994). Therefore, trainees at each stage of the racial identity model (e.g., Contact, Immersion) may have their respective concerns (e.g., Cross, 1971; Helm, 1984; Sue & Sue, 2008). For example, a trainee in the contact stage may not be aware of their concerns (e.g., color-blindness; see Ridley, 2005). This scale can be used as a tool to lower their defense (e.g., color-blindness) by letting them know these concerns are common shared experiences among many trainees. It can also be used to facilitate or challenge them to engage in self-exploration about this topic. A trainee in the Immersion stage may overidentify racial difference or become overly careful about not offending their racial minority clients (see Ridley, 2005; Sue & Sue, 2008). This scale still can be used to locate specific concerns for further discussion in order to process these concerns, fears, or anxiety with the goals of becoming multicultural competent counselors.

Limitations

Several limitations regarding the development of this scale should be noted. First, because the sample is limited to graduate student trainees, it would not be appropriate to generalize the findings to therapists or practicing psychologists with greater levels of multicultural counseling experiences. Future studies are needed to assess the utility of the scale for counselors who are not graduate trainees. Second, it should be noted that participants self-selected to participate in these studies after being told that this project was related to concerns trainees have about counseling clients of a racial minority group. This self-selection may have led to biases in the sample (e.g., only those who are interested in or

curious about this topic participated in this study). Third, our validity data are limited to self-report measures. Future studies can continue to examine its validity through behaviors-based validity and other assessment methods such as supervisor report or observational data. Fourth, two thirds of participants were White and only one third of participants were students of color. However, this ratio is comparable to other studies with national data collection whose participants were counselor trainees (Constantine, Ladany, Inman, & Ponterotto, 1996) or professional counselors (Holcomb-McCoy, 2000). Also, as we addressed earlier, the proportion of race (i.e., White and minority) in our sample was representative of the proportion of ethnicity in the national data. Fifth, the lower reliability for multicultural social desirability ($\alpha = .66$) may deserve further examination. Paulhus (1984) indicated that social desirability has two different components: impression management and self-deception. In general, the impression management component represents a conscious bias in which participants respond in a socially desirable way. Thus, this component should be controlled. Conversely, the self-deception component demonstrates that participants actually believe their positive self-reports, which may not necessarily be controlled for (see Paulhus, 1984, for a discussion). As we addressed earlier, the score on the Multicultural Social Desirability scale was correlated with the score on the Marlowe-Crowne Social Desirability scale. However, the Marlowe-Crowne Social Desirability scale includes both components of social desirability (see Paulhus, 1984). It is likely that the Multicultural Social Desirability scale may also include these two different components, which may lead to a lower reliability (i.e., internal consistency) found in this study. Clearly, future studies need to continue to clarify the social desirability issues for the CCRMC. Finally, we did not measure trainees' actual levels of multicultural counseling competence, to which our results cannot be generalized. Our scale does not imply that higher levels of concerns reflect lower levels of multicultural counseling competence. We are limited in answering questions about this relationship between concerns about seeing a racial minority client and multicultural counseling competence.

Future Research Directions

The development of the CCRMC has the potential to advance the literature by providing scholars with a psychometrically sound instrument for assessing counselor trainees' concerns about counseling racial minority clients. In the existing studies on counselor anxiety and counseling performance, researchers used a general or state anxiety scale (e.g., "I get in a state of tension as I think over my recent concerns") to measure the anxiety level of counselor trainees (e.g., Gunter, 2002) because no other relevant scales were available. This newly developed instrument (i.e., the CCRMC) with good psychometric properties will enable researchers to more precisely assess counselor trainees' anxiety related to counseling racial minority clients, rather than only their general anxiety level. As we addressed earlier, this type of research is very important, as multicultural competence is a critical focus point in counseling training and supervision sessions. Future studies can examine whether the CCRMC predicts multicultural competence or whether the CCRMC serves as a moderator or mediator between multicultural training and multicultural competence over and above the influence of general anxiety tendency.

Future studies can also explore the association between counselors' racial identity and their concerns about counseling racial minority clients, as well as how racial identity development interacts with counselors' concerns about counseling a racial minority client on multicultural competence. For example, a therapist at a higher stage of racial identity development (introversion or integration) is more likely to address racial differences and be attuned to the effects of race and ethnicity on the therapeutic relationship (Maxie et al., 2006). Therefore, counselors who are at a higher racial identity development stage and have less concern about counseling racial minority clients are more likely to have higher levels of multicultural competence. Similarly, racial minority clients' racial identity development may play a role in trainees' concerns when working with them. For example, counselors may have more concerns about working with racial minority clients who are in the middle stage of racial identity development (i.e., resistance and immersion), in particular when counselors are in a lower stage of racial identity development. Moreover, future research can examine the association between the CCRMC and color-blind racial attitudes. Perhaps higher CCRMC scores positively relate to higher levels of color-blind racial attitudes because those trainees with higher color-blind racial attitudes lack sensitivity to racial issues and thus feel more concerned about seeing racial minority clients.

Finally, future research can continue to enhance the psychometrical properties of this scale. First, future studies can include a qualitative design that might provide insights to validate or disapprove items of this newly developed scale. Qualitative studies might be appropriate to explore reasons behind trainees' concerns and anxiety when they see racial minority clients. Second, as we know, the test–retest reliability assessed in this study did not address the sensitivity of this scale for change. For example, scales measuring general counseling self-efficacy (Lent et al., 2003) and multicultural intervention self-efficacy (Sheu & Lent, 2007) were sensitive to change when collecting data at the beginning (Time 1) and the end (Time 2) of the practicum classes. Therefore, researchers of future studies can examine the sensitivity of this scale for change by collecting data at the beginning (Time 1) and the end (Time 2) of the practicum classes (see Lent et al., 2003; Sheu & Lent, 2007). The sensitivity of this scale for change can be examined if all CCRMC subscales and total scores obtained at Time 2 are significantly lower than those obtained at Time 1. Third, if there is enough sample size for minority trainees, then it will allow researchers to examine structural invariance across majority and ethnic minority groups. Fourth, we only focused on concerns about counseling racial minority clients; future researchers can adapt our methodology to develop scales that address concerns about counseling clients of other backgrounds (e.g., lesbian, gay, bisexual, transgender).

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