

The Semistructured Interview for Consideration of Ethnic Culture in Therapy Scale

Initial Psychometric and Outcome Support

**BRAD DONOHUE
MARILYN J. STRADA
ROCIO ROSALES
AUNDREA TAYLOR-CALDWELL
DORTHA HISE
SARAH AHMAN
NOELLE L. LEFFORGE
MONIQUE KOPOF
GREG DEVORE
BRUNO SOARES
BEN RADKOVICH
ROWENA LAINO**

University of Nevada, Las Vegas

There has been recent pressure for practitioners to consider cultural variables when implementing evidence-based interventions. Therefore, the Semistructured Interview for Consideration of Ethnic Culture in Therapy Scale (SSICECTS) was empirically developed to address this issue. First, psychometric properties of a 6-item scale component were evaluated in 279 individuals of various ethnicities. Results indicated two factors accounting for 71% of the variance (ethnic cultural importance and ethnic cultural problems). Internal consistency and convergent validity were satisfactory. Ethnic minority participants demonstrated significantly higher scores than did Caucasians, suggesting this scale may be particularly applicable in ethnic minority populations. In a second study, a controlled trial was conducted to examine clinical utility of the semistructured interview component in a subsample of 151 participants. Participant interviewees were queried about their basic demographic information and were subsequently instructed to evaluate the interviewers' performance. Interviewees were then randomly assigned to receive the SSICECTS or a parallel semistructured interview regarding exercise. After participants com-

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pleted their respective semistructured interviews, they were again instructed to evaluate the interviewers. Results indicated both semistructured interviews enhanced evaluations. However, interviewers who administered the SSICECTS were perceived as having greater knowledge and respect of participants' ethnic culture.

Keywords: culture; cultural competence; ethnicity; acculturation

The percentage of multiracial and ethnic minority individuals in the United States has recently increased to 30% (U.S. Census Bureau, 2001), resulting in greater attention to research examining the influence of ethno-cultural factors on mental health and clinical practice. For instance, some have speculated that cultural differences between therapists and clients may inhibit the therapeutic relationship (e.g., Maramba & Hall, 2002; Sue, 1998; Sue, Fujino, Hu, Takeuchi, & Zane, 1991), and significant positive relationships between mental health and acculturation (i.e., adaptation to dominant culture) have been evidenced in ethnic minority samples (e.g., Canul & Cross, 1994; Hoffmann, Dana, & Bolton, 1985). Indeed, as individuals become more acculturated, they have been found to function more effectively (e.g., increased use of dominant culture's language and customs may lead to higher likelihood of obtaining employment) and evidence lower levels of stress (Organista, Organista, & Kurasaki, 2003). Although several measures of acculturation have been developed to identify the extent to which individuals from ethnic minority cultures differ from individuals in the dominant Caucasian culture, the application of these measures to clinical practice has been limited (Zane & Mak, 2003). For instance, the format and content of these measures have not evolved to facilitate dialogue in which therapists can formally assess the degree to which responses of clients to these measures are relevant to treatment planning, which is expressly important given extensive heterogeneity among individuals of similar ethno-cultural groups (Hall, 2001).

AUTHORS' NOTE: Correspondence concerning this article should be addressed Brad Donohue, Department of Psychology, University of Nevada, Las Vegas, 4505 Maryland Parkway, Box 455030, Las Vegas, NV 89154-5030; phone: (702) 895-0181; e-mail: donohueb@unlv.nevada.edu.

To assist in facilitating effective therapeutic interaction with individuals from different ethnic backgrounds, clinicians have been encouraged to be familiar with established multicultural counseling guidelines, which includes being knowledgeable about the sociopolitical factors, cultural history, beliefs, and values of the populations served and assessing perceptions of the impact of culture-related variables on mental health (Arredondo & Toporek, 1996; Lo & Fung, 2003). Similarly, it is specified in the ethical guidelines of the American Psychological Association (2002, 2003) that in working with members of diverse populations (e.g., individuals of ethnic minority background), psychologists should acquire knowledge about their culture and utilize culture-specific strategies. Although incorporation of the aforementioned principles into clinical practice may offer therapeutic benefits, specified protocol underlying these general principles has yet to be determined, making implementation and evaluation of culturally competent strategies difficult and unreliable.

Thus, the inherent challenge of providing culturally competent services to an increasingly diverse population warrants an exploration of alternative approaches. Along these lines, esteemed researchers have recognized that it is infeasible to be familiar with all ethnic cultures (Sue, 1998). Indeed, given the extensive variability found within members of ethnic groups (Hall, 2001), even if general cultural knowledge was acquired about a particular ethnic culture, this information may or may not be applicable to specific members of that culture. Furthermore, it can be argued that stereotypic assumptions regarding cultural norms and practices based on ethnic group representation may in fact be disadvantageous in therapeutic contexts. Consistent with the behavioral approach to therapy, we argue the extent and manner by which culture is addressed in therapy is best assessed on an individual basis utilizing standardized procedures so that the effect of these strategies on clinical practice and treatment outcome can be evaluated. Thus, according to this perspective, individuals who present in therapeutic settings should be provided opportunities to expressly indicate the extent to which their ethnic culture is important to them and the extent to which they perceive their ethnic culture should be addressed in therapy. Although acculturation measures provide insight about culture-related behaviors of clients, and

although scores on these measures have been associated with favorable impressions of therapists (Atkinson, Morten, & Sue, 1998), deriving information about the extent to which respondents engage in culture-related behaviors provides no indication that these behaviors have direct relevance to their presenting concerns. Similarly, questions pertaining to the behavioral dimension of acculturation (the focus of most acculturation instruments) do not assess the extent to which clients wish to have culture addressed in therapy. Therefore, there is a need to equip clinicians with tools that can help them identify the degree to which cultural variables are relevant to the clients they serve in therapy and the extent to which clients wish to have culture integrated into their treatment plan (i.e., consumer-driven goals). Such information can be utilized to facilitate subsequent dialogue or interaction between the client and therapist about ethnicity in a socially appropriate manner, thus conveying interest and effort of the therapist to be culturally competent and respectful of the client's culture (Lo & Fung, 2003). Conveying cultural sensitivity through structured dialogue in which therapists learn about the ethnic culture of their clients, about how their clients perceive ethnic culture to be important, and about the extent and manner by which clients perceive that these issues should be addressed in therapy may assist in overcoming obstacles that might otherwise hinder the therapeutic relationship. Along these lines, Grieger and Ponterotto (1995) recommended the use of semistructured interviews when assessing culture. In contrast to questionnaires, semistructured interviews are flexible to permit elaboration of ethnic cultural perspectives (Groth-Marnat, 1999). Unfortunately, to our knowledge, culture-specific semistructured interviews have yet to be developed.

Therefore, the purpose of this article is twofold: to develop and initially examine the psychometric properties of a questionnaire designed to assess the extent to which individuals perceive their ethnic culture is important and relevant to therapy, and to initially examine the clinical utility of a semistructured interview designed to facilitate effective elaboration of interviewee responses to the newly developed questionnaire in a controlled trial.

STUDY 1

METHOD

Participants

Participants were 279 undergraduate students of the following ethnic backgrounds: Caucasian ($n = 115$, 41.2%), Asian American ($n = 54$, 19.4%), Hispanic American ($n = 50$, 17.9%), African American ($n = 26$, 9.3%), Native American ($n = 6$, 2.2%), and other ethnicity ($n = 28$, 10%). The age of participants ranged from 18 to 39 years with a mean of 20 years ($SD = 3.2$). Of the participants, 84 (30.1%) were males and 185 (68.8%) were females.¹ Participants received credit in an entry-level psychology course for their participation.

Measures

Consideration of Ethnic Culture in Therapy Scale (CECTS). The CECTS was developed in this study and consists of 6 items that are endorsed utilizing a 7-point Likert-type scale (i.e., 7 = *extremely agree*, 4 = *unsure*, 1 = *extremely disagree*). The first scale consists of four items that are theorized to assess the extent to which individuals perceive their ethnic culture is important to them (Ethnic Cultural Importance, ECI; i.e., my ethnic culture is a big part of my everyday life, my ethnic culture is of great importance to me, there are many things I like about my ethnic culture, my ethnic culture should be addressed in therapy). The second scale consists of 2 items that are theorized to assess problems that are perceived to be due to one's ethnic culture (Ethnic Cultural Problems, ECP; i.e., others have said things to me about my ethnic culture that have been offensive to me, I have experienced problems due to my ethnic culture). Prior to administering the ECP and ECI items, individuals are instructed to endorse their ethnicity from a forced-choice format (i.e., African American, Hispanic American, Native American, Asian American) that includes both other (e.g., Irish American) and multiple-ethnic categories. Participants are instructed to respond to all items based on their cultural experiences with the endorsed ethnic group. Scale scores are easily derived by adding item responses within each of the respective scales

(i.e., ECI score range is 4-28; ECP score range is 2-14). Higher ECI scores indicate greater attributed importance to one's ethnic culture, whereas higher ECP scores indicate greater experienced problems attributed to ethnic culture. Thus, the CECTS is relevant to all ethnic cultures.

Stephenson Multigroup Acculturation Scale (SMAS). The SMAS (Stephenson, 2000) is a psychometrically validated measure of acculturation that, similar to the CECTS, is applicable to all ethnic populations including Caucasians. This self-report questionnaire consists of 32 items that are answered according to a 4-point Likert-type scale. Two factor scores may be derived (i.e., Ethnic Society Immersion, ESI; Dominant Society Immersion; DSI). The ESI subscale consists of 17 items. Scores on this subscale range from 17 to 68 with higher scores indicating greater enculturation of the individual to his or her own ethnic culture. The DSI subscale includes 15 items. Scores range from 15 to 60 with higher scores indicating greater acculturation of the individual to the dominant culture. The SMAS was administered in the current study to assist in determining the relationship between the newly developed CECT scale scores and the acculturation scale scores that are measured in this questionnaire. Psychometric properties of the SMAS are promising and include satisfactory internal consistency and concurrent validity (Stephenson, 2000).

Procedure

The principal measure in this study (CECTS) was developed in two phases. In the first phase, a group of ethnically diverse graduate and undergraduate students, as well as a licensed clinical psychologist, participated in a series of focus groups to facilitate the development of an instrument designed to assess the extent to which individuals perceive their ethnic culture is important and relevant to therapy. The focus groups generally included 7 to 10 individuals as recommended by others for optimal participation (Bloor, Frankland, Thomas, & Robson, 2001). The psychologist acted as a moderator to direct discussion, keep the brainstorming process flowing, and record key ideas (Krueger & Casey, 2000). Consistent with Millward (1995), the skills

and experiences of the moderator were advanced relative to other focus group members. In originating the initial item pool, the research team considered that the instrument would need to be quick and easy to complete, thus facilitating interpretation of responses prior to conducting assessment of presenting clinical concerns in therapy and assisting in guiding the formal assessment process (i.e., providing a timely opportunity to discuss how potential culture-related issues may be addressed in treatment planning, if indicated by the respondent). The general process of item generation consisted of brainstorming potential ethnic relevant topic areas to assess (e.g., family perspectives of ethnic culture, ethnic cultural history of family, importance of ethnic culture), evaluating potential benefits (e.g., direct relevance to clinical concerns, likelihood of establishing rapport) and problems (e.g., potential to be misinterpreted, stereotypic, not applicable to all cultures) of assessing the potential topic areas, selecting potential topic areas, and converting selected topic areas into clear and concise statements to be utilized in the resulting questionnaire. Although no formal criteria were utilized to assist in decision making, six items were unanimously judged by the group to be acceptable to undergo psychometric examination.

In the second phase, participants were recruited. After consenting to participate, basic demographic data were obtained from participants, and they were instructed to complete the newly developed instrument (CECTS) and the SMAS. The study protocol was approved by the institution's review board for the protection of human subjects, and participants were provided an opportunity to be debriefed after their completion of study procedures.

RESULTS

Factor Structure of CECTS

To determine the number and nature of factors that underlie items of the CECTS, a principal components factor analysis with varimax rotation was performed. The Kaiser criterion supported the extraction of two factors with eigenvalues greater than 1.0, accounting for 71% of the variance (see Table 1).

TABLE 1
Rotated Component Matrix of Consideration of Ethnic Culture in Therapy Scale, Eigenvalues, and Cronbach's Alpha

<i>Item</i>	<i>Factor 1</i>	<i>Factor 2</i>
Eigenvalue	3.05	1.21
Reliability coefficient	0.78	0.82

NOTE: Overall, Cronbach's $\alpha = .78$.

TABLE 2
Items Contributing to Factor Loadings of the Consideration of Ethnic Culture in Therapy Scale

<i>Items</i>	<i>Factor 1</i>	<i>Factor 2</i>
1. My ethnic culture is a big part of my everyday life.	.847	.167
2. My ethnic culture is of great importance to me.	.878	.170
3. There are many things I like about my ethnic culture.	.836	.119
4. Others have said things about my ethnic culture that have been offensive to me.	.220	.886
5. I have experienced arguments or problems with others because of my ethnic culture.	.161	.914
6. In pursuing therapy for myself, or as a significant other to support someone else's treatment, the therapist should ask me about, or address, my ethnic culture.	.511	.189

NOTE: $n = 279$.

Visual inspection of the Scree test substantiated the 2-factor solution. Loadings above .50 were used when interpreting each factor (see Comrey & Lee, 1992). As theorized, items that loaded on factor 1 (i.e., my ethnic culture is a big part of my everyday life, my ethnic culture is of great importance to me, there are many things I like about my ethnic culture, my ethnic culture should be addressed in therapy) appear to measure the extent to which one's ethnic culture is perceived to be important to the individual. Therefore, this subscale was labeled ECI. Factor 2 items (i.e., others have said things to me about my ethnic culture that have been offensive to me, I have experienced problems due to my ethnic culture) appear to measure problems that have been experienced due to one's ethnic culture. This subscale was labeled ECP. Table 2 presents results of the factor analysis with the selected rotation.

Internal Consistency of CECTS

Internal consistency for all item scores on the CECTS was acceptable (Cronbach's $\alpha = .78$). As shown in Table 1, Factors 1 (ECI) and 2 (ECP) also demonstrated good internal consistency (.78 and .82, respectively), indicating the items in each of these factors are sharing a high proportion of variance. Interitem correlations, ranging from .2 to .7, were small to large (Cohen, 1988).

Relationship of CECTS and SMAS Factor Scores

As expected, the ECI subscale of the CECTS was positively related to the ESI subscale of the SMAS ($r = .42, p < .01$), indicating that acculturation to the individuals' native culture was related to individuals' perceived importance about their ethnic culture. Interestingly, however, ECI was unrelated to the DSI subscale of the SMAS ($r = .06, p > .05$), suggesting the participants' perceptions of their own ethnic importance are not related to the level of acculturation within the dominant society. The ECP subscale of the CECTS was unrelated to both SMAS subscales (ESI, $r = .07, p > .05$; DSI, $r = .07, p > .05$). These findings indicate no relationship between perceived problems due to ethnicity and acculturation to both the culture of origin and the culture of the dominant society. For all correlational analyses, examination of scatter plots indicated no curvilinear relationships were present when all study participants were included, and although the number of participants was relatively small, the correlational patterns were similar when examining each of the ethnicities separately.

Relationship of CECTS Subscales

As expected, CECTS factor scores were positively related to one another ($r = .42, p < .01$), indicating that as the participants perceived their ethnic culture to be important to them, they were more likely to perceive problems resulting from their ethnic culture.

Examination of CECTS Responses By Ethnicity

Clinicians have been increasingly urged to consider ethnic cultural issues during the planning and implementation of therapy with members of ethnic minority populations (American Psychological Association, 2003). However, such considerations have yet to be made for Caucasian individuals. Therefore, to assist in determining which ethnic groups would potentially benefit most from the CECTS, an analysis of variance (ANOVA; two-tailed) was conducted to compare the various ethnic groups (Caucasian, Hispanic American, Asian American, African American, Native American, Other) on scores of the ECI subscale of the CECTS. The ANOVA indicated significant differences between ethnic groups in regards to ECI, $F(5, 273) = 6.46, p < .001$. To determine which ethnic groups differed, subsequent planned comparisons were performed utilizing ethnicity as the independent variable and ECI scores as the dependent variable. Results indicated that ECI scores for Caucasian individuals were significantly lower than were the scores of Hispanic Americans ($p = .05$), African Americans ($p < .001$), and Asian Americans ($p < .001$). No other significant differences were found. Thus, ECI scores across all ethnic groups, with the exception of Native Americans, were significantly higher than were scores for Caucasians, suggesting that ethnic culture was indeed perceived as more important for individuals of ethnic minority backgrounds.

A similar ANOVA was performed to compare the scores on the ECP subscale of the CECTS across ethnic groups. The results indicated significant differences among ethnic groups in regards to ECP scores, $F(5, 273) = 11.18, p < .001$. To determine which ethnic groups differed, subsequent planned comparisons were performed utilizing ethnicity as the independent variable and ECP scores as the dependent variable. Results indicated that ECP scores of Caucasian individuals were significantly lower than were scores of Hispanic Americans ($p < .01$), African Americans ($p < .001$), and Asian Americans ($p = .001$). African American individuals reported significantly higher ECP scores than did Hispanic Americans ($p < .01$), Asian Americans ($p < .05$), Native Americans ($p < .05$), and Other individuals ($p < .001$). No other significant differences were found. Thus, Caucasians do report significantly less problems due to their ethnic culture as compared

TABLE 3
Mean Scores by Ethnicity Groups for the Consideration of
Ethnic Culture in Therapy Scale Subscales

<i>Ethnic Group</i>	<i>n</i>	<i>Ethnic Cultural Importance</i>		<i>Ethnic Cultural Problems</i>	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
African American	26	22.4	3.5	11.4	2.5
Asian American	54	21.4	3.3	8.7	3.0
Other	28	20.6	5.4	6.9	4.3
Hispanic American	50	20.4	5.0	8.4	3.4
Caucasian	115	18.2	4.8	6.5	3.4
Native American	6	17.7	4.0	6.7	4.5
Total sample	279	19.9	4.8	7.8	3.7

NOTE: Specific ethnic groups are listed in descending ethnic cultural importance scores.

with ethnic minority groups. Relevant to ethnic minority groups examined, African Americans report greater severity of problems due to their ethnic culture. The means and standard deviations of ECI and ECP scores are listed in Table 3 by ethnic group.

STUDY 2

METHOD

Participants

Participants were 151 undergraduate students from Study 1 who agreed to participate in a second study to obtain additional course credit. Of the participants, 42% ($n = 64$) were Caucasian, 17% ($n = 26$) were Asian American, 16% ($n = 24$) were Hispanic American, 11% ($n = 16$) were African American, and 14% ($n = 21$) were of other ethnic minority background. Also, 68% ($n = 103$) of participants were female. Participants ranged in age from 18 to 30 years ($M = 19.6$, $SD = 2.4$).

Procedures

Immediately after completing the first study, each participant was assigned at random to an interview room (one participant per room).

One of 13 trained interviewers of diverse ethnic backgrounds (five were Hispanic American; four were Caucasian; three were African American; one was Middle Eastern American) was randomly assigned to each interview room. Eight interviewers were female, and five were male. The interviewer was introduced to the participant by a research assistant (i.e., "This is Bob, and he will be asking you some questions about yourself") and was then left alone to conduct a structured interview with the participant. During this initial structured interview, the participant was verbally queried to answer 11 demographic questions relevant to the participant's age, gender, grade point average, current number of enrolled credit hours at the university, money earned from employment, other sources of support, ethnicity, hours of cultural experience and athletic activity performed during the past month, and types of sports or exercise activities that were performed during the past month. The aforementioned interview was conducted to provide the participant an opportunity to formulate an initial impression of the interviewer. Upon completion of the interview, the interviewer left the room, and the research assistant returned to administer a brief questionnaire designed to evaluate the interviewer (see ratings of interviewer performance below). The participant was explicitly told that the interviewer would not see the completed questionnaire, and the research assistant placed the completed questionnaire in a sealed envelope in the presence of the interviewee. Each participant was then randomly assigned to receive one of two semistructured interview formats (i.e., Semistructured Interview for Consideration of Ethnic Culture in Therapy Scale, SSICECTS; Semistructured Interview for Consideration of Exercise or Sport Participation in Therapy Scale, SSICESPTS). The interviewers returned to their assigned rooms and conducted the respective semistructured interviews. After every semistructured interview was conducted, the interviewer left the room and the research assistant returned to readminister the aforementioned evaluation questionnaire, again disclosing that all responses would be confidential. Participants who were administered the SSICECTS were also instructed to complete a consumer satisfaction questionnaire aimed at assessing their satisfaction with the manner by which they were queried about their responses to the CECTS.

Measures

SSICECTS. Prior to conducting the SSICECTS, responses to each item of the CECTS (see above) need to be dichotomized into either agreement (Likert-type scale scores 5-7) or disagreement or unsure (scores 1-4) categories. For instance, if an interviewee somewhat agrees (i.e., 5) that his or her ethnic culture should be addressed in therapy, this item response is coded agreement. Upon converting each item as previously mentioned, the interviewer then conducts a semistructured interview. The interviewer first queries ECI responses in the following order: my ethnic culture is a big part of my everyday life; my ethnic culture is of great importance to me; there are many things I like about ethnic culture; and my ethnic culture should be addressed in therapy. Agreement and disagreement or unsure responses necessitate different prescribed sets of questions and statements. For all ECI scale items, if the interviewee endorses agreement, the interviewer: (a) discloses that the interviewee expressed agreement with the item (e.g., "You indicated that you agreed your ethnic culture is a big part of your life."); (b) validates that the content of that item is important (e.g., "I think it's great that your ethnic culture is a big part of your life."); (c) asks the interviewee to elaborate on the respective response (e.g., "How is your ethnic culture a big part of your life?"); and (d) maintains pleasant and positive conversation (i.e., demonstrates agreement, elicits additional specific information). If disagreement is indicated by the interviewee for an ECI item, the interviewer: (a) discloses that the interviewee disagreed with the statement; (b) asks the interviewee why disagreement was endorsed (e.g., "How was it that you came to not like many things about your ethnic culture?"); (c) expresses empathy or understanding after the explanation is provided (e.g., "Others have also told me it is hard to appreciate their ethnic cultural background when their parents don't take them to cultural events."); (d) assesses if the interviewee was disappointed that disagreement was endorsed; (e) expresses empathy or understanding with interviewee's response (e.g., "I think that experience would make any child feel isolated from their ethnic background.").

The interviewer then queries ECP responses in the following order: others have said things about my ethnic culture that have been offen-

sive to me; I have experienced problems due to my ethnic culture. If agreement is indicated with the ECP item, the interviewer (a) discloses that the interviewee agreed others have made offensive comments about his or her ethnic culture; (b) reassures that others have also experienced similar comments; (c) asks the interviewee to explain how the remarks were offensive; (d) empathizes with expressed concerns; (e) asks how the offensive remarks affected the interviewee; and (f) either praises statements that suggest the individual has grown stronger because of the offensive remarks or provides empathy for statements that suggest the individual was negatively affected by the offensive remarks. If disagreement is indicated with the ECP item, the interviewer (a) discloses that the interviewee indicated not being offended by remarks about the interviewee's ethnic culture; (b) asks if this is because others have not made remarks about the interviewee's ethnic culture that could be determined offensive or because the interviewee does not get offended; (c) praises the interviewee for not allowing others to offend the interviewee or states that the interviewee has been fortunate to not come into contact with someone making such remarks.

Consideration of Exercise or Sports Participation in Therapy Scale (CESPTS). The CESPTS is exactly the same as the aforementioned CECTS with the exception of replacing ethnic culture with exercise or sports participation in each item. For instance, the first item reads, "Exercise or sports participation is a big part of my everyday life," instead of, "My ethnic culture is a big part of my everyday life."

SSICESPTS. The SSICESPTS is exactly the same as the SSICECTS with the exception of replacing ethnic culture with exercise or sports participation in all prescribed inquiries and statements (i.e., asking how exercise or sports participation is a big part of the interviewee's life instead of asking how ethnic culture is a big part of the interviewee's life).

Ratings of interviewer performance. To determine interviewee impressions of interviewers, participants were instructed to rate their extent of agreement or disagreement with 8 statements utilizing a 7-

point Likert-type response format (1 = *extremely disagree*, 7 = *extremely agree*). These statements included the interviewer's extent of knowledge of the interviewee's ethnic culture, degree of respect for the interviewee's ethnic culture, degree of trust, interviewing skills, and likeability. The statements also included the interviewee's level of comfort with the interviewer, likelihood of referring a person of the same, and different ethnic background to the interviewer. These content areas are related to level of expertise and trustworthiness, which are clinical characteristics commonly assessed in counselor effectiveness rating scales (e.g., Ponterotto & Furlong, 1985).

Interviewee satisfaction with SSICECTS. Interviewee satisfaction is an established method of demonstrating the clinical utility of assessment instruments (e.g., Di Palo, 1997). Therefore, utilizing a 7-point scale of agreement (1 = *extremely disagree*, 4 = *unsure*, 7 = *extremely agree*), interviewees were instructed to indicate the extent to which they were pleased with the interviewers' methods of assessing their responses to each of the CECTS items (e.g., "I was pleased with the way the interviewer attempted to understand how my ethnic culture is important to me," "I was pleased with the way the interviewer attempted to understand how people may have offended me due to my ethnic culture").

RESULTS

Demographic Comparability of Interviewers in the Semistructured Interview Conditions

As indicated above, interviewers were randomly assigned to semistructured interview formats. Nevertheless, it is possible the composition of ethnicity and gender of interviewers in the two semistructured interview conditions might be different by chance and might potentially confound study interpretations. Therefore, a two-tailed chi-square test was performed on the ethnic composition of the interviewer with type of semistructured interview format serving as the independent variable. A similar chi-square test was performed on gender of the interviewer with type of semistructured interview format again serving as the independent variable. Both chi-square tests were

nonsignificant ($p > .05$), indicating gender and ethnicity of interviewers were similar between the semistructured interview conditions.

Demographic Comparability of Interviewees in the Semistructured Interview Conditions

Despite random assignment to interview formats, it is also possible ethnicity and gender, as well as time spent in ethnic cultural and exercise or sports activities, of interviewees in the two semistructured interview conditions might be different and might potentially confound study interpretations. Therefore, to assess demographic comparability of interviewees in the two semistructured conditions, a series of two-tailed independent samples t tests was conducted on the dependent variables of age and number of hours of athletic and ethnic cultural activities during the past month with type of semistructured interview serving as the independent variable. Similarly, two-tailed chi-square tests were performed on ethnicity and gender of participants with type of intervention received again serving as the independent variable. Results of these t tests indicated that participants assigned to the SSICECTS condition participated in significantly more ethnic cultural activities during the past month as compared with those participants assigned to the SSICESPTS condition ($t = 2.07$, $df = 148$, $p < .05$). The chi-square tests indicated that there were more Caucasian participants assigned to the SSICECTS condition, and more African American and Hispanic American participants were assigned to the SSICECTS condition ($\chi^2 = 14.73$, $df = 5$, $p = .01$). No other significant differences were found ($p > .05$).

Protocol Adherence

To maintain integrity of the respective interview formats, several strategies were employed (Azrin et al., 2001; Donohue et al., 1998). These strategies included utilization by interviewers of protocol checklists that dictate task-specific interviewing procedures and on-going supervision and corrective feedback to interviewers.

Protocol checklists were used to obtain reliability and validity estimates for the SSICECTS and SSICESPTS. Specifically, during each

interview, interviewers indicated on protocol checklists whether each task was performed or not. Raters trained in the respective interview formats also listened to audio tapes of 17% of the interviews at random. In this regard, these raters independently indicated on a separate checklist whether each task in the protocol had been completed or not. The completed interviewers' and raters' lists were compared, and a reliability estimate was computed. Reliability was calculated by dividing the total number of agreements by the total number of agreements plus disagreements and multiplying the resulting dividend by 100. The validity estimate was based only upon the lists completed by interviewers and was calculated by dividing the number of tasks completed by the total number of possible tasks and multiplying the dividend by 100 (e.g., Azrin et al., 1996, 2001; Donohue, Carpin, Alvarez, Ellwood, & Jones, 2002). For the SSICECTS, the reliability estimate was 96%, and the validity estimate was 94%. Reliability of the SSICESPTS was similarly high (95%), as was its validity estimate (95%). Thus, the interviewers strictly adhered to their respective protocol, and protocol adherence was corroborated by independent raters.

Performance Evaluation of Interviewers

To examine the influence of interview format on interviewees' ratings of interviewers' performance, a repeated measures multivariate analysis of covariance test (MANCOVA) was performed. The independent variable in this MANCOVA was type of semistructured interview received (SSICECTS or SSICESPTS). The repeated dependent measures were each of the interviewees' ratings of interviewers before and after administration of the semistructured interview (i.e., interviewer's knowledge of the participant's ethnic culture, respect for the participant's ethnic cultural background, comfort, trust, interviewing skills, likeability, likelihood of referring a person of the same, and different ethnic background to the interviewee). Ethnicity of, and hours of ethnic cultural activities during the past month by, participants were selected as covariates because the semistructured interview groups were found to differ in these demographic variables (see above). The means and standard deviations of interviewee ratings of interviewer

performance before and after both semistructured interviews are presented in Table 4.

The repeated measures MANCOVA indicated a significant main effect for time (Wilkes $\Lambda = 0.764$, $F = 5.38$, $df = 1, 139$, $p < .001$). Post hoc two-tailed ANOVAs indicated that the semistructured interviews resulted in significantly greater improvements in reported interviewing skills, desire to recommend interviewer to others, and knowledge and respect of the interviewees' ethnic culture (all $p < .005$). However, the latter results must be interpreted in light of a significant time by semistructured interview group interaction effect (i.e., Wilkes $\Lambda = .867$, $F = 2.66$, $df = 1, 139$, $p < .001$). Post hoc two-tailed repeated measures ANOVAs indicated that interviewees who were assigned to the SSICECTS reported that their interviewers demonstrated significantly greater improvements in knowledge of and respect for their ethnic culture as compared with those participants who were assigned to the SSICESPTS ($F = 15.00$, $df = 1, 146$, $p < .001$; $F = 8.13$, $df = 1, 146$, $p = .005$, respectively). Tests of within-subjects effects for the interactions of the two covariates with time were nonsignificant (both $p > .05$).

Consumer Satisfaction with the SSICECTS

Table 5 presents the means and standard deviations of interviewee ratings of the extent to which they were pleased with the method of assessing SSICECTS content. As can be seen, these mean scores indicated the interviewees consistently very much agreed that they were pleased with the manner by which their ethnic culture was assessed in each of the CECTS semistructured interview formats as mean scores ranged from 6.01 ($SD = .91$) to 6.15 ($SD = .82$).

DISCUSSION

In the first study, the 6-item CECTS was developed, and its psychometric properties were evaluated. Factor analysis yielded two factors. The first factor appears to assess the extent to which individuals perceive their ethnic culture is important and relevant to therapy (i.e.,

TABLE 4
Means and Standard Deviations of Interviewers' Performance Ratings Before and After the Semistructured Interviews as Reported by Interviewees in the Semistructured Interview for Consideration of Ethnic Culture in Therapy Scale (SSICECTS) and Parallel Interview (SSICESPTS) Groups

	<i>Before</i>				<i>After</i>			
	<i>SSICECTS</i>		<i>SSICESPTS</i>		<i>SSICECTS</i>		<i>SICESCTS</i>	
	M	SD	M	SD	M	SD	M	SD
Knowledge of interviewee's ethnic culture	4.05	1.2	4.28	1.16	4.89 ^a	1.07	4.61 ^b	1.42
Respect for interviewee's ethnic culture	5.63	1.33	6.08	1.04	6.24 ^a	0.96	5.96 ^b	1.15
Interviewee's comfort with interviewer	5.14	1.34	5.41	1.36	5.39	1.41	5.55	1.41
Interviewee's trust of interviewer	5.12	1.24	5.13	1.32	5.42	1.25	5.27	1.32
Interviewer's clinical (interviewing) skills	5.47	0.92	5.55	1.11	5.97 ^a	0.78	5.79 ^a	1.08
Extent interviewer was liked	5.67	0.99	5.76	0.98	5.88	0.88	5.68	1.11
Likelihood of referral (same ethnicity)	4.72	1.26	4.93	1.35	5.17 ^a	1.26	5.31 ^a	1.43
Likelihood of referral (different ethnicity)	4.89	1.07	5.04	1.24	5.33 ^a	1.19	5.32 ^a	1.35

NOTE: For SSICECTS, $n = 76$; for SSICESPTS, $n = 75$. Means in the same row that do not share superscripts differ at $p < .005$.

TABLE 5
Means and Standard Deviations of Interviewee Ratings of the
Extent to Which Participants Were Pleased With the Method of
Assessing Content in Each Item of the Semistructured Interview
for Consideration of Ethnic Culture in Therapy Scale

<i>Item</i>	<i>Mean Rating</i>	<i>SD</i>
1. Ethnic culture is a big part of everyday life.	6.07	0.88
2. Ethnic culture is of great importance.	6.15	0.82
3. Many things are liked about my ethnic culture.	6.11	0.87
4. Others have said offensive things about my ethnic culture.	6.01	0.91
5. Arguments or problems with others due to my ethnic culture.	6.01	0.91
6. Desire to address ethnic culture in therapy.	6.04	0.88

NOTE: $n = 151$. For interviewee ratings, 1 = *extremely disagree*; 7 = *extremely agree*.

ECI), whereas the 2nd factor is consistent with the assessment of problems that are perceived to be due to ethnic culture (i.e., ECP). The overall internal consistency of this measure was found to be satisfactory, and the construct validity of the CECTS was supported as the two factors accounted for a large portion of the variance (71%), and each of the resulting factors demonstrated satisfactory internal consistency. The ECI subscale evidenced good convergent validity as it was positively correlated with scores on the ESI subscale of the SMAS (Cohen & Swerdlik, 1999). This finding suggests that individuals who perceive their ethnic culture to be important tend to be more likely to engage in behaviors that are consistent with beliefs that are relevant to their original ethnic culture. Interestingly, ECP scores were unrelated to both ethnic immersion in the individual's own culture and the dominant culture, whereas ECP scores were positively correlated with ECI scores. These findings have significant implications to the field of cultural research. That is, sensitivity to problems that are perceived to be due to ethnic culture appear to be more influenced by attitudinal beliefs about the importance of their ethnic culture than self-reported behavioral manifestations of cultural activities and events per se (e.g., reading or speaking in native language, eating foods of one's ethnic background).

The results of this study suggest the CECTS is potentially applicable to all ethnicities. As might be expected, however, the CECTS may

be particularly useful in the assessment of ethnic minority groups as these groups demonstrated significantly higher ECI and ECP scores than did Caucasians. Moreover, African Americans demonstrated significantly higher ECP scores than did all other ethnicities. This latter finding is consistent with other studies that have found this ethnic group to experience greater stressors than do other ethnic groups (Center for Substance Abuse Treatment, 2001). Native Americans have also historically experienced severe injustices, yet Native American individuals in this study reported relatively few problems with others due to their ethnic background. However, it should be noted that Native Americans were underrepresented in this study ($n = 6$). Thus, issues of generalizability obfuscate the drawing of any definitive conclusions regarding Native Americans. In this regard, future evaluation studies of the CECTS (and SSICECTS) involving Native Americans, as well as clinical samples of all ethnicities, are particularly warranted. Indeed, a next stage of research in the development of this instrument will certainly need to be an evaluation of its application in clinical settings.

The second study supported the clinical utility of a SSICECTS. Indeed, the study demonstrated for the first time the relative efficacy of assessing perceptions of ethnic cultural importance and problems due to ethnic culture utilizing a standardized instrument within the context of a controlled trial. As compared with a similar measure that assessed interviewee perspectives of their exercise and sport participation (SSICESPTS), the SSICECTS resulted in similar improvements in interviewees' perceptions of interviewers' clinical skills and desire to recommend others to the interviewers. However, it should be mentioned that although the interview formats may have been responsible for these enhanced impressions of the interviewers, it is also possible these results were due to extraintervention influences such as practice effects resulting from multiple administrations of the assessment tool or response reactivity. More definitive are the conclusions that can be drawn regarding comparisons of the interview formats on interviewee impressions of the interviewers' knowledge and respect of the interviewees' ethnic culture. In both cases, interviewees indicated that the interviewers who administered the SSICECTS were significantly more knowledgeable and respectful of the interviewees'

ethnic culture as compared to interviewers who administered the SSICESPTS. The SSICECTS, therefore, may provide a clinically appropriate prompt in which to demonstrate ethnic sensitivity while building rapport in the assessment of an often awkwardly addressed topic. Indeed, relevant to consumer satisfaction, mean postsatisfaction measures indicated that interviewees very much agreed that they were pleased with the manner by which interviewers assessed their responses to each of the SSICECTS items.

The SSICECTS appears to have great promise for use in clinical practice and research settings. Indeed, the CECTS component requires less than a couple of minutes to administer, score, and interpret, thus it may be administered during the initial stages of therapy to guide assessment and treatment planning. Moreover, its demonstrated relationship to acculturation and capability of facilitating quantified assessment of cultural domains that are relevant to various therapeutic settings make the CECTS an excellent measure to consider for use in controlled outcome studies as a potential predictor or moderator variable of outcome. The SSICECTS may also be used in clinical trials as a secondary independent variable to assess potential benefits of enhancing client impressions of a therapist's knowledge and respect for the client's ethnic culture. The semistructured format permits easy assessment of protocol adherence, as demonstrated in this study, and the SSICECTS requires less than 10 to 15 minutes to administer. Also relevant to training and ease of implementation, it should be emphasized that the interviewers in the present study were inexperienced undergraduate students with no prior clinical experience. The CECTS and SSICECTS are both freely available to investigators who are interested in utilizing these instruments for research purposes upon express written permission from the first author.

NOTE

1. Ten participants did not endorse their gender.

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Brad Donohue is an associate professor at the University of Nevada, Las Vegas. He is an editor for the Journal of Child & Adolescent Substance Abuse and is director of the University of Nevada, Las Vegas' Achievement Center. His areas of specialization are youth drug and conduct disorders and child maltreatment.

Marilyn J. Strada, M.A., is a doctoral candidate in the clinical psychology program at the University of Nevada, Las Vegas. Her research focuses on substance abuse treatment and ethnic minority mental health. She is interested in pursuing a career in academia.

Rocio Rosales is a board certified associate behavior analyst and currently attends the Behavior Analysis and Therapy Program at Southern Illinois University. Her research interests include assessment and treatment for children with autism spectrum disorders, skill acquisition in adults with developmental disabilities, and verbal behavior.

Aundrea Taylor-Caldwell is an undergraduate student at the University of Nevada, Las Vegas. She plans on pursuing graduate-level studies in education.

Dortha Hise recently graduated from the University of Nevada, Las Vegas. Her research interests include learning abilities, treatment of autistic children, and criminal behavior.

Sarah Ahman recently graduated from the University of Nevada, Las Vegas psychology program and has expressed interest in pursuing graduate studies.

Noelle L. Lefforge is a doctoral student in the clinical psychology program at the University of Nevada, Las Vegas.

Monique Kopof recently graduated from the University of Nevada, Las Vegas psychology program and has expressed interest in pursuing graduate studies.

Greg Devore recently graduated from the University of Nevada, Las Vegas psychology program and has expressed interest in pursuing graduate studies.

Bruno Soares recently graduated from the University of Nevada, Las Vegas psychology program and has expressed interest in pursuing graduate studies.

Ben Radkovich recently graduated from the University of Nevada, Las Vegas psychology program and has expressed interest in pursuing graduate studies.

Rowena Laino recently graduated from the University of Nevada, Las Vegas psychology program and has expressed interest in pursuing graduate studies.