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**INITIAL DEVELOPMENT AND VALIDATION OF THE
RURAL COMPETENCY SCALE**

by

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**A Dissertation Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of**

DOCTOR OF PHILOSOPHY

COUNSELING

**OLD DOMINION UNIVERSITY
April 2013**

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ABSTRACT

INITIAL DEVELOPMENT AND VALIDATION OF THE RURAL COMPETENCY SCALE

Cassandra Gail Pusateri
Old Dominion University, 2013
Dissertation Chair: Dr. Danica Hays

Rurality is a term that can be used to describe rural residency and the cultural characteristics of rural individuals and areas. The counseling profession has increased its attention to culture with the development of the multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992) and assessments designed to measure competency levels for providing services to diverse clientele (e.g., Kim, Cartwright, Asay, & D'Andrea, 2003; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Sadowsky, Taffe, Gutkin, & Wise, 1994). However, the commonly used definitions of culture as well as the instruments available to measure multicultural counseling competence do not take rurality into account. The counseling profession's current initiatives to increase the presence of counselors in rural areas (National Board for Certified Counselors [NBCC], 2010) provide evidence of an increased focus on appropriate services for rural individuals. Therefore, the purpose of this study is the development and validation of the Rural Competency Scale (RCS), a scale designed to measure counselors' competency levels for providing mental health services to rural individuals and/or in rural areas. Using an exploratory mixed methods design with sequential data collection (Creswell & Plano Clark, 2007), the scale was developed (i.e., content analysis, item development study, expert review, pilot study) and validation analyses were performed (i.e., exploratory factor, internal replication, reliability, and validity analyses). For this study, 379 counseling students and

professionals completed an online survey packet consisting of the RCS, Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002), and a demographic information form. A four-factor model was determined to be the best model for the sample accounting for 31.11% of the total variance. Internal consistency estimates were acceptable for the RCS total scale ($\alpha = .87$) as well as the Rural Awareness ($\alpha = .87$), Social Desirability ($\alpha = .81$), Rural Knowledge ($\alpha = .75$), and Rural Skills ($\alpha = .86$) subscales. Additionally, the RCS was significantly, positively correlated with the MCKAS (Ponterotto et al., 2002) supporting convergent validity. Although further validation analyses are needed, initial results support the use of the RCS in measuring competency levels for providing mental health services in rural areas and/or to rural individuals.

ACKNOWLEDGMENTS

I want to begin by acknowledging the backdrop for this dissertation. The mountains of northeast Tennessee were the setting of my childhood and young adulthood. Growing up in a small, rural Appalachian town came with unique experiences that follow me to the present. Nature quickly became a large part of my rearing as a member of a rural community. The fog that blankets the mountains in the morning, and the snow that seems to stay on the mountaintops in anticipation of spring. The autumn leaves that turn the ground into a myriad of colors, and the sweet summer winds carrying the fragrance of wildflowers. The peaceful chirping of the finches, quick flap of a hummingbird's wings, and roaring of a rain filled waterfall. Regular Sunday hikes with my father learning basic boy scout survival techniques, learning to recognize animal tracks, and taking a piece of our surroundings with us by transplanting a pine tree to our yard. Hosting a menagerie of different animals including chickens, quail, rabbits, dogs, cats, hamsters, parakeets, and one pony and quickly realizing what an enormous responsibility it was to care for them.

Fostering a strong work ethic was the main objective for both my parents and grandparents, and something I feel very privileged to have been given. My paternal grandfather worked in the bean fields of Johnson County, the coal mines of West Virginia, in the Burlington factory, and finally in the tobacco fields. There were several times when I was petitioned to help in the tobacco fields from which I grew hoping I would never have to hoe another row of tobacco. My maternal great grandfather and grandfather brought another perspective of rural living by owning and operating small businesses in Boone, North Carolina. From these experiences came my parents who continued to value hard work and strived to instill a strong work ethic in me.

Mom and Dad, your advocacy for me at an early age opened the doors of academia to me. Your tireless commitment to my success allowed me to blossom personally and professionally. Through each endeavor, the two of you have been there providing words of support and encouragement, financial support, and wisdom that have served me well in life. My successful completion of a doctorate cannot be acknowledged without also acknowledging the hard work required by both of you to make this possible. I will forever be grateful for the two of you.

My strong work ethic took me to college where I quickly started learning just how different my experience was from the other college students. Mention of my accent and judgment about my education persisted, and gradually I started to see the perceptions others had of me. It was then that I recognized the divide. The place from which I came was leaving a lasting impression on those around me. My academic studies led to me counseling, and, from the beginning of my education, I knew that my focus would be rural issues, and the study presented here is my approach to advocacy for rurality. I want to thank all of those involved in this study. It would be unfair to mention all of you by name because I would inevitably miss someone, but please know that your involvement made this study possible.

My understanding of advocacy and multiculturalism in counseling started with my mentor, Dr. Patricia Robertson. Dr. Robertson left an indelible mark on my development. Her ability to see a spark in me that I could not yet acknowledge played a significant role in my development as a counseling professional, educator, and researcher. My growing commitment to multicultural issues in counseling continued with Dr. Danica Hays, the chair and methodologist of this dissertation, who provided me the support and

encouragement needed during an extensive dissertation process. Dr. Hays' commitment to equality and social justice is evident in the way she speaks about the counseling profession as well as her dedication to rigorous research. She was, in fact, the first to introduce instrument development to me. Finally, I want to thank Dr. Neukrug who has, without hesitation, supported my research endeavors by being the first to provide me an opportunity to publish a peer-refereed journal article, challenging me to become a better writer, and providing me opportunities to network with other professionals. To my three committee members, thank you for your belief in my abilities and support, both academic and emotional, throughout this process.

There are other educators I want to acknowledge as well, including Drs. Grothaus, Remley, Schwitzer, and Thompson who supported my pursuits personally and professionally and have always been available to offer words of support and encouragement. Additionally, I would like to specially thank Drs. Christine Ward and Jason Osborne. Dr. Ward's involvement in this dissertation in the early stages and willingness to acknowledge me as both a person and a student were invaluable. Dr. Osborne was the instructor of most of my quantitative research methods courses and believed in my ability to do research long before I did.

I also want to acknowledge special people in my life who have helped shape the person I am today. My gratitude extends beyond professional and academic pursuits to living life with integrity and to the fullest. First, I want to thank my paternal great aunt Goldie Murphy and paternal aunt Trudy Potter. These two female figures provided phenomenal insight into the life I would like to live as a woman. Goldie and Trudy showed incredible strength in the face of, what appeared to be, insurmountable obstacles.

The lessons of engagement with family, community, and nature I learned from them are unforgettable. I also want to acknowledge the members of my faith community in Mountain City who have never allowed distance to hinder their prayers for my safety, happiness, and success. Coming from the Christian faith, above all, I want to acknowledge that, without God's continued blessings, my successful completion of this program would not have been possible.

Then, there are those who have played a large part in my life as a doctoral student at Old Dominion University - LaShauna Dean, Jayne Smith, Erik Braun, and Anita Neuer-Colburn. These four individuals have always been available to hear my achievements and mistakes while always offering nothing less than unconditional positive regard. Many of the most memorable experiences I have had as a doctoral student have been with these four individuals, and I plan on continuing to strengthen our friendship as we embark on the next stages of our journey.

It is no mistake that I waited until the end to thank the most important person in my life - my partner, Paul Pusateri. As the saying goes, I saved the best for last. Paul is an incredible man who has selflessly given of his time and resources allowing me to achieve one of my dreams. Through our seven years of marriage, I have been blessed by another family - Mom and Dad Pusateri; Bobby, Yvette, and Gregroy; John, Carol-Jo, Angelina, Gabriella, and Francesca among many others - who have been equally excited about this endeavor. Paul alone has provided me with a life beyond what I could have dreamed and has always respected me as a professional and partner in life. I share this accomplishment with Paul because, as with my parents, his advocacy and support made this journey better than what it could have been if I were doing it alone.

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CHAPTER I

INTRODUCTION

The phenomenon of multicultural counseling competence began with C. Gilbert Wrenn's (1962) identification of the cultural encapsulation of counselors. *Cultural encapsulation* involves the reluctance of counselors to step outside the safety of their ethnocentric worldviews. Counselors who are culturally encapsulated lack awareness into how their cultural experiences influence the way they see the world, are typically resistant to differing perspectives, and demonstrate insensitivity toward cultural diversity. Breaking out of this encapsulation requires counselors to become increasingly aware of their biases and assumptions and knowledgeable about diverse cultural experiences.

Following the precedent set by Wrenn and in response to the changing sociopolitical context, the American Psychological Association (APA) commissioned the Education and Training Committee of Division 17 to create the cross-cultural counseling competencies (Sue et al., 1982). Approximately 10 years later, the Association of Multicultural Counseling and Development (AMCD), a division of the American Counseling Association (ACA), asked the Professional Standards and Certification Committee to develop a set of multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992).

The *cross-cultural* (Sue et al., 1982) and *multicultural* (Sue et al., 1992) *counseling competencies* include three primary domains: beliefs and attitudes, knowledge, and skills. Under each of these domains is a set of competencies deemed essential to multicultural counseling competence. The beliefs and attitudes domain pertains to awareness of personal cultural experiences and beliefs about cultural diversity.

Additionally, the competencies under the knowledge domain relate to an understanding of culture in the sociopolitical context. Finally, the skills domain pertains to the knowledge and potential use of culturally appropriate interventions and techniques with diverse clientele. The cross-cultural and multicultural counseling competencies are intended to prevent and/or remedy cultural encapsulation by promoting respect for cultural diversity and a better understanding of oppression.

There have been several attempts to expand on the framework initially provided by these competencies. For example, Arredondo et al. (1996) operationalized the multicultural counseling competencies providing further explanation for practical application, and Arredondo (1999) examined the use of these competencies as a tool to address oppression at the individual and institutional levels. The multicultural counseling competencies were revised in 2003 by Roysircar, Arredondo, Fuertes, Ponterotto, and Toporek who provided an expansive account of the evolution of the competencies, current considerations, recent research, and future implications. Finally, some have published books to assist with the application of these competencies at the individual and institutional levels (e.g., Pope-Davis, Coleman, Liu, & Toporek, 2003; Sue et al., 1998)

Recognizing the importance of multicultural counseling competence, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP; 2009) created standards to ensure the incorporation of multicultural training in curriculum. Additionally, multicultural considerations were included in the *ACA Code of Ethics* (ACA, 2005), and researchers have developed instruments to assess multicultural counseling competence. These instruments include the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), the

Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), and the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R; Kim, Cartwright, Asay, & D'Andrea, 2003).

Finally, the factors associated with multicultural counseling competence (e.g., racial and ethnic identity development; racist, ageist, and gender role beliefs; the psychosocial costs of racism; and colorblindness) have been explored (e.g., Chao, 2012; Chao & Nath, 2011; Chao, Wei, Good, & Flores, 2011; Constantine, 2002; Constantine, 2007; Constantine & Gushue, 2003; Constantine, Juby, & Liang, 2001; Cumming-McCann & Accordino, 2005; McBride & Hays, 2012; Middleton et al., 2005; Neville, Spanierman, & Doan, 2006; Ottavi, Pope-Davis, & Dings, 1994; Spanierman, Poteat, Wang, & Oh, 2008).

Given the role of the multicultural counseling competencies (Sue et al., 1992), it is important to note how culture has been defined. Sue et al. (1982) defined culture as race, ethnicity, gender, sexual orientation, socioeconomic status, religious orientation, and age. However, some suggested that the definition of culture narrowed to only include African Americans, American Indians, Asian Americans, and Hispanics/Latinos believing that a broader definition would detract from the four primary minority groups (Sue et al., 1992). Additionally, each of the instruments developed to assess multicultural counseling competence used either the cross-cultural (Sue et al., 1982) or multicultural (Sue et al., 1992) counseling competencies as the founding framework.

Statement of the Problem

The existing multicultural counseling competencies (Sue et al., 1992) as well as the instruments developed to measure multicultural counseling competence (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R; LaFromboise et al., 1991; MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994) do not include rurality as a cultural domain.

Rurality is defined geographically and culturally. First, rural areas are defined as “all population, housing, and territory” that is not “densely developed” and “encompasses all population, housing, and territory not included within an urban area” (U.S. Census Bureau, 2010, para. 1, 3). Therefore, residence in a rural area would constitute a component of rurality. Second, the existing literature identifies cultural characteristics associated with rurality, including a strong work ethic (Hann-Morrison, 2011; Logan, 1996; Thorngren, 2003), distrust of outsiders (Bradley, Werth, & Hastings, 2012; Flora, 2008), connection to and reliance on the land (Flora, 2008; Lapping, 1999; Thorngren, 2003), sense of safety with natural surroundings (Logan 1996), respect for traditions (Hann-Morrison, 2011; Lapping, 1999), lower socioeconomic status and increased utilization of public assistance (Ziller, Anderson, & Coburn, 2010), religious and/or spiritual affiliation (Hann-Morrison, 2011), access to fewer resources (Bain, Rueda, Villarreal, & Mundy, 2011; Bradley et al., 2012; Hann-Morrison, 2011; Thorngren, 2003), reduced completion of formal education (Flora, 2008; Ziller et al., 2010), and solid familial and community relationships (Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003).

Rurality can include one or both of the components discussed above. Given the possibility for outmigration, rurality is no longer specific to geographic residence. An individual can identify with the cultural characteristics of rurality and reside in rural, urban, or suburban areas. Therefore, rurality represents not only geographic residence but also identification with the cultural dimension of rurality.

As with other cultures, rural individuals and areas are susceptible to stereotyping and evidence of rural stereotyping can be seen through existing literature and media. These stereotypes include laziness (Foster & Hummel, 1997; Hann-Morrison, 2011; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), poor hygiene and unkempt appearance (Foster & Hummel, 1997; Jarosz & Lawson, 2002; Massey, 2007), resistance to change (Jarosz & Lawson, 2002), lack of sophistication (Flora, 2008; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), sexually deviant behavior (Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), lack of intelligence (Foster, 2008; Heilman, 2004), prevalence of violence (Foster & Hummel, 1997; Heilman, 2004; Massey, 2007), prone to substance abuse (Foster & Hummel, 1997; Heilman, 2004), unattractive physical characteristics (Foster & Hummel, 1997; Massey, 2007), poor (Flora, 2008; Foster & Hummel, 1997), typically of a Christian religious orientation and White (Alessandria, 2002), and having a specific way of speaking that is inferior or improper (Flora, 2008; Foster & Hummel, 1997; Heilman, 2004).

Finally, there are several considerations to be made in regards to mental health service provision in rural areas. These considerations include concerns about the cost of services being too high and limitations to third party payment (Bushy & Carty, 1994; Human & Wasem, 1991; Murray & Keller, 1991; Smalley et al., 2010), reduced

accessibility of mental health services (Bain et al., 2011; Bushy & Carty, 1994; Human & Wasem, 1991; Murray & Keller, 1991), increasing mental health needs of the community and stigma associated with mental health (Bushy & Carty, 1994; Human & Wasem, 1991; Murray & Keller, 1991; Smalley et al., 2010), importance of community partnerships and the need for creative marketing to expand service delivery (Bushy & Carty, 1994; Smalley et al., 2010), lack of resources available including referral sources (Erickson, 2001; Smalley et al., 2010), use of non-traditional service delivery and need for advocacy (Smalley et al., 2010), potential for value conflicts and burnout (Bain et al., 2011; Bradley et al., 2012), difficulty maintaining anonymity (Bradley et al., 2012), and risk of multiple relationships (Bradley et al., 2012; Erickson, 2001; Schank & Skovholt, 1997).

Therefore, there is a need for rural counseling competence among counseling professionals nationwide. However, there is a dearth of information available about counselor competency levels for providing mental health services to rural individuals and/or in rural areas. Using the multicultural counseling competencies (Sue et al., 1992) as the framework, counselors are charged with the responsibility of exercising awareness of their personal biases and assumptions about rurality, being knowledgeable of the cultural characteristics associated with rurality, and utilizing culturally appropriate counseling interventions and techniques when providing services to rural individuals and/or in rural areas.

Rationale for the Study

As previously discussed, there are several instruments available to measure multicultural counseling competence (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R;

LaFromboise et al., 1991; MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994). However, these instruments are based on the definitions of culture provided by Sue et al. (1982) and Sue et al. (1992), which do not include rurality. Additionally, it would be difficult to adapt these instruments to assess rural counseling competence given the complex definition of rurality and stereotypes, cultural characteristics, and service implications therein. Beyond adaptation for inclusion of rurality, these instruments require additional analyses to explore validity and reliability (LaFromboise et al., 1991; Ponterotto et al., 2002; Sadowsky et al., 1994), the use of more culturally, professionally, and geographically diverse samples to increase the generalizability of the results (Kim et al., 2003; LaFromboise et al., 1991; Ponterotto et al., 2002), and further exploration of observed versus self-reported multicultural counseling competence (LaFromboise et al., 1991; Sadowsky et al., 1994). Currently, there have been no instruments developed or validated to specifically assess rural counseling competence.

Likewise, there are instruments available to address social justice. For example, the Quick Discrimination Index (QDI; Ponterotto et al., 1995; Ponterotto, Potere, & Johansen, 2002) was created to assess prejudicial beliefs toward racial and gender diversity, and the Privilege and Oppression Inventory (POI; Hays, Chang, & Decker, 2007) measures awareness of privilege and oppression in regards to race, gender, sexual orientation, and religious affiliation. These instruments do not include rurality as a cultural dimension and adaptation would be challenging. Additionally, these instruments are not inclusive of the three domains of the multicultural counseling competencies (i.e., beliefs and attitudes, knowledge, and awareness; Sue et al., 1992), and therefore would not be appropriate for the assessment of rural counseling competence.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA; 2012b), the prevalence of mental health concerns was slightly higher in rural or nonmetropolitan areas than in small and large metropolitan areas in 2009.

Furthermore, in 2006, a shortage of mental health professionals in these areas was identified (SAMHSA, 2012b). Additionally, the results of recent research indicate that rural individuals prefer assistance from medical professionals (Deen, Bridges, McGahan, & Andrews, 2012) and the use of psychotropic medication (Fortney, Harman, Xu, & Dong, 2010; Ziller et al., 2010) to address mental health concerns given the acceptability of these treatment modalities in rural communities. Furthermore, rural individuals were found to prematurely terminate mental health services (Fortney et al., 2010). Therefore, there is a need for the dissemination of appropriate counseling services to ensure the mental health concerns of rural individuals are being adequately addressed.

The cultural characteristics associated with rurality (e.g., Bain et al., 2011; Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003; Ziller et al., 2010), prevalence of rural stereotyping (e.g., Alessandria, 2002; Flora, 2008; Foster & Hummel, 1997; Hann-Morrison, 2011; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), considerations for service delivery (e.g., Bain et al., 2011; Bradley et al., 2012; Bushy & Carty, 1994; Erickson, 2001; Human & Wasem, 1991; Murray & Keller, 1991; Smalley et al., 2010; Schank & Skovholt, 1997), need for culturally appropriate mental health services (e.g., SAMHSA, 2012b; Ziller et al., 2010), current initiatives to expand the provision of services to rural areas (e.g., National Board for Certified Counselors [NBCC], 2010) - coupled with the fact that 19.3% of the U.S. population resides in rural areas (U.S. Census Bureau, 2010) - provide support for the

creation of an instrument that measures rural counseling competence. An instrument that measures counselors' awareness of personal biases and assumptions about rurality, knowledge of cultural characteristics specific to rurality, and current skill level for using culturally appropriate techniques and interventions could be the first step to ensuring that rural individuals receive appropriate mental health services.

Purpose of the Study

The purpose of this study was the initial development and validation of the Rural Competency Scale (RCS), a scale designed to assess counselors' competency levels for providing mental health services to rural individuals and/or in rural areas. The primary objective of this study was to expand the multicultural counseling literature to include rurality as a cultural dimension and provide a scale that can be used in the education and supervision of counseling students and professionals and future research. The RCS is the first scale to date to measure rural counseling competence and specifically assesses knowledge of rural cultural characteristics, awareness of personal biases and assumptions about rurality, and skill level for providing counseling services in rural areas and/or to rural individuals.

The study was conducted using an exploratory mixed methods design with sequential data collection and analysis (Creswell & Plano Clark, 2007) and included three primary stages. First, qualitative research methods (i.e., content analysis of the existing literature about rurality and rural stereotyping and a phenomenological item development study) were used to inform the item development. Second, the instrument was developed and tested using an expert panel review and pilot study. Finally, quantitative methods (i.e., exploratory factor, internal replication, reliability, and validity analyses) were used

to initially validate the scale. Each of these three stages is in accordance with the best standards for scale development (American Educational Research Association [AERA], American Psychological Association [APA], & National Council on Measurement in Education [NCME], 1999).

The target population for this study was master's and doctoral level counseling graduate students and counseling professionals, both licensed and non-licensed, across the CACREP (2013b) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling). Participants completed the RCS, the MCKAS (Ponterotto et al., 2002), and a demographic information form. The MCKAS (Ponterotto et al., 2002) was administered to provide evidence of convergent validity. Additionally, participants' identification as rural residents on the demographic information form was used to establish evidence of criterion-related validity.

Research Questions and Hypotheses

Research Question 1: What is the factor structure of the RCS?

(H₁) The factor structure of the RCS will be adequate for exploratory (i.e., principal axis extraction and a promax rotation) procedures.

Research Question 2: What is the internal consistency of the RCS for a sample of counseling students and professionals?

(H₂) The internal consistency estimate of the RCS will be strong for a sample of counseling students and professionals for the total scale as well as any respective subscales.

Research Question 3: What is the relationship between the RCS and the MCKAS?

(H₃) There will be positive, significant relationships among the RCS and MCKAS total scales and subscales providing evidence of convergent validity.

Research Question 4: What is the relationship between the RCS and rural residency?

(H₄) There will be positive, significant relationships among the RCS total and subscale scores and rural residency providing evidence of criterion-related validity.

Definition of Terms

Culture

Culture is defined as “the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations” within a “racial, religious, or social group” (Merriam-Webster, 2013). More specifically, culture includes race/ethnicity (i.e., White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander as well as Hispanic, Latino/Latina, or Spanish; U.S. Census Bureau, 2012), gender (i.e., female, male, and transgender), age (i.e., the total years a person has lived; U.S. Census Bureau, 2012), sexual orientation (i.e., heterosexual, gay/lesbian, or bisexual; APA, 2008), disability (i.e., restrictions on participation in any activity based on impairments or limitations; World Health Organization [WHO], 2013), socioeconomic status (i.e., an individual’s or group’s economic class and/or social standing; APA, 2013), religious affiliation and spirituality (i.e., “...the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism”; Association for Spiritual, Ethical, and

Religious Values in Counseling [ASERVIC], 2009, para. 3), and geographic residence (i.e., rural, urban, and suburban; U.S. Census Bureau, 2010).

Counseling Students and Professionals

Counseling students include students at the master's and doctoral levels who are enrolled in a counseling program, both CACREP and non-CACREP accredited, in preparation for entering the profession. Counseling professionals include licensed and non-licensed individuals who are currently providing counseling related services.

Counseling students and professionals commonly yield from the CACREP (2013b) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling).

Geographic Residence

Geographic residence consists of an individual's current residence and is defined one of three ways: rural, urban, or suburban. Rural areas are defined as "all population, housing, and territory" that is not "densely developed" and "encompasses all population, housing, and territory not included within an urban area" (U.S. Census Bureau, 2010, para. 1, 3). Urban areas are defined as "densely developed territory" that "encompasses residential, commercial, and other non-residential urban land uses...of 50,000 or more people" (U.S. Census Bureau, 2010, para. 1, 2). Suburban areas are defined as "densely developed territory" that "encompasses residential, commercial, and other non-residential urban land uses...of at least 2,500 and less than 50,000 people" (U.S. Census Bureau, 2010, para. 1, 2).

Multicultural Counseling Competence

“A culturally skilled counselor is one who is actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth...attempts to understand the worldview of his or her culturally different client without negative judgments [and]...is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different clients (Sue et al., 1992, p. 481).”

Multicultural Counseling Competencies

The multicultural counseling competencies developed by Sue et al. (1992) include “counselor awareness of own cultural values and biases” (p. 484), “counselor awareness of client’s worldview” (p. 485), and “culturally appropriate intervention strategies” (p. 485). Under these three sections are three domains (i.e., attitudes and beliefs, knowledge, and skills) with sets of competencies relating to each. The development of the multicultural counseling competencies was intended to improve the provision of multicultural counseling training, increase awareness of the interplay between cultural identities and the therapeutic relationship and process, promote recognition of oppression, and better understand the relationship between multicultural counseling competence and practicing ethically sound counseling.

Rural Counseling Competence

Using the multicultural counseling competencies (Sue et al., 1992) as the framework, rural counseling competence includes awareness of attitudes and beliefs about rural individuals and/or areas (i.e., rural awareness), knowledge of the cultural

characteristics associated with rurality (i.e., rural knowledge), and the use of culturally appropriate skills when providing mental health services to rural individuals and/or in rural areas (i.e., rural skills).

Rurality

Rurality is defined geographically and culturally. The geographic definition was provided previously under geographic residence. There are also cultural characteristics associated with rurality, including a strong work ethic (Hann-Morrison, 2011; Logan, 1996; Thorngren, 2003), distrust of outsiders (Bradley et al., 2012; Flora, 2008), connection to and reliance on the land (Flora, 2008; Lapping, 1999; Thorngren, 2003), sense of safety with natural surroundings (Logan 1996), respect for traditions (Hann-Morrison, 2011; Lapping, 1999), lower socioeconomic status and increased utilization of public assistance (Ziller et al., 2010), religious and/or spiritual orientation (Hann-Morrison, 2011), access to fewer resources (Bain et al., 2011; Bradley et al., 2012; Hann-Morrison, 2011; Thorngren, 2003), reduced completion of formal education (Flora, 2008; Ziller et al., 2010), and solid familial and community relationships (Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003).

Rural Stereotyping

Stereotyping is the assignment of individuals to a category or group based on generalized, one-sided representations, previous knowledge, and perceptions of differences and similarities (McGarty, Yzerbyt, & Spears, 2002; Mio, Barker-Hackett, & Tumambing, 2006; Pickering, 2001). Evidence of rural stereotyping can be seen in literature and media. These stereotypes include laziness (Foster & Hummel, 1997; Hann-Morrison, 2011; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), poor hygiene

and unkempt appearance (Foster & Hummel, 1997; Jarosz & Lawson, 2002; Massey, 2007), resistance to change (Jarosz & Lawson, 2002), lack of sophistication (Flora, 2008; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), sexually deviant behavior (Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), lack of intelligence (Foster, 2008; Heilman, 2004), prevalence of violence (Foster & Hummel, 1997; Heilman, 2004; Massey, 2007), prone to drug/alcohol abuse (Foster & Hummel, 1997; Heilman, 2004), unattractive physical characteristics (Foster & Hummel, 1997; Massey, 2007), poor (Flora, 2008; Foster & Hummel, 1997), typically of a Christian religious orientation and White (Alessandria, 2002); and having a specific way of speaking that is inferior or improper (Flora, 2008; Foster & Hummel, 1997; Heilman, 2004).

Potential Contributions of the Study

Generally speaking, the initial development and validation of the RCS will expand the existing literature about multicultural counseling competence by providing evidence and support for the inclusion of rurality as a cultural dimension. Additionally, the RCS can be used to measure the competency levels of counseling students and professionals for providing mental health services to rural individuals and/or in rural areas. Furthermore, the sample for this study will be recruited from a nationwide population of counseling students and professionals across the CACREP specialties (CACREP, 2013b) increasing the generalizability of the results thereby addressing a common limitation of other instruments available to measure multicultural counseling competence. Finally, this study will use rigorous research methods to create a psychometrically sound instrument. Although this study involves only the initial

validation of the RCS, support will be provided for the use of the RCS to measure rural counseling competence.

Additionally, the RCS can be used as a tool to facilitate education, supervision, and future research. First, counselor educators and supervisors can use the RCS to gain insight into the areas where counseling students and professionals are demonstrating competence as well as areas for potential improvement. This information could help inform to provision of additional educational opportunities, instigate changes to curriculum, and provide valuable information for the supervisory process. Second, the RCS can be used in research to better understand the relationship between rural counseling competence and multicultural counseling training, supervision, and geographic residence to name a few. Likewise, it would be beneficial to better understand rural counseling competence internationally. Research like this would help expand the discussion of rural counseling competence to an international platform allowing our profession to better understand best practices in regards to rural counseling.

The main intention behind the initial development and validation of the RCS is to ensure that culturally competent counselors are providing the best counseling services possible to rural individuals and/or in rural areas. Counselors are charged with the responsibility of demonstrating cultural competence when providing services to diverse clientele (e.g., ACA, 2005; Sue et al., 1982; Sue et al., 1992). Given that rurality is a consideration for the dissemination of mental health services nationwide, counselors have a responsibility to ensure the development of rural counseling competence regardless of their geographic location. The RCS can aid in the development of competency levels for working with rural individuals and/or in rural areas.

CHAPTER II

REVIEW OF THE LITERATURE

The importance placed on the development of multicultural counseling competence by accreditation bodies (CACREP, 2009), the inclusion of multicultural issues in the *ACA Code of Ethics* (ACA, 2005), and the research conducted on the assessment of multicultural counseling competence (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R; LaFromboise et al., 1991; MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994) as well as the factors associated therein (e.g., Chao, 2012; Chao & Nath, 2011; Chao et al., 2011; Constantine, 2002; Constantine, 2007; Constantine & Gushue, 2003; Constantine et al., 2001; Cumming-McCann & Accordino, 2005; McBride & Hays, 2012; Middleton et al., 2005; Neville et al., 2006; Ottavi et al., 1994; Spanierman et al., 2008) provide proof of the ways in which the counseling profession has been influenced by the development of the multicultural counseling competencies (Sue et al., 1992).

However, there is a dearth of information about counselor competency levels for providing mental health services to rural individuals and/or in rural areas, and there are no instruments available to measure rural counseling competence. In this chapter, the evolution of multicultural counseling competence and research regarding the assessment of and factors associated with it will be discussed. Rurality as a cultural dimension as well as the stereotyping and service provision implications associated with this cultural group will also be discussed. Finally, the need for acknowledgement and assessment of rural counseling competence will be explored. At the end of the chapter, conclusions

about the importance of rural counseling competence and the rationale for developing and validating an instrument to measure this competence will be offered.

Multicultural Counseling Competence

The earliest known account of the potential intersection between culture and counseling is C. Gilbert Wrenn's (1962) text identifying the cultural encapsulation of counselors. *Cultural encapsulation* is defined as the reluctance of counselors to step outside the safety of their worldviews thereby neglecting the diversity of the human experience. Essentially, cultural encapsulation is an ethnocentric perspective that oftentimes results in cultural insensitivity. Culturally encapsulated counselors hold tightly to their personal assumptions and biases about cultures different from their own and do not easily acknowledge nor accept differing perspectives. Likewise, culturally encapsulated counselors fail to acknowledge the ways in which their cultural experiences influence their reality.

To remedy this, Wrenn (1962) encouraged counselors to break out of the encapsulation by honoring and learning about the diverse experiences of others and increasing personal awareness of biases and assumptions about other cultural groups. These recommendations essentially set the framework from which future cultural competencies would be developed outlining a need for awareness of the cultural experiences of self and others, awareness of biases and assumptions about culturally diverse individuals, and specific knowledge about diverse cultures. The use of culturally appropriate skills when providing services to diverse clientele would be added later to the cross-cultural (Sue et al., 1982) and multicultural (Sue et al., 1992) counseling competencies. Nonetheless, the recommendations of Wrenn bare strikingly similarity to

the cross-cultural and multicultural counseling competencies the mental health professions of psychology and counseling follow today.

During the late 1960's and 1970's, counselors and psychotherapists were becoming increasingly aware of cultural encapsulation (Sue et al., 1982). Cultural minority groups were rarely included in research, and, when they were, rarely discussed in a positive light. Many cultural minority groups were labeled as deficient or deprived of the attributes commonly associated with the dominant cultural group (i.e., White, middle class individuals). The definitions of normality and abnormality were created through the lens of mental health professionals' cultural experiences. Therefore, the cultural experiences of minority groups were identified as barriers rather than strengths to be utilized during the therapeutic process (Sue et al., 1982).

The APA sought to change the way in which culture was discussed and understood within the field of psychology. First, *cross-cultural counseling/therapy* was defined as the involvement of two or more individuals with different cultural experiences in the therapeutic relationship and process (Sue et al., 1982). Shortly thereafter, APA's Education and Training Committee of Division 17 was commissioned to create the *cross-cultural counseling competencies* in an attempt to address gaps in the training of future psychologists, the provision of mental health services to culturally diverse individuals, and research. More specifically, the cross-cultural counseling competencies were developed with the intention of increasing the identification of client strengths, acknowledgment of culture as an asset to the therapeutic process, and consideration of the sociopolitical context when conducting research (Sue et al., 1982).

The cross-cultural counseling competencies include three primary domains: beliefs and attitudes, knowledge, and skills (Sue et al., 1982). There are competencies within each domain that are considered vital to the provision of culturally competent services. These competencies encourage counseling psychologists to demonstrate awareness of personal cultural experiences and sensitivity to the sociopolitical context of clients, possess knowledge of diverse cultures, and use culturally appropriate communication and interventions when working with diverse clientele. The creation of the cross-cultural competencies represented a new direction for the field of psychology (Sue et al., 1982).

The *multicultural counseling competencies* were then developed by Sue et al. (1992) to promote the dissemination of ethically sound and culturally appropriate counseling services, acknowledge and communicate cultural pluralism in education and research, and reinforce the importance of multicultural counseling competence by recognizing the prevalence of prejudice and discrimination in the sociopolitical context. More specifically, the AMCD asked the Professional Standards and Certification Committee to explore the current and emerging multicultural issues, identify ways to competently address these issues, and provide suggestions for implementation within the counseling field overall (Sue et al., 1992).

The multicultural counseling competencies (Sue et al., 1992) include the same three domains as the cross-cultural counseling competencies (Sue et al., 1982): beliefs and attitudes, knowledge and skills. Under these three sections are competencies relating to each. The competencies listed under the beliefs and attitudes domain relate to the need for increased awareness of the interplay between the cultural experiences of the counselor

and client, awareness of biases and assumptions about other cultural groups, and respect for cultural diversity. The knowledge domain pertains to a specific understanding of culture and the sociopolitical context. Finally, the knowledge of and ability to use appropriate interventions and techniques with culturally diverse clientele is included under the skills domain (Sue et al., 1992).

Several scholars have expanded on the multicultural counseling competencies developed in 1992. An important contribution was the operationalization of the original multicultural counseling competencies (Arredondo et al., 1996). The distinction between multiculturalism and diversity, the foundation used during the development, and explanations of each competency were offered as an attempt to provide clarity for practical application. Additionally, the use of the competencies as a tool to fight oppression at the individual and institutional levels has been explored (Arredondo, 1999). The competencies were further revised in 2003 and were presented with an overview of the evolution of the competencies, current considerations, recent research, and future implications (Roysircar et al., 2003). Scholars in the field of multicultural counseling have also published books to assist with the application of these competencies at the individual and institutional levels (e.g., Pope-Davis et al., 2003; Sue et al., 1998)

Given that culture is an integral part of the multicultural counseling competencies (Sue et al., 1992), it is important to know how this elusive concept is defined. Sue et al. (1982) defined culture as race, ethnicity, gender, sexual orientation, socioeconomic status, religious orientation, and age. However, some suggested that the definition of culture narrowed and included only African Americans, American Indians, Asian Americans, and Hispanics/Latinos based on the belief that a broader definition would

detract from the four primary minority groups (Sue et al., 1992). It is important to note that rurality is not included despite the cultural characteristics identified in the literature (e.g., Bain et al., 2011; Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003; Ziller et al., 2010).

Additionally, Weinrach and Thomas (2002) offered several criticisms of the original multicultural counseling competencies (Sue et al., 1992), including exclusivity to racial and ethnic minorities, lack of empirical research, the possible reinforcement of oppression, inattention to social justice advocacy, and confusion related to the definitions of diversity and multiculturalism to name a few. Arredondo and Toporek (2004) attempted to respond to many of these criticisms, however, it is important acknowledge these points when considering the multicultural counseling competencies and reviewing the current instrumentation available to assess multicultural counseling competence.

Assessing Multicultural Counseling Competence

Following the development of the cross-cultural (Sue et al., 1982) and multicultural (Sue et al., 1992) counseling competencies, research examining mental health professionals' ability to demonstrate cultural competence when working with diverse clientele abounded. Researchers developed instruments to measure multicultural counseling competence given its importance within the field of counseling and psychology. Some of these instruments are discussed in detail in the following section. Factors associated with multicultural counseling competence are also discussed.

Cross-Cultural Counseling Inventory-Revised (CCCI-R)

The CCCI-R (LaFromboise et al., 1991) is a 20-item instrument based on the cross-cultural counseling competencies developed by APA's Education and Training

Committee of Division 17 (Sue et al., 1982) and is intended for the assessment of competency levels for working with clients from diverse cultural backgrounds (see Table 1). The CCCI-R is designed to be completed by an evaluator and is rated on a 6-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (6). The development and validation of the CCCI-R was groundbreaking considering that no instrument had been developed to measure cross-cultural counseling competence at the time.

Three distinct studies were performed to validate the CCCI-R (LaFromboise et al., 1991). First, a panel of eight judges reviewed items to determine how well they represented the cross-cultural counseling competencies (Sue et al., 1982). The results indicated acceptable content validity with a moderate kappa ($\kappa = .58, p < .001$) and 80% agreement among the judges that the items represented the constructs.

Second, three experts were asked to review 13 videos of two Anglo-American (one male and one female) students providing cross-cultural counseling services to a Mexican-American client to explore inter-rater reliability. Initially, the inter-rater reliability was .78. When one video with poor rater agreement was removed, the inter-rater reliability rose to .84. Therefore, the results indicate acceptable inter-rater reliability.

Finally, using the principal factor method with a varimax rotation, a three-factor model was determined to be the best fitting model accounting for 63% of the variance for a sample of 86 raters. The three factors were named Cross-Cultural Counseling Skills, Socio-Political Awareness, and Cultural Sensitivity. The raters were asked to review a 7-minute video of a student, who experts had determined to be culturally competent, providing counseling services. Consistent with the competency determined by the experts earlier, the scores of the 86 raters indicated an observance of cultural counseling

competence thereby establishing criterion-related validity. The internal consistency estimate was strong for the 20-item CCCI-R ($\alpha = .95$).

Multicultural Counseling Inventory (MCI)

The MCI (Sodowsky et al., 1994) is a 40-item instrument intended for the assessment of multicultural counseling competence and, like the CCCI-R, is based on the cross-cultural counseling competencies (Sue et al., 1982; see Table 1). The MCI is self-reported by respondents on a 4-point Likert scale ranging from *very inaccurate* (1) to *very accurate* (4). The MCI is unique in that it measures the self-reported mediating effect of cultural identity on the therapeutic alliance.

A panel of 14 graduate student raters was asked to assess how well the items related to the cross-cultural counseling competencies (Sue et al., 1982) as well as the appropriateness of the subscale names to establish content validity. The results indicate acceptable content validity with 75% agreement with the subscale names Multicultural Counseling Relationship and Multicultural Counseling Knowledge and 100% agreement with the subscale names Multicultural Counseling Skills and Multicultural Awareness. Additionally, 100% of the raters agreed that the MCI items appropriately assessed for cross-cultural competency levels.

Initial validation analyses of the MCI were conducted using principal axis extraction followed by an oblimin rotation. The four-factor model was determined to be the best model accounting for 36.1% of the total variance for a sample of 604 participants. The four factors were given names based on the constructs represented by each: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. The internal

consistency estimates were acceptable for the Multicultural Counseling Skills ($\alpha = .83$), Multicultural Awareness ($\alpha = .83$), and Multicultural Counseling Knowledge ($\alpha = .79$) subscales and the MCI full scale ($\alpha = .88$). However, the internal consistency estimate was weak for the Multicultural Counseling Relationship subscale ($\alpha = .65$). Additionally, there were weak to moderate intercorrelations among the Multicultural Counseling Skills and Multicultural Awareness ($r = .22$), Multicultural Counseling Skills and Multicultural Counseling Relationship ($r = .41$), Multicultural Counseling Skills and Multicultural Counseling Knowledge ($r = .41$), Multicultural Awareness and Multicultural Counseling Relationship ($r = .21$), Multicultural Awareness and Multicultural Counseling Knowledge ($r = .39$), and Multicultural Counseling Relationship and Multicultural Counseling Knowledge ($r = .18$) subscales indicating some overlap between the constructs being measured.

Additional validation analyses were conducted using confirmatory factor analysis (CFA) with a sample of 320 participants. The four-factor model was found to be the best fitting model accounting for 35.3% of the variance. There were weak to moderate intercorrelations among the Multicultural Counseling Knowledge and Multicultural Counseling Skills ($r = .31$), Multicultural Counseling Knowledge and Multicultural Awareness ($r = .28$), Multicultural Counseling Knowledge and Multicultural Counseling Relationship ($r = .16$), Multicultural Counseling Relationship and Multicultural Counseling Skills ($r = .31$), Multicultural Counseling Relationship and Multicultural Awareness ($r = .17$), and Multicultural Awareness and Multicultural Counseling Skills ($r = .17$) subscales indicating some overlap between the measured constructs. Additionally, the internal consistency estimates were acceptable for the Multicultural Counseling Skills

($\alpha = .81$), Multicultural Awareness ($\alpha = .80$), and Multicultural Counseling Knowledge ($\alpha = .80$) subscales and the MCI total scale ($\alpha = .86$). However, the internal consistency estimate was weak for the Multicultural Counseling Relationship subscale ($\alpha = .67$).

Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

The MCKAS (Ponterotto et al., 2002) is a 32-item scale measuring respondents' multicultural counseling competence in relation to multicultural knowledge and awareness (see Table 1). Items on the MCKAS are self-rated on a 7-point Likert scale ranging from being *not at all true* (1) to *totally true* (7). The MCKAS is a revision of the MCAS (Ponterotto, Sanchez, & Magids, 1991), a 45-item scale based on the cross-cultural counseling competencies (Sue et al., 1982). The MCKAS is widely administered in comparison to other instruments created to assess multicultural counseling competence.

Initial validation analyses of the MCAS were conducted using principal components analysis (PCA) followed by a varimax rotation. The three-factor model was found to be the best model for a sample of 525 participants, accounting for 38.5% of the total common variance. The orthogonal rotation method was supported by weak intercorrelations among the factors: factors one and two ($r = .20$), factors one and three ($r = .28$), and factor two and three ($r = -.01$). Factors one and three appeared to be representing similar constructs. Therefore, the scale was revised to represent only two factors (i.e., Knowledge and Awareness) and renamed the Multicultural Counseling Knowledge and Awareness Scale (MCKAS).

Another validation study was conducted using CFA with a sample of 199 participants. The two-factor model was found to be the best fitting model accounting for

32% of the variance. The internal consistency estimates were adequate for the Knowledge ($\alpha = .85$) and Awareness ($\alpha = .85$) subscales. The subscale intercorrelation was not significant ($r = .04$), indicating the measurement of distinct constructs.

The MCKAS Knowledge subscale was significantly, positively correlated with the MCI (Sodowsky et al., 1994) Multicultural Counseling Knowledge ($r = .49, p < .001$), Multicultural Counseling Skills ($r = .43, p < .01$), and Multicultural Awareness ($r = .44, p < .01$) subscales, and the MCKAS Awareness subscale was significantly, positively correlated with the MCI Multicultural Counseling Relationship subscale ($r = .74, p < .01$). However, the MCKAS Knowledge and MCI Multicultural Counseling Relationship subscales were not significantly correlated, and the MCKAS Awareness and MCI Multicultural Counseling Skills, Multicultural Awareness, and Multicultural Counseling Knowledge subscales were not significantly correlated. Therefore, convergent validity was moderately established.

The MCKAS Knowledge and Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) Multigroup Ethnic Identity subscales were found to significantly, positively correlate ($r = .31, p < .05$). However, the MCKAS Knowledge and MEIM Other Group Orientation subscales, and the MCKAS Awareness and MEIM Ethnic Identity and Other Group Orientation subscales were not significantly correlated. Therefore, only a degree of criterion-related validity was established. The MCKAS Knowledge subscale was significantly, negatively correlated with the Marlowe Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960; $r = -.39, p < .05$) establishing discriminant validity.

Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R)

The MAKSS-CE-R (Kim et al., 2003) is a 33-item scale intended to assess the effect of multicultural counseling training on multicultural counseling competency levels (see Table 1). The MAKSS-CE-R is self-reported on two 4-point Likert scales ranging from *very limited* (1) to *very aware* (4) and *strongly disagree* (1) to *strongly agree* (4). The MAKSS-CE-R is a revision of the MAKSS-CE (D'Andrea, Daniels, & Heck, 1991), a 60-item scale based on the cross-cultural competencies (Sue et al., 1982). The MAKSS-CE-R is distinct in its approach to the evaluation of multicultural counseling education.

Initial validation analyses were performed using principal axis extraction followed by a direct oblimin rotation. The three-factor model was found to be the best model for the sample of 180 participants, accounting for 29.8% of the variance. After reviewing the factor loadings, the original 60-item scale was reduced to 33-items, and the subscales were renamed Awareness-Revised, Knowledge-Revised, and Skills-Revised. The name of the total scale was changed to Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R). Additional validation analyses were performed using CFA with a sample of 158 participants. Again, the three-factor model was found to be the best fitting model.

The internal consistency estimates were acceptable for the Awareness-R (ranging from $\alpha = .71$ to $\alpha = .80$), Knowledge-R (ranging from $\alpha = .85$ to $\alpha = .87$), and Skills-R (ranging from $\alpha = .85$ to $\alpha = .87$) subscales and MAKSS-CE-R total scale (ranging from $\alpha = .81$ to $\alpha = .82$). The moderate to strong intercorrelations between the MAKSS-CE-R total scale and the Awareness-R ($r = .38$), Knowledge-R ($r = .80$), and Skills-R ($r = .70$)

subscales indicate the measurement of similar constructs. The weak, negative intercorrelation between the MAKSS-CE-R Awareness-R and Skills-R ($r = -.11$) subscales, and the non-significant intercorrelation between the MAKSS-CE-R Awareness and Knowledge-R subscales indicate the measurement of different constructs. However, the moderate intercorrelation between the MAKSS-CE-R Knowledge-R and Skills-R subscales indicates some overlap in the assessment of the constructs ($r = .37$).

The MAKSS-CE-R total scale was significantly, positively correlated with the MCKAS (Ponterotto et al., 2002) Knowledge ($r = .59, p < .001$) and Awareness ($r = .24, p < .001$) subscales. Additionally, the MAKSS-CE-R Awareness-R subscale was significantly, positively correlated with the MCKAS Knowledge ($r = .35, p < .001$) and Awareness ($r = .67, p < .001$) subscales. The MAKSS-CE-R Knowledge-R subscale was significantly, positively correlated with the MCKAS Knowledge ($r = .48, p < .001$) subscale but not significantly correlated with the MCKAS Awareness subscale. Finally, the MAKSS-CE-R Skills-R subscale was significantly, positively correlated with the MCKAS Knowledge ($r = .31, p < .001$) subscale but not significantly correlated with the MCKAS Awareness subscale. Therefore, moderate convergent validity was established.

The relationship between scores on the MAKSS-CE-R and MCI (Sodowsky et al., 1994) were explored as an additional check for convergent validity. The MAKSS-CE-R total scale significantly, positively correlated with the MCI total scale ($r = .51, p < .001$) as well as the MCI Multicultural Awareness ($r = .60, p < .001$), Multicultural Counseling Knowledge ($r = .43, p < .001$), and Multicultural Counseling Skills ($r = .33, p < .001$) subscales. The MAKSS-CE-R total scale was not significantly correlated with the MCI Multicultural Counseling Relationship subscale. The MAKSS-CE-R Awareness-R

subscale was significantly, positively correlated with the MCI Multicultural Awareness subscale ($r = .17, p < .05$) and significantly, negatively correlated with the MCI Multicultural Counseling Relationship subscale ($r = -.20, p < .05$) but was not significantly correlated with the MCI total scale, MCI Multicultural Counseling Knowledge subscale, or MCI Multicultural Counseling Skills subscale. The MAKSS-CE-R Knowledge-R subscale was significantly, positively correlated with the MCI total scale ($r = .56, p < .001$) and the MCI Multicultural Awareness ($r = .60, p < .001$), Multicultural Counseling Knowledge ($r = .45, p < .001$), Multicultural Counseling Skills ($r = .36, p < .001$), and Multicultural Counseling Relationship ($r = .26, p < .01$) subscales. Finally, the MAKSS-CE-R Skills-R subscale was significantly, positively correlated with the MCI total scale ($r = .33, p < .001$) and the MCI Multicultural Awareness ($r = .30, p < .001$), Multicultural Counseling Knowledge ($r = .23, p < .01$), Multicultural Counseling Skills ($r = .31, p < .001$), and Multicultural Counseling Relationship ($r = .19, p < .05$) subscales. Therefore, an additional measure of convergent validity was established.

The scores on the MAKSS-CE-R for participants who completed a multicultural counseling class and those who had not were explored using a multivariate analysis of variance (MANOVA). The results suggest that previous multicultural counseling training result in higher levels of self-reported competency levels in regards to the MAKSS-CE-R total scale as well as the Awareness-R and Knowledge-R subscales. The results were not significant for the Skills-R subscale. Therefore, criterion-related validity was moderately established.

Table 1
Review of Four Instruments to Assess Multicultural Counseling Competence

Multicultural Counseling Competence Instrument	Subscales	Sample Items	Comparison to Other Instruments
Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991)	1) Cross-Cultural Counseling Skills 2) Socio-Political Awareness 3) Cultural Sensitivity	1) Acknowledges and comfortable with cultural differences 2) Appreciates social status of clients as an ethnic minority 3) Demonstrates knowledge about client's culture	<p>Similarities</p> <ul style="list-style-type: none"> Based on the cross-cultural counseling competencies developed by APA's Education and Training Committee of Division 17 (Sue et al., 1982) Measures respondents' knowledge, awareness, and skills when working with diverse clientele <p>Differences</p> <ul style="list-style-type: none"> First instrument developed to assess multicultural counseling competence Rated by an evaluator versus self-reported by participants

Multicultural Counseling Competence Instrument	Subscales	Sample Items	Comparison to Other Instruments
Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994)	1) Multicultural Counseling Skills 2) Multicultural Awareness 3) Multicultural Counseling Relationship 4) Multicultural Counseling Knowledge	1) When working with minority clients, I am able to quickly recognize and recover from cultural mistakes or misunderstandings. 2) My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship). 3) When working with minority clients, I find that differences between my worldviews and those of the clients impede the counseling process. 4) When working with minority clients, I keep in mind research findings about minority clients' preferences in counseling.	Similarities <ul style="list-style-type: none"> • Based on the cross-cultural counseling competencies developed by APA's Education and Training Committee of Division 17 (Sue et al., 1982) • Self-reported by participants • Measures respondents' knowledge, awareness, and skills when working with diverse clientele Differences <ul style="list-style-type: none"> • Measures the effect of cultural identity on the therapeutic alliance (i.e., Multicultural Counseling Relationship)

Multicultural Counseling Competence Instrument	Subscales	Sample Items	Comparison to Other Instruments
Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002)	1) Multicultural Counseling Knowledge 2) Multicultural Counseling Awareness	1) I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation. 2) I believe all clients should maintain direct eye contact during counseling.	<p>Similarities</p> <ul style="list-style-type: none"> Based on the cross-cultural counseling competencies developed by APA's Education and Training Committee of Division 17 (Sue et al., 1982) Self-reported by respondents Measures respondents' knowledge and awareness when counseling diverse clientele <p>Differences</p> <ul style="list-style-type: none"> Multicultural counseling skills is not represented as a distinct subscale because the Skills and Knowledge subscales were found to best represent only Knowledge after follow-up analyses were performed Believed to be widely administered in comparison to other similar instruments

Multicultural Counseling Competence Instrument	Subscales	Sample Items	Comparison to Other Instruments
Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R; Kim, Cartwright, Asay, & D'Andrea, 2003)	1) Awareness-Revised 2) Knowledge-Revised 3) Skills-Revised	1) Racial and ethnic persons are underrepresented in clinical and counseling psychology. 2) At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act? 3) How would you rate your ability to effectively secure information and resources to better serve culturally different clients?	Similarities <ul style="list-style-type: none"> • Based on the cross-cultural counseling competencies developed by APA's Education and Training Committee of Division 17 (Sue et al., 1982) • Self-reported by participants • Measures respondents' knowledge, awareness, and skills when working with diverse clientele Differences <ul style="list-style-type: none"> • Measures the effect of multicultural counseling training on multicultural counseling competence

Other Assessments of Multicultural Counseling Competence

There are two additional instruments available to assess multicultural counseling competence among school counselors and when counseling women. The Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R; Holcomb-McCoy & Day-Vines, 2004) is a 32-item instrument intended for the assessment of multicultural counseling competency levels among school counselors. Items on the MCCTS-R are rated on a 4-point Likert scale ranging from *not competent* (1) to *extremely competent* (4). The MCCTS-R is a revision of the MCCTS (Holcomb-McCoy & Myers, 1999), which is based on the multicultural counseling competencies (Sue et al., 1992).

The Counseling Women Competencies Scale (CWCS; Ancis, Szymanski, & Ladany, 2008) is a 20-item scale intended for the assessment of competency levels for providing services to culturally diverse female clientele. The CWCS is self-reported on a 7-point Likert scale ranging from *not at all true* (1) to *totally true* (7). The CWCS is based on literature about multicultural counseling competence and the delivery of counseling services to women and is the first instrument to assess competence in regards to providing counseling services to female clients.

These instruments were not included in the previous section given their deviation from the assessment of general, individual multicultural counseling competence. However, the development of these instruments represents the importance of an individualized focus of the assessment of multicultural counseling competence further strengthening the rationale for developing and validating an instrument focused specifically on the assessment of cultural competence when providing counseling services in rural areas and/or to rural individuals.

Limitations of Existing Multicultural Counseling Competence Instruments

There are several limitations of the instruments available to assess multicultural counseling competence. First, many of the authors indicated a need for further analyses to explore the validity and reliability of these instruments (LaFromboise et al., 1991; Ponterotto et al., 2002; Sadowsky et al., 1994) as well as the factor structure (LaFromboise et al., 1991; Ponterotto et al., 2002; Sadowsky et al., 1994). Second, the need for more culturally, professionally, and geographically diverse samples was identified to increase the generalizability of the results (Kim et al., 2003; LaFromboise et al., 1991; Ponterotto et al., 2002). Finally, many of the authors identified a need for further exploration of observed versus self-reported multicultural counseling competence (LaFromboise et al., 1991; Sadowsky et al., 1994).

Additionally and especially pertinent to this study, the instruments described were based on either the cross-cultural (Sue et al., 1982) or multicultural (Sue et al., 1992) counseling competencies. These competencies were based on definitions of culture that do not include rurality. Rurality includes both cultural (e.g., Bain et al., 2011; Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003; Ziller et al., 2010) and geographic characteristics (e.g., U.S. Census Bureau, 2010) in regards to the domains of the cross-cultural and multicultural counseling competencies (i.e., attitudes and beliefs, knowledge, and skills; Sue et al., 1982; Sue et al., 1992). Attempting to adapt one of the existing instruments to measure counselor competency levels for working with rural individuals and/or in rural areas would be difficult given the complexity of rurality. Therefore, to date and across the mental health professions, there are no instruments available to assess rural counseling competence.

Factors Associated with Multicultural Counseling Competence

Researchers across the disciplines of counseling and psychology have found that racial identity development is associated with self-reported multicultural counseling competence (e.g., Cumming-McCann & Accordino, 2005; Ottavi et al., 1994). Specifically, there is an inverse relationship between racial identity development and multicultural counseling competence (Constantine, 2002; Constantine et al., 2001; Middleton et al., 2005). Additionally, Chao and Nath (2011) found that respondents who reported increased levels of ethnic identity development participated in more multicultural counseling education and ultimately reported higher levels of multicultural counseling knowledge (Chao, 2012).

Additionally, racist beliefs have been found to be associated with decreased levels of self-reported multicultural counseling competence (Constantine, 2002; Constantine & Gushue, 2003; Constantine et al., 2001), and the psychosocial costs of racism (i.e., White fear, empathy, and guilt) were found to mediate the relationship between multicultural counseling competence and color-blind attitudes (Spanierman et al., 2008). Colorblindness or “the denial, distortion, and/or minimization of race and racism” (Neville et al., 2006, p. 276) have been found to result in decreased levels of multicultural counseling competence in regards to awareness and knowledge (Chao et al., 2011; Neville et al., 2006).

Ageist and gender role beliefs were also found to be associated with self-reported multicultural counseling competence. McBride and Hays (2012) found that fewer ageist attitudes were associated with increased levels of multicultural counseling competence. Furthermore, Chao and Nath (2011) found that respondents who demonstrated an

increased awareness of inclusion and equality regarding gender also participated in more multicultural counseling education and ultimately reported higher levels of multicultural knowledge (Chao, 2012).

Additionally, the stereotyping of individuals based on sexual orientation (Barrett & McWhirter, 2002; Biaggio, Roades, Staffelbach, Cardinali, & Duffy, 2000; Bowers & Bieschke, 2005; Hayes & Erkis, 2000), gender (Auwarter & Aruguete, 2008; Biaggio et al., 2000; Schwartz, Lent, & Geihlsler, 2011; Owen, Tao, & Rodolfa, 2010), age (Ivey, Wieling, & Harris, 2000; Kane, 2004), race (Abreu, 1999; Arroyo, 1996; Rosenthal, 2004), and class (Auwarter & Aruguete, 2008) has been found to have a potentially negative affect on the therapeutic relationship and process.

Therefore, we might conclude that beliefs about rural individuals and/or areas could also affect multicultural counseling competence. Unfortunately, generalized societal beliefs about rural individuals have evolved into the stereotypes that currently pervade literature and media (e.g., Alessandria, 2002; Flora, 2008; Foster & Hummel, 1997; Hann-Morrison, 2011; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007; Ziller et al., 2010). The influence of the sociopolitical context on the counseling profession overall has been noted and served to strengthen the rationale for the development of the multicultural counseling competencies (Sue et al., 1992). Therefore, we can reasonably assume that, if rural stereotyping exists in society, there is a possibility that rural stereotyping also exists in the counseling profession. Consequently, there is a need to assess counselors' beliefs and attitudes toward rurality given the potential impact on multicultural counseling competence (Flora, 2008; Salyers & Ritchie, 2006).

Multicultural Counseling Competence and Social Justice

At this point, it is important to note that the discussion of multicultural counseling competence is expanding to the realm of social justice with development of instruments like the QDI (Ponterotto et al., 1995; Ponterotto et al., 2002) and POI (Hays et al., 2007). For example, the QDI is designed to assess respondents' prejudicial beliefs toward racial minority groups and women. Additionally, the POI is designed to measure respondents' awareness of privilege and oppression in regards to race, gender, sexual orientation, and religion. However, neither of these instruments includes rurality as a cultural dimension. Therefore, as with the existing multicultural counseling competence assessments, it would be difficult to adapt instruments like the QDI and POI to be inclusive of rurality. Finally, these instruments are not inclusive of the three domains included in the multicultural counseling competencies (i.e., beliefs and attitudes, knowledge, and skills; Sue et al., 1992) and therefore would not be appropriate for measuring rural counseling competence.

Rural Culture and Stereotyping

There are cultural characteristics unique to rural individuals and areas. As with other cultures, the worldview of rural individuals has the potential to influence their behavior, relationships with other people, and belief/value systems. Before discussing the cultural characteristics unique to rural individuals, it is important to note that rural areas are comprised of many different races, ethnicities, political and religious orientations, and socioeconomic backgrounds (Murray & Keller, 1991). Unfortunately, the cultural experiences of rural individuals are typically oversimplified and generalized to only include a specific race, religious affiliation, and geographic origin (e.g., White,

Anglo-Saxon, and Protestant; Alessandria, 2002). However, the rural cultural experience is more complex than what these singular definitions represent.

The cultural characteristics associated with rurality include a strong work ethic (Hann-Morrison, 2011; Logan, 1996; Thorngren, 2003), distrust of outsiders (Bradley et al., 2012; Flora, 2008), connection to and reliance on the land (Flora, 2008; Lapping, 1999; Thorngren, 2003), sense of safety with natural surroundings (Logan 1996), respect for traditions (Hann-Morrison, 2011; Lapping, 1999), lower socioeconomic status and increased utilization of public assistance (Ziller et al., 2010), religious and/or spiritual orientation (Hann-Morrison, 2011), access to fewer resources (Bain et al., 2011; Bradley et al., 2012; Hann-Morrison, 2011; Thorngren, 2003), reduced completion of formal education (Flora, 2008; Ziller et al., 2010), and solid familial and community relationships (Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003).

As with other cultures, rural individuals are susceptible to stereotyping. Evidence of rural stereotyping can be seen throughout existing literature and media. These stereotypes include laziness (Foster & Hummel, 1997; Hann-Morrison, 2011; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), poor hygiene and unkempt appearance (Foster & Hummel, 1997; Jarosz & Lawson, 2002; Massey, 2007), resistance to change (Jarosz & Lawson, 2002), lack of sophistication (Flora, 2008; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), sexually deviant behavior (Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), lack of intelligence (Foster, 2008; Heilman, 2004), prevalence of violence (Foster & Hummel, 1997; Heilman, 2004; Massey, 2007), prone to substance abuse (Foster & Hummel, 1997; Heilman, 2004), unattractive physical

characteristics (Foster & Hummel, 1997; Massey, 2007), poor (Flora, 2008; Foster & Hummel, 1997), typically of a Christian religious orientation and White (Alessandria, 2002), and having a specific way of speaking that is inferior or improper (Flora, 2008; Foster & Hummel, 1997; Heilman, 2004). These stereotypes have led to the assignment of various labels including White trash (Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), cracker (Heilman, 2004; Jarosz & Lawson, 2002), redneck (Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), hillbilly (Foster & Hummel, 1997; Heilman, 2004; Massey, 2007), hick (Heilman, 2004), and hayseed (Heilman, 2004) among others.

Taking all of the information provided into account, a gap exists in the current literature regarding multicultural counseling competence. Given that rurality has been identified as a cultural entity, counselors need to be knowledgeable about the cultural characteristics associated with rurality and aware of their personal biases and assumptions about rural individuals and areas to ensure the dissemination of culturally appropriate counseling services (Salyers & Ritchie, 2006; Smalley et al., 2010).

Rurality and the Provision of Mental Health Services

When providing mental health services to rural individuals and/or in rural areas, there are several considerations to be made. According to the SAMHSA (2012b), in 2009, the prevalence of mental health concerns (i.e., any mental illness and serious mental illness) was slightly higher in rural or nonmetropolitan areas than in small and large metropolitan areas. Additionally, in 2006, a shortage of mental health professionals was identified in states with larger proportions of rural areas (SAMHSA, 2012b). Therefore, there appears to be a need for increased numbers of mental health professionals in rural areas nationwide.

There are additional implications for the provision of mental health services in rural areas and/or to rural individuals. Rural individuals were found to prefer assistance from medical professionals (Deen et al., 2012) and the use of psychotropic medication (Fortney et al., 2010; Ziller et al., 2010) to address mental health concerns given the acceptability of these treatment modalities in rural communities. Furthermore, rural individuals were found to discontinue mental health services prematurely (Fortney et al., 2010). There are several possible reasons for these findings including the quality and appropriateness of the services provided and the stigma associated with mental health in rural communities (Ziller et al., 2010)

Therefore, it is important that counselors consider the cost of services and limitations to third party payment (Bushy & Carty, 1994; Human & Wasem, 1991; Murray & Keller, 1991; Smalley et al., 2010), accessibility of mental health services (Bain et al., 2011; Bushy & Carty, 1994; Human & Wasem, 1991; Murray & Keller, 1991), needs of the community and stigma associated with mental health (Bushy & Carty, 1994; Human & Wasem, 1991; Murray & Keller, 1991; Smalley et al., 2010), importance of community partnerships and marketing to expand service delivery (Bushy & Carty, 1994; Smalley et al., 2010), lack of resources available including referral sources (Erickson, 2001; Smalley et al., 2010), use of non-traditional service delivery and need for advocacy (Smalley et al., 2010), potential for value conflicts and burnout (Bain et al., 2011; Bradley et al., 2012), difficulty associated with maintaining anonymity (Bradley et al., 2012), and the risk of multiple relationships (Bradley et al., 2012; Erickson, 2001; Schank & Skovholt, 1997). The unique circumstances under which

mental health services are provided in rural areas require knowledge of and ability to utilize specific skills.

Rural Counseling Competence

Rurality is inclusive of both cultural (e.g., Bain et al., 2011; Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003; Ziller et al., 2010) and geographic (e.g., U.S. Census Bureau, 2010) dimensions. More specifically, rurality can include both or one of the two components. For example, the cultural experience of a young woman who is born, spent most of her childhood, and is presently residing in a rural area would meet the definition of rurality. Conversely, the cultural experiences of a middle-aged man who was born and spent most of his childhood in a rural area but migrated to a metropolitan area for employment could also be included under the umbrella of rurality. Therefore, rurality is not a cultural phenomenon specific to rural areas making rural counseling competence important for counselors nationwide.

There is a dearth of information available about counselor competency levels for providing mental health services to rural individuals and/or in rural areas. As with other cultural groups, counselors are at risk for cultural encapsulation (Wrenn, 1962) in regards to rurality. Therefore, following the recommendations made by Wrenn and using the multicultural counseling competencies (Sue et al., 1992) as the framework, rural counseling competence encompasses awareness of attitudes and beliefs about rural individuals and/or areas, knowledge of the cultural characteristics of rurality, and the use of culturally appropriate skills when working with rural individuals and/or in rural areas. Increasing the awareness, knowledge, and skills of counselors who are or have the

potential to provide mental health services to rural individuals and/or in rural areas could prevent and/or remedy possible cultural encapsulation.

Rural Awareness

The field of counseling can be a mirror of larger societal problems and/or changes (Sue et al., 1982). The prevalence of rural stereotyping in society (e.g., Alessandria, 2002; Flora, 2008; Foster & Hummel, 1997; Hann-Morrison, 2011; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007) could indicate similar stereotyping in the counseling profession. Prejudicial beliefs about other cultural groups can result in decreased levels of self-reported multicultural counseling competence (e.g., Chao, 2012; Chao & Nath, 2011; Chao et al., 2011; Constantine, 2002; Constantine & Gushue, 2003; Constantine et al., 2001; McBride & Hays, 2012; Neville et al., 2006; Spanierman et al., 2008), and cultural stereotyping can negatively affect the therapeutic relationship and process (e.g., Abreu, 1999; Arroyo, 1996; Auwarter & Aruguete, 2008; Barrett & McWhirter, 2002; Biaggio et al., 2000; Bowers & Bieschke, 2005; Hayes & Erkis, 2000; Ivey et al., 2000; Kane, 2004; Owen et al., 2010; Rosenthal, 2004; Schwartz et al., 2011). Considering this, counselors are charged with the responsibility of becoming aware of any biases and assumptions they may have about rurality.

Rural Knowledge

Although there are diverse cultural experiences among rural individuals nationwide, there are cultural characteristics associated with rurality that have been identified and documented (e.g., Bain et al., 2011; Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003; Ziller et al., 2010). The cultural experiences of rural individuals have the potential of influencing the

counseling relationship and process as well as the dissemination of counseling services. Therefore, in order to practice culturally competent counseling, counselors working in rural areas and/or with rural individuals should have knowledge of these cultural characteristics.

Rural Skills

The mental health needs of rural individuals as well as the need for qualified, culturally competent professionals to address these mental health concerns have been identified (SAMHSA, 2012b; Zilller et al., 2010). However, the unique circumstances under which mental health services are provided in rural areas require knowledge of and ability to utilize specific skills. Several authors have provided culturally competent skills for counselors of rural clients and/or in rural areas (e.g. Bain et al., 2011; Bradley et al., 2012; Bushy & Carty, 1994; Erickson, 2001; Human & Wasem, 1991; Murray & Keller, 1991; Smalley et al., 2010; Schank & Skovholt, 1997). The use of culturally appropriate counseling skills is a vital component of rural counseling competence as it ensures the consideration of rurality in the therapeutic relationship and process.

Assessment of Rural Counseling Competence

There are no instruments available to measure rural counseling competence. Additionally, the instruments currently available to measure multicultural counseling competence (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R; LaFromboise et al., 1991; MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994) do not include rurality as a dimension of culture. Furthermore, these assessments could not be easily adapted to measure rural counseling competence.

The development and validation of a scale to measure rural counseling competence would strengthen the provision of culturally appropriate mental health services. The scale could be used in the training and supervision of counseling students and professionals by identifying gaps in rural awareness, knowledge, and skills. Supervisors and educators could then use this information to provide valuable learning opportunities to address these gaps. The scale could also be used in research to better understand culturally competent counseling in rural areas and to rural individuals nationwide. The findings of this research could help facilitate dialogue among counseling students and professionals about rural counseling competence, instigate changes to existing curriculum, and expand educational opportunities. Finally, the scale could produce favorable therapeutic outcomes for rural individuals.

Conclusions

Consideration of culture in the field of counseling started with the identification of cultural encapsulation by Wrenn (1962). At that time, counselors were encouraged to take steps to break out of the ethnocentric worldview that seemed to be keeping them from acknowledging and respecting the worldviews of their culturally diverse clientele. The mental health profession of psychology acknowledged the detrimental effects of cultural encapsulation on the training of students, dissemination of services, and research and asked the APA's Education and Training Committee of Division 17 to develop a list of competencies to provide a framework for cross-cultural counseling (Sue et al., 1982). Shortly thereafter, the AMCD asked the Professional Standards and Certification Committee to develop the multicultural counseling competencies to provide a basis for culturally competent counseling (Sue et al., 1992).

The cross-cultural (Sue et al., 1982) and multicultural (Sue et al., 1992) counseling competencies are very similar with their joint focus on attitudes and beliefs, knowledge, and skills. Multicultural counseling competence is therefore understood as the awareness of personal cultural experiences and beliefs about other cultural groups, knowledge of diverse cultures, and the knowledge of and ability to use culturally appropriate skills. Several instruments have been developed to measure multicultural counseling competence using the cross-cultural and multicultural counseling competencies as the foundation (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R; LaFromboise et al., 1991; MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994). However, the cross-cultural and multicultural counseling competencies do not include rurality as a cultural dimension making it difficult to utilize the assessments currently available to measure rural counseling competence.

Rural counseling competence refers to a counselor's awareness of their attitudes and beliefs towards rurality, knowledge of the cultural characteristics associated with rurality, and ability to use culturally competent skills when working with rural individuals and/or in rural areas. The prevalence of mental health needs and shortage of mental health professionals to meet those needs in rural areas have been identified (SAMHSA, 2012b). Additionally, acknowledgement of the cultural characteristics associated with rurality in the literature (e.g., Bain et al., 2011; Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003; Ziller et al., 2010), prevalence of rural stereotyping (e.g., Alessandria, 2002; Flora, 2008; Foster & Hummel, 1997; Hann-Morrison, 2011; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), and current recommendations for culturally appropriate service delivery

in rural areas and/or to rural individuals (e.g., Bain et al., 2011; Bradley et al., 2012; Bushy & Carty, 1994; Erickson, 2001; Human & Wasem, 1991; Murray & Keller, 1991; Smalley et al., 2010; Schank & Skovholt, 1997) provide further support for rural counseling competence. Striving for rural counseling competence among counseling students and professionals will ensure the provision of culturally appropriate services in rural areas and/or to rural individuals.

Currently, there are no instruments available to measure rural counseling competence. Therefore, the development and validation of a scale to measure counselor competency levels for providing mental health services in rural areas and/or to rural individuals is warranted. An instrument such as this would provide a tool for educators, supervisors, and counselors to identify and address any gaps in competency levels, and could be used at any point during a counselor's career to promote professional growth. Additionally, an instrument such as this could be used in research to better understand the intersection between rurality and counseling with the ultimate goal of improving the dissemination of culturally appropriate services and overall client outcomes.

CHAPTER III

METHODOLOGY

Although there are instruments available to assess multicultural counseling competence (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R; LaFromboise et al., 1991; MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994), none of these instruments assess competency levels for providing counseling services to rural individuals and/or in rural areas. Additionally, there are currently no instruments available to measure rural counseling competence. The provision of culturally appropriate counseling services is imperative considering the prevalence of mental health concerns (e.g., SAMHSA, 2012b), need for competent counselors (e.g., SAMHSA, 2012b; Ziller et al., 2010), and current initiatives to increase the presence of counselors in rural areas (e.g., NBCC, 2010). The purpose of this study is the initial development and validation of the RCS. The RCS is a scale designed to assess counselors' competency levels for providing mental health services to rural individuals and/or in rural areas.

An exploratory mixed methods design with sequential data collection and analysis was used to inform the development of the RCS and included three stages (Creswell & Plano Clark, 2007). Stage one involved using qualitative methodology to collect data to inform item development. A content analysis and phenomenological study were performed to develop the RCS items. Stage two involved the development and testing of the scale. An expert review, research team review, and pilot study were conducted to finalize the RCS and establish content validity. Finally, stage three involved the use of quantitative methodology to validate the scale. For this study, exploratory factor, internal replication, reliability, and validity analyses were performed. Each of these three stages

is in accordance with the best standards for scale development (AERA, APA, & NCME, 1999) and are described in detail.

Research Questions and Hypotheses

Research Question 1: What is the factor structure of the RCS?

(H₁) The factor structure of the RCS will be adequate for exploratory (i.e., principal axis factoring and a promax rotation) procedures.

Research Question 2: What is the internal consistency of the RCS for a sample of counseling students and professionals?

(H₂) The internal consistency estimate of the RCS will be strong for a sample of counseling students and professionals for the total scale as well as any respective subscales.

Research Question 3: What is the relationship between the RCS and the MCKAS?

(H₃) There will be positive, significant relationships among the RCS and MCKAS total scales and subscales providing evidence of convergent validity.

Research Question 4: What is the relationship between the RCS and rural residency?

(H₄) There will be positive, significant relationships among the RCS total and subscale scores and rural residency providing evidence of criterion-related validity.

Stage One: Qualitative Data Collection and Analysis

There were two methods of qualitative research used to inform item development. Using qualitative methodology during item development allows for the exploration of perspectives outside of those offered in the literature (Colton & Covert, 2007; DeVellis, 2012; Pett, Lackey, & Sullivan, 2003). First, a content analysis was conducted to identify

the descriptors, definitions, and current manifestations of rurality and rural stereotyping. Second, a phenomenological study was performed to generate broad themes used to further develop and inform the scale items.

Content Analysis

The primary researcher conducted the content analysis. The unobtrusive data source was literature about rurality and rural stereotyping including 16 journal articles and one dissertation. An open coding process was used to determine key words or phrases, which were then used to specify emerging categories or themes. The themes represented eight constructs, including: (1) behavioral characteristics, (2) connection to geographic residence, (3) education and intelligence, (4) labels, (5) appearance, speech, and religious affiliation, (6) socioeconomic status, (7) interpersonal relationships, and (8) mental health. There were 56 items generated from the key words and phrases identified during the coding of literature about rurality and rural stereotyping (see Table 2).

The media depictions (e.g., television and film) of rurality were reviewed and personal experiences of the researcher used to develop additional scale items. There were 10 items developed in relation to the primary researcher's personal experiences, and 11 items related to media depictions of rurality and rural stereotyping (see Table 2). These 21 items comprised many of the themes identified during the coding of the literature. There were a total of 77 initial scale items generated from the results of the content analysis (see Table 2 and Appendix A).

Table 2

Development of Initial Scale Items from the Content Analysis

Results of Content Analysis	Initial Scale Items
<u>Items Related to Existing Literature</u>	
Behavioral Characteristics: Friendly, helpful, caring (Flora, 2008), Lack sophistication (Flora, 2008; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), Lazy (Foster & Hummel, 1997; Hann-Morrison, 2011; Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), Poor hygiene and unkempt appearance (Foster & Hummel, 1997; Jarosz & Lawson, 2002; Massey, 2007), Prone to drug/alcohol abuse (Foster & Hummel, 1997; Heilman, 2004), Respect traditions (Hann-Morrison, 2011; Lapping, 1999), Resist change (Jarosz & Lawson, 2002), Sexually deviant (Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), Strong work ethic (Hann-Morrison, 2011; Logan, 1996; Thorngren, 2003), Violent (Foster & Hummel, 1997; Heilman, 2004; Massey, 2007)	<ol style="list-style-type: none"> 1. Rural areas are behind the national curve in the use of technology. 2. Rural areas have limited access to technology. 3. Rural individuals are typically resistant to using technology. 4. It is common for people from rural areas to be friendly. 5. Rural individuals value being hospitable. 6. Rural individuals are less sophisticated than individuals from urban areas. 7. Rural individuals have fewer social skills than urban individuals. 8. People from rural areas are less sophisticated than people from urban areas. 9. Rural individuals generally prefer not to work. 10. The majority of rural individuals practice poor hygiene. 11. There is a high prevalence of alcoholism in rural areas. 12. There is a high prevalence of drug abuse in rural areas. 13. People from rural areas respect the traditions set forth by their ancestors. 14. People from rural areas are oftentimes resistant to change. 15. Sexually deviant behaviors are common in rural areas. 16. The majority of people from rural areas work hard. 17. Rural individuals are more aggressive than urban individuals. 18. Violence is common in rural areas.
Connection to Geographic Residence: Deep connection with natural surroundings (Lapping, 1999; Logan,	<ol style="list-style-type: none"> 19. Rural individuals typically have a deep connection to their natural surroundings.

Results of Content Analysis	Initial Scale Items
1996; Thorngren, 2003), Reliant on land/agriculture (Flora, 2008; Thorngren, 2003), Sense of safety associated with known surroundings (Logan, 1996)	<p>20. The identity of rural individuals is generally tied to their natural surroundings.</p> <p>21. Rural individuals heavily rely on their land to supplement their nutritional needs.</p> <p>22. People from rural areas often hunt to provide for their family unit.</p> <p>23. Farming is a common occupation in rural areas.</p> <p>24. Rural individuals feel a sense of safety with their natural surroundings.</p> <p>25. The majority of rural individuals stay in the community they were born and raised in.</p>
Education and Intelligence: Less educated (Flora, 2008; Ziller et al., 2010), Less knowledgeable (Flora, 2008), Unintelligent (Flora, 2008; Heilman, 2004)	<p>26. Rural individuals complete high school at lower rates than urban individuals.</p> <p>27. Rural individuals place a lower value on education.</p> <p>28. Rural individuals have limited access to post-secondary education.</p> <p>29. Illiteracy is more common in rural areas.</p> <p>30. People from rural areas are less knowledgeable than people from urban areas.</p> <p>31. Rural individuals are less intelligent than urban individuals.</p> <p>32. Rural individuals have lower IQs than urban individuals.</p>
Labels: Cracker (Heilman, 2004; Jarosz & Lawson, 2002), Hayseed (Heilman, 2004), Hick (Heilman, 2004), Hillbilly (Foster & Hummel, 1997; Heilman, 2004; Massey, 2007), Redneck (Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007), White trash (Heilman, 2004; Jarosz & Lawson, 2002; Massey, 2007)	<p>33. The term “cracker” can be used to describe White individuals in rural areas.</p> <p>34. The label “hayseed” is an inaccurate descriptor of rural individuals.</p> <p>35. “Hick” is an accurate descriptor of rural individuals.</p> <p>36. An individual living in a rural area can be described as a “hillbilly”.</p> <p>37. “Redneck” is an accurate descriptor of people who live in rural areas.</p> <p>38. White, low-income individuals in rural areas can be described as “White trash”.</p>

Results of Content Analysis	Initial Scale Items
<p>Appearance, Speech, and Religious Affiliation: Inferior or improper dialect or accent (Foster & Hummel, 1997; Heilman, 2004), Language (Flora, 2008); Religious (Alessandria, 2002; Hann-Morrison, 2011), Unattractive physical characteristics (Foster & Hummel, 1997; Massey, 2007), White (Alessandria, 2002)</p>	<p>39. People from rural areas frequently use poor grammar when speaking and writing.</p> <p>40. Rural individuals typically speak in improper dialects and accents.</p> <p>41. The majority of rural individuals are Christian.</p> <p>42. People from rural areas have unattractive physical characteristics.</p> <p>43. The majority of rural individuals are White.</p>
<p>Socioeconomic Status: Associated with lower SES (Flora, 2008; Ziller et al., 2010), Increased use of public assistance (Ziller et al., 2010), Lack of resources (Bain et al., 2011; Bradley et al., 2012; Hann-Morrison, 2011), Poor (Foster & Hummel, 1997)</p>	<p>44. People who live in rural areas are economically disadvantaged.</p> <p>45. People in rural areas frequently live off of government aid (e.g., food stamps, WIC).</p> <p>46. Economic conditions affect rural areas differently than urban areas.</p> <p>47. Rural individuals are primarily concerned with the here and now.</p> <p>48. Schools in rural areas lack access to needed resources.</p>
<p>Interpersonal Relationships: Close relationships/knows everybody (Flora, 2008; Hann-Morrison, 2011), Resistant to outsiders (Bradley et al., 2012; Flora, 2008), Solid familial and community relations (Bradley et al., 2012; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003)</p>	<p>49. Rural families are frequently close.</p> <p>50. Rural communities are small allowing everyone to know everyone else.</p> <p>51. People from rural areas are typically distrusting of outsiders.</p> <p>52. Rural families are the primary source of social support for rural individuals.</p>
<p>Mental Health: Accessibility of mental health services (Bain et al., 2011; Bushy & Carty, 1994; Human & Wasem, 1991; Murray & Keller, 1991), Presence of unaddressed mental health issues (Murray & Keller, 1991)</p>	<p>53. There is limited access to counseling in rural school systems.</p> <p>54. Rural individuals have limited access to community health services.</p> <p>55. Rural individuals have limited access to mental health resources.</p> <p>56. There is a prevalence of mental health issues in rural areas.</p>
<p><u>Items Related to the Personal Experiences of the Primary Researcher</u></p>	
<p>Personal Experiences</p>	<p>1. Coalmines commonly provide the main source of employment in rural areas.</p>

Results of Content Analysis	Initial Scale Items
	<p>2. It is common for rural individuals to manufacture moonshine to make money.</p> <p>3. Factories often provide the main source of employment in rural areas.</p> <p>4. Working in lumberyards is a common occupation in rural areas.</p> <p>5. Rural individuals are commonly intolerant of diversity.</p> <p>6. Individuals from rural areas learn to be resourceful at an early age.</p> <p>7. People in rural areas experience discrimination.</p> <p>8. "Country bumpkin" can be used to describe rural individuals.</p> <p>9. Rural areas can accurately be described as the "boondocks".</p> <p>10. "Lubber" can be used to describe rural individuals who behave in deviant ways.</p>

Media Depictions

Items Related to Media Depictions

1. Rural individuals are portrayed negatively in the media (e.g., movies and television).
2. *The Andy Griffith Show* accurately describes the experiences of people living in rural North Carolina.
3. *The Beverly Hillbillies* is an accurate portrayal of the differences between people from rural and urban areas.
4. I am offended by the way rural mountain communities are portrayed in the movie *Deliverance*.
5. The television show *Duck Dynasty* is an accurate portrayal of people from rural Louisiana.
6. I am offended by the way people living in rural Kentucky are portrayed in the television show *The Dukes of Hazzard*.
7. The television show *Green Acres* is an accurate portrayal of the differences between people from rural and urban areas.
8. *Little House on the Prairie* is an accurate depiction of rural individuals living in the Midwest.

Results of Content Analysis	Initial Scale Items
	9. The television show <i>Moonshiners</i> is an offensive depiction of people in rural Appalachia.
	10. The television show <i>The Swamp People</i> is an inaccurate depiction of people from rural Louisiana.
	11. The television show <i>The Waltons</i> inaccurately depicts the experiences of a rural Appalachian family.

Qualitative Item Development Study

The purpose of the qualitative item development study was to explore and describe the individual and collective experiences of counseling students and professionals with the phenomenon of rurality. Regarding this study, the ontological perspective included an acknowledgement that multiple truths exist about rurality. Epistemologically, it was believed that knowledge of rurality is unlimited and constructed socially. Regarding axiology, the research process was influenced by the values of both the research team and participants. Rhetorically, the voice of the participant was valued and presented using direct quotes.

Therefore, the paradigm of social constructivism was adopted given the belief that multiple truths exist and are generated through social discourse (Creswell, 2007; Hays & Singh, 2012; Patton, 2002). Therefore, there are multiple truths about rurality all of which are created socially. Additionally, the tradition of phenomenology was chosen to explore and describe the individual and collective lived experiences of participants (Creswell, 2007; Hays & Singh, 2012; Hays & Wood, 2011; Patton, 2002), both personally and professionally, with rurality. The Darden College of Education Human

Subjects Review Committee at Old Dominion University approved the qualitative item development study (IRB #201102043).

Research team. The research team consisted of three doctoral students including the primary researcher. Each of the research team members completed a doctoral level qualitative methodology course and had experience conducting interviews and analyzing data prior to the study. Before analyzing the data, each research team member bracketed her/his biases and assumptions about rurality, the role of rurality in counseling and counselor education, and potential participant responses (see Appendix B). The bracketed biases and assumptions were referenced during the independent and consensus coding process as an attempt to maintain a degree of objectivity when capturing and describing the participants' lived experiences (Creswell, 2007; Hays & Singh, 2012; Patton, 2002).

Participants. The purposeful sampling methods of criterion and convenience sampling were used to recruit participants. Only current counseling graduate students and professionals were invited to participate in an attempt to reflect the population for which the scale was being created. The majority of participation was solicited within the Mid-Atlantic region of the United States, and all of the participants were known to the researcher prior to the study and therefore easily accessible. There were 18 invitations sent to potential participants via email. Of the 18 individuals invited, 11 agreed to participate yielding a response rate of 61.11%.

Of the 11 participants, approximately 63.63% identified as female ($n = 7$) and 36.36% as male ($n = 4$). The age of participants ranged from 24 to 49 with a mean age of 33. Approximately 54.54% of the sample identified as White/European/Caucasian

American ($n = 6$), 27.27% as African/Black American ($n = 3$), and 18.18% as other ($n = 2$) writing in “mixed” and “Appalachian American.” Regarding previous or current rural residency, approximately 36.36% claimed no previous or current rural residency ($n = 4$), 36.36% claimed rural residency during their childhood ($n = 4$), 18.18% claimed current rural residency ($n = 2$), and 9.10% indicated being influenced by a close family member’s rural upbringing ($n = 1$).

Approximately 45.45% of the sample stated they were doctoral students ($n = 5$) and 9.10% identified as a master’s level student ($n = 1$). All of the student level participants reported being in a counseling graduate program that was CACREP accredited at the time of the study ($n = 6$). Approximately 45.45% of the sample identified as counseling professionals ($n = 5$). Regarding professional specialty track, 45.45% of the sample identified their special track as clinical mental health counseling ($n = 5$), 18.18% as college counseling ($n = 2$), 9.10% as school counseling ($n = 1$), 9.10% as marriage and family therapy ($n = 1$), 9.10% as rehabilitation counseling ($n = 1$), and 9.10% as clinical psychology ($n = 1$). Approximately 90.90% of the sample reported completing a multicultural counseling course prior to participation in the study ($n = 10$) and 9.10% identified as being enrolled at the time of the study ($n = 1$).

The sample was culturally and professionally diverse thereby representing a multitude of lived experiences with rurality. Additionally, the interplay between rurality and multicultural counseling education was explored and described given that 10 participants reported completion of a multicultural counseling course prior to the study. As stated previously, the information gathered from these participants provided

perspectives outside of those offered in the current literature given that only one related qualitative study has been performed to date (e.g., Flora, 2008).

Procedure. After agreeing to participate, each participant signed an informed consent document for the study (see Appendix C) and for the use of visual/audio materials (see Appendix D). Data were collected using a demographic information form and by conducting semi-structured individual interviews.

Participants were asked to voluntarily report their age, gender, race/ethnicity, place of birth (city/county and state), current residence (city/county and state), educational institution attended or currently attending, CACREP accreditation of their current or previously attended counseling program, student/professional status, completion of a multicultural counseling class, and professional specialty track on the demographic information form (see Appendix E).

Each of the 11 participants was individually interviewed by the primary researcher with six participants interviewed via Skype and five participants interviewed face-to-face. The semi-structured interview guide included investigatory domains that were determined to align with the purpose of the project – to explore the lived experiences with rurality among counseling students and professionals (see Appendix F). There were five initial domains: (1) definition of rural areas, (2) perceptions of rurality, (3) considerations of rurality within multicultural counseling education, (4) potential impact of rurality on the counseling relationship and process, and (5) additional, relevant information. The first participant provided her personal experiences with rurality unsolicited by the primary researcher. These rich descriptions were determined to provide additional information about the participant's lived experiences. Therefore, after

the first interview, a sixth domain was added to intentionally capture participants' personal experiences with rurality.

Data analysis. The primary researcher transcribed the interviews. Transcripts were sent to the participants via email for member checking (Creswell, 2007; Hays & Singh, 2012; Patton, 2002). Specifically, participants were asked to review the transcripts to ensure that their voices were accurately portrayed. The research process can influence the way in which participants communicate their lived experiences (Hays & Singh, 2012). Therefore, the member checking process provided a valuable opportunity to ensure the participant's truth was communicated and documented successfully (Creswell, 2007; Hays & Singh, 2012; Patton, 2002). The participants were asked to review each transcript and make any changes and/or add comments as deemed necessary. Additionally, the participants were asked to answer follow-up questions if deemed appropriate during the transcription process. Each interview was analyzed once member checking of all transcripts was complete.

Open coding was used to identify broad, general categories (Creswell, 2007; Hays & Singh, 2012). The research team members independently analyzed the interviews for preliminary themes with the primary researcher analyzing all of the interviews, and each of the two remaining research team members independently analyzing five distinct transcripts. The research team met for consensus coding on July 22, 2012 after all interview transcripts had been analyzed. Each research team member discussed the themes she/he identified during the consensus coding meeting. Consensus was met if research team members agreed on the theme. If there was a lack of agreement, the research team engaged in discussion about the relevance of the theme and/or the potential

of collapsing the theme into another, already identified theme. After reaching consensus on the initial themes, the research team again reviewed the results and collapsed themes that appeared to represent similar constructs.

Results. The research team reached consensus on themes under domains consistent with the semi-structured interview guide: rural areas, rural individuals, values, multicultural education and rurality, counseling relationship and process, and barriers to counseling (see Table 3 and Appendix G). There was no differentiation made between the results from the interviews conducted via Skype and face-to-face.

Table 3
Results of the Qualitative Item Development Study

Domains	Themes
Rural Areas	Physically Remote Open Land Small Towns
Rural Individuals	Hard, Physical Labor Pleasant Way of Interacting Lack Education Slower Paced Labels (e.g., hillbilly hick, etc.) Race Physical Presentation Rural Accent Drug and Alcohol Abuse Leisure Activities Suspicious of Outsiders
Values	Sense of Community and Family Sustainability Christian Worldview Traditionalistic
Multicultural Education and Rurality	Minimization of the Need for Inclusion in Curriculum Increased Focus on Skills Rural Diversity Acknowledgement of Rurality as a Cultural Identity

Domains	Themes
	Acknowledgement of Own Biases and Assumptions about Rurality Need for Knowledge about Advocacy for Rural Individuals
Counseling Relationship and Process	Rurality as a Cultural Identity Individualized Approach Importance of Building Counseling Relationship and Trust Ethical Concerns
Barriers to Counseling	Handle Problem Alone SUBCODE: Private SUBCODE: Counselor as Outsider Underaware of Services

Rural areas. Rural areas were described as socially isolated with limited access to services due to decreased proximity to larger metropolitan or urban areas. Participants also described rural areas as being surrounded by land and nature with small towns nearby where residents can go to get necessary supplies and services. One participant described rural areas in the following way:

Um, what comes to mind when I picture a rural area is typically, um, off a main interstate somewhere where there's country roads to get to them, or, um, you know, there's not a lot of big, tall buildings, um, houses are more spread apart, more land, more open areas, or more trees, um, not so much a city or a metropolitan area but somewhere that is, um, for lack of a better word, rural.

(P1.001, personal communication, May 29, 2012)

Rural individuals. Participants described rural individuals as primarily White/Caucasian individuals who typically have physically taxing occupations (e.g., mining, truck driving, ranching, and farming). Rural individuals were also described as

having a distinct physical presentation and way of speaking (e.g., dialect and/or accent).

One participant described rural individuals as follows:

...they dressed different, they didn't dress as all stylish, you know, um, they didn't wear as much makeup as some of the other people I've seen, um, they seemed a little more weathered, their skin was a little more weathered, um, I guess that those were the things that were different about them. (P1.006, personal communication, June 17, 2012)

Rural individuals were also described as slower paced, more relaxed, calm, friendly, and warm while also suspicious of outsiders. Participants indicated that rural individuals receive less postsecondary education due to lack of access and perceived value.

Additionally, participants described leisure activities specific to rural individuals and a prevalence of drug and alcohol abuse. Finally, participants indicated the development of labels to describe rural individuals based on these characteristics. One participant who was born and resided in a rural area at the time of the study made the following statement:

No, I have not been pregnant before the age of 14. Again, choice, um, and it is, it's almost like this, immediately what used to come up for me was having to defend my culture and my, really, my people, and their way of life, and, almost doing an educational piece for people that, just because an individual comes from a rural area, doesn't mean that their slow and deliberate manner of speech dictates their intelligence level, and please don't get that wrong. (P1.005, personal communication, June 5, 2012)

Values. Sense of community and family, sustainability, Christian worldview, and traditionalistic were the four predominant values associated with rurality. Rural individuals were described as being religious and conservative. Participants indicated that rural individuals typically value traditions and an earlier way of life as well as put the needs of the community and family above their own personal needs. Attempting to sustain the local community through the purchasing of local food and demonstrating support of local artistry and music was identified as attributes of rural individuals. One participant offered the following description:

...the small-town mind that comes to mind when you said that was more like, um, concern for like community, and, um, like everyday living, kind, not everyday living, but getting by, not getting by, but things, yeah, I guess getting by would be the best way. So, small-town, and, like, maybe, like, um, a strong like sense of like, I keep going back to community, but this commitment to each other and supporting the neighbor and, um, helping each other, and, in part, that is because there's not a lot of money, and, so, you share the wealth and share the resources...
(P1.007, personal communication, June 19, 2012)

Multicultural education and rurality. The participants' beliefs about the inclusion of rurality in multicultural education varied. Overall, the participants identified the need for acknowledgement of rurality as a cultural dimension, expansion of skills, discussions of the diversity in rural areas, sharing ideas for advocacy, and exploration of students' biases and assumptions about rurality as ways in which multicultural counseling education could be inclusive of rurality. The following participant shared her thoughts about including rurality in multicultural counseling education:

Of course, we need to be as inclusive as possible because I think, as counselors, we are only getting one side of the story, or we're getting half of the picture of what America looks like. We're not being as inclusive as we are supposed to be in being multicultural, um, counselors who are capable of advocating for everyone, if that's the road you choose to take as a counselor, so. (P1.008, personal communication, June 22, 2012)

Counseling relationship and process. There were special considerations participants believed counselors should make when providing counseling services to rural individuals. These considerations included acknowledging and honoring the worldviews of rural clients, the importance of building strong working alliances and trust with rural clients, tailoring counseling interventions based on the individual experiences of rural clients, and ethical concerns that might be more prevalent in rural areas.

...if you're practicing in a rural community, you are likely to see these people around, um, that happened frequently in [area in a South Atlantic state] because it was a small community, there's not more than one mall, there's, you know, two grocery stores, um, you're more likely to work with people that know each other, um, you might be referred someone you know, those kind of issues I think might come up... (P1.011, personal communication, June 29, 2012)

Barriers to counseling. The participants identified barriers that could prevent rural individuals from seeking counseling services. The first barrier was identified as the desire of rural individuals to attempt to handle the problem alone. A need for privacy and recognition of the counselor as an outsider were the motivation to handle the problem alone. The second barrier was a lack of awareness of the counseling services available to

rural individuals. One participant who was born and resided in a rural area at the time of the study stated the following:

Families tend to brush things under the rug, most of the time, the family does not want to deal with the problems, uh, families don't really seek counseling as much, because maybe they see counseling as, um, you know, it makes them weak, that they don't need that, you know, they can, they can handle their own problems, they don't want others knowing their business. (P1.004, personal communication, June 3, 2012)

Developing and collapsing scale items. The research team developed 39 scale items based on the final themes. There were four items developed under the domain of rural areas, 13 under the domain of rural individuals, five under the domain of values, seven under the domain of multicultural education and rurality, five under counseling relationship and process, and five under barriers to counseling (see Table 4).

Table 4

Development of Initial Scale Items from the Qualitative Item Development Study

Qualitative Study Results	Scale Items
Rural Areas	<ol style="list-style-type: none"> 1. Rural areas are geographically remote. 2. Rural areas are surrounded by nature. 3. Rural areas are typically underdeveloped. 4. Rural areas have less access to commonly used conveniences in other areas.
Rural Individuals	<ol style="list-style-type: none"> 5. Individuals in rural areas typically have jobs that require hard, physical labor. 6. Rural individuals commonly have a pleasant way of interacting with other people. 7. Individuals in rural areas generally lack education. 8. Rural individuals typically lack access to education.

Qualitative Study Results	Scale Items
	<p>9. Individuals in rural areas generally don't value education.</p> <p>10. Rural individuals generally move at a slower pace.</p> <p>11. "Redneck is not a derogatory term.</p> <p>12. Inbreeding is common in rural areas.</p> <p>13. I can tell by looking at someone whether or not they are from a rural area.</p> <p>14. I can tell by hearing someone speak whether or not they are from a rural area.</p> <p>15. Rural individuals typically engage in outdoor leisure activities.</p> <p>16. Individuals in rural areas commonly socialize in main areas of town.</p> <p>17. Rural individuals are generally suspicious of outsiders.</p>
Values	<p>18. Rural individuals have a greater sense of community.</p> <p>19. Rural individuals typically get their goods and services locally.</p> <p>20. Rural individuals typically have a conservative Christian worldview.</p> <p>21. Individuals from rural areas tend to follow traditions.</p> <p>22. Individuals from rural areas do not place importance on technological advancement.</p>
Multicultural Education and Rurality	<p>23. Rurality is not a recognized cultural group that should be focused on in multicultural counseling classes.</p> <p>25. It's important for counselors to have a skillset for working with rural individuals.</p> <p>26. Rural areas typically have individuals from many different cultural backgrounds.</p> <p>27. It's important for counselors to monitor their own assumptions about rurality.</p> <p>34. Counselors generally have unexplored stereotypes about rural individuals.</p> <p>28. It's important for counselors to know how to advocate for rural clients.</p> <p>30. It's important for counselors to be familiar with the availability of resources in rural areas.</p>

Qualitative Study Results	Scale Items
Counseling Relationship and Process	<p>24. It's important for counselors to have knowledge of rurality as a cultural identity.</p> <p>29. It's important for counselors to tailor interventions to rural individuals based on their individual experiences.</p> <p>31. It's important for counselors to build strong relationships with rural clients.</p> <p>32. Rural individuals are more willing to open up to someone they know and trust.</p> <p>33. There's a greater risk for dual relationships in rural areas.</p>
Barriers to Counseling	<p>36. Generally, rural individuals will not seek counseling because they believe they should be able to handle the problem on their own.</p> <p>35. Rural individuals are typically private.</p> <p>37. Rural individuals typically do not trust individuals from outside the area.</p> <p>38. Rural individuals are generally not aware of the counseling services available to them.</p> <p>39. Rural individuals are generally not aware of the purpose of counseling.</p>

The initial scale items developed from the results of the content analysis and qualitative item development study were then combined. The research team reviewed the 116 scale items and collapsed items representing similar content. After the research team collapsed the items, 80 items remained (Appendix A) concluding stage one of the scale development. The initial draft of the scale was titled the Counselor Perceptions of Rurality Scale (CPRS).

Stage Two: Developing and Testing the Scale

There were three methods used to test the initial draft of the CPRS. As recommended by various authors (e.g., Colton & Covert, 2007; DeVellis, 2012; Dimitrov, 2012), an expert review was conducted to ensure that the CPRS items aligned

with the purpose of the scale and provide evidence of content validity. Then, the research team conducted an extensive review of the scale items. Finally, in accordance with the recommendations in the literature (e.g., Colton & Covert, 2007; Dimitrov, 2012; Pett et al., 2003), a pilot study was conducted using a small sample representative of the target population to prepare the scale for further analyses.

Expert Panel Review

Potential expert reviewers were selected based on evidence of research and publications in the areas of rural issues, multicultural counseling, and assessment. These experts were found to be published in several peer-refereed journals including the *American Journal of Sociology*, *Journal of Multicultural Counseling and Development*, *Rural Mental Health*, *Counselor Education and Supervision*, and *Measurement and Evaluation in Counseling and Development*, to name a few. Additionally, many of the potential expert reviewers had authored and/or co-authored books and book chapters.

Expert reviewers. Using criterion sampling, 30 faculty members with expertise in rural issues, multicultural counseling, and assessment were invited to participate in the review process, and seven agreed to participate yielding a response rate of 23.33%. Of the expert panel, 85.71% identified as female ($n = 6$) and 14.29% identified as male ($n = 1$), and 100% of the expert reviewers reported White/Caucasian as their race/ethnicity ($n = 7$). Approximately, 71.43% identified as heterosexual ($n = 5$) and 14.29% as bisexual ($n = 1$; one participant did not provide sexual orientation). Of the expert panel, 57.14% identified areas of expertise solely within the field of counseling ($n = 4$) and 42.86% identified expertise with rural issues ($n = 3$). Approximately 28.57% of the expert panel identified as full professor ($n = 2$), 14.29% as associate professor ($n = 1$), and 57.14% as

assistant professor ($n = 4$) in their fields of study. Approximately 85.71% reported some type of certification and/or licensure specific to their field ($n = 6$), and 85.71% indicated having experience with scale development ($n = 6$).

Procedure. Invitations to serve on the expert panel were sent via email with a brief description of the study, information pertaining to serving as an expert reviewer, and a survey monkey link to the scale being reviewed. After agreeing to participate, each reviewer was asked to voluntarily report her/his professional title, any relevant certifications and licensure, area(s) of expertise, other areas of interest, experience with scale development, gender, race/ethnicity, and sexual orientation.

The expert panel read the description of rurality and rated the degree to which each item pertained to rurality on an 8-point Likert scale ranging from *not at all* (0) to *totally* (7). Additionally, expert reviewers were asked to indicate retention or elimination of scale items as well as review the clarity, flow, and wording of each item. Expert reviewers were given opportunities to provide feedback about each item as well as offer suggestions for item additions at the conclusion of the review.

Data analysis and results. The initial criterion used for retention of the scale items was 100% agreement among the expert reviewers that the item related to rurality. Agreement was defined as giving an item a rating of four or higher on the 8-point Likert scale. However, after reviewing the results, only 10 items were found to meet the criteria. Therefore, the criterion was adjusted and two additional standards were created. First, items were retained if 86% of the expert reviewers (6 out of 7 reviewers) agreed that the item related to rurality. Second, items were retained if 71% of the expert reviewers (5 out of 7 reviewers) agreed, and the item was given a mean score of 5.00 or

higher. The decision to change the item retention criterion is supported by DeVellis (2012) who encourages the researcher to make the final decision about item retention.

There were 10 items that met the initial criterion of 100% agreement among expert reviewers, 22 items that met the revised criteria of 86% agreement, and seven items that met the revised criteria of 71% agreement with a mean score of 5.00 or higher. There were two additional items added based on the feedback provided by the expert panel. Also, two items (items 14 and 15) were collapsed, and the revised item was retained to reduce redundancy. Finally, items were revised based on the expert panel's feedback regarding clarity, flow, and wording. After making these changes, 41 scale items remained (see Table 5 and Appendix A).

Table 5
Results of the Expert Review

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
1. Rural areas are geographically remote.	5.86	0.86	Yes	Rural areas are geographically remote.
2. Rural areas are surrounded by nature.	4.86	0.86	Yes	Rural areas are characterized by nature.
3. Rural areas are typically underdeveloped.	4.86	0.86	Yes	Rural areas are typically underdeveloped (i.e., lack satisfactory infrastructure).
4. Rural areas have less access to commonly used conveniences in other areas.	4.43	0.71	No	

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
5. Economic conditions affect rural areas differently than other areas.	4.14	0.71	No	
6. Illiteracy is more common in rural areas.	5.43	0.86	Yes	Illiteracy is more common in rural areas.
7. Rural areas generally have limited access to technology.	4.86	0.71	No	
8. There is limited access to counseling in rural school systems.	5.71	0.86	Yes	In rural schools, students have limited access to counseling services.
9. Schools in rural areas commonly lack access to needed resources.	5.43	0.86	Yes	
10. Because rural communities are small, everyone knows everyone else.	5.43	0.86	Yes	Many individuals from rural areas know one another because rural communities are less populated.
11. Sexually deviant behaviors are common in rural areas.	4.43	0.71	No	
12. Violence is common in rural areas.	3.00	0.43	No	
13. Farming is a common occupation in rural areas.	5.14	0.86	Yes	In rural areas, farming is a common occupation.
14. There is a higher prevalence of alcoholism in rural areas.	5.71	1.00	Yes	
15. There is a higher prevalence of drug abuse in rural areas.	5.14	0.71	No	There is a higher prevalence of substance abuse in rural areas.
16. There is a presence of mental health issues in rural areas.	4.14	0.57	No	

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
17. Individuals in rural areas typically have jobs that require hard, physical labor.	4.43	0.71	No	
18. Rural individuals commonly have a pleasant way of interacting with other people.	4.14	0.57	No	
19. Individuals in rural areas generally lack education.	4.00	0.71	No	
20. Rural individuals typically lack access to education.	5.00	0.71	Yes	Individuals from rural areas often encounter barriers that limit their access to higher education.
21. Individuals in rural areas generally don't value education.	3.57	0.57	No	
22. Rural individuals generally move at a slower pace.	4.57	0.71	No	
23. "Redneck" is not a derogatory term.	4.43	0.57	No	
24. Inbreeding is common in rural areas.	3.57	0.57	No	
25. I can tell by looking at someone whether or not they are from a rural area.	3.71	0.57	No	
26. I can tell by hearing someone speak whether or not they are from a rural area.	4.29	0.71	No	
27. Rural individuals typically engage in outdoor leisure activities.	4.29	0.71	No	

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
28. Individuals in rural areas commonly socialize in main areas of town.	3.14	0.43	No	
29. Rural individuals are generally suspicious of outsiders.	4.71	0.71	No	
30. People who live in rural areas are economically disadvantaged.	5.14	0.71	Yes	People who live in rural areas are economically disadvantaged.
31. People in rural areas frequently live off of government aid (i.e., food stamps, WIC).	4.43	0.57	No	
32. Rural individuals rely heavily on their land to supplement their nutritional needs.	4.57	0.71	No	
33. People from rural areas often hunt to provide for their family unit.	4.43	0.71	No	
34. Rural individuals are primarily concerned with the here and now.	3.71	0.43	No	
35. Rural individuals have limited access to college.	5.43	0.86	Yes	Individuals from rural areas have limited access to college.
36. Rural individuals are less sophisticated than individuals from other areas.	4.14	0.71	No	
37. Rural individuals typically practice poor hygiene.	4.00	0.71	No	
38. Typically, people from rural areas are physically unappealing.	3.86	0.57	No	

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
39. The majority of rural individuals are White.	4.00	0.71	No	
40. An individual living in a rural area can be described as a "hillbilly".	3.00	0.43	No	
41. Rural families are frequently close.	4.86	0.86	Yes	Individuals from rural areas often have close family ties.
42. People from rural areas are typically distrusting of outsiders.	4.86	0.71	No	
43. Rural individuals have limited access to community health services.	6.00	1.00	Yes	Many individuals from rural areas have limited access to community health services.
44. For rural individuals, family is the primary source of social support.	5.86	1.00	Yes	For individuals from rural areas, family is the primary source of social support.
45. Rural individuals generally prefer not to work.	4.00	0.71	No	
46. The majority of people from rural areas work hard.	5.29	0.86	Yes	The majority of people from rural areas are hard workers.
47. Rural individuals have fewer social skills than other individuals.	4.00	0.57	No	
48. Rural individuals typically have a deep connection to their natural surroundings.	5.14	0.86	Yes	Individuals from rural areas typically have a deep connection to nature.
49. Rural individuals feel a sense of safety in their natural surroundings.	5.14	0.86	Yes	Individuals from rural areas feel a sense of safety in their natural surroundings.

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
50. Generally, rural individuals stay in the community they were born and raised in.	5.00	0.71	Yes	Individuals from rural areas oftentimes stay in the community in which they were born and raised.
51. Rural individuals are commonly intolerant of diversity.	4.43	0.71	No	
52. Individuals from rural areas generally learn to be resourceful at an early age.	4.71	0.71	No	
53. People in rural areas commonly experience discrimination.	5.29	0.71	Yes	People in rural areas commonly experience discrimination.
54. <i>The Beverly Hillbillies</i> is an accurate portrayal of the differences between people from rural and urban areas.	2.86	0.43	No	
55. The television show <i>The Swamp People</i> is an inaccurate depiction of people from rural Louisiana.	3.29	0.43	No	
56. I am offended by the way people living in rural Kentucky are portrayed in the television show <i>The Dukes of Hazzard</i> .	3.00	0.43	No	No
57. <i>The Hunger Games</i> is an accurate depiction of rural Appalachia.	3.29	0.43	No	

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
58. Rural individuals are portrayed negatively in the media (i.e., television and movies).	5.71	0.86	Yes	Individuals from rural areas are portrayed negatively in the media (e.g., television and movies).
59. Rural individuals have a greater sense of community.	5.57	1.00	Yes	Individuals from rural areas have a strong sense of community.
60. Rural individuals typically get their goods and services locally.	4.57	0.71	No	
61. Rural individuals typically have a conservative Christian worldview.	4.86	0.71	No	
62. Individuals from rural areas tend to follow traditions.	5.14	0.71	Yes	Individuals from rural areas tend to follow traditions.
63. Individuals from rural areas do not place importance on technological advancement.	4.43	0.71	No	
64. Rurality is not a recognized cultural group that should be focused on in multicultural counseling classes.	5.29	0.71	Yes	Rurality is not a cultural group focused on in multicultural counseling classes.
65. It's important for counselors to have knowledge of rurality as a cultural identity.	6.29	1.00	Yes	It is important for counselors to have knowledge of rurality as a cultural identity.
66. It's important for counselors to have a skill set for working with rural individuals.	5.57	0.86	Yes	It is important for counselors to use appropriate counseling skills when working with individuals from rural areas.

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
67. Rural areas typically have individuals from many different cultural backgrounds.	6.00	1.00	Yes	Rural areas typically have individuals from many different cultural backgrounds.
68. It's important for counselors to monitor their own assumptions about rurality.	6.00	0.86	Yes	It is important for counselors to monitor their own assumptions about rurality.
69. It's important for counselors to know how to advocate for rural clients.	6.57	1.00	Yes	It is important for counselors to know how to advocate for clients from rural areas.
70. It's important for counselors to tailor interventions to rural clients based on their individual experiences.	6.57	1.00	Yes	It is important for counselors to tailor interventions to clients from rural areas based on their individual experiences.
71. It's important for counselors to be familiar with the availability of resources in rural areas.	6.14	1.00	Yes	It is important for counselors to be familiar with the availability of resources in rural areas.
72. It's important for counselors to build strong relationships with rural clients.	6.57	1.00	Yes	It is important for counselors to build strong relationships with clients from rural areas.
73. Rural individuals are more willing to open up to someone they know and trust.	5.57	0.86	Yes	Clients from rural areas are less willing to open up to someone they do not know and trust.
74. There's a greater risk for dual relationships in rural areas.	5.57	0.86	Yes	In rural areas, there's a greater risk of dual relationships among counselors.

Item	Mean Score	Rater Agreement	Item Retained? (Yes/No)	Final Item
75. Counselors generally have unexplored stereotypes about rural individuals.	5.86	0.86	Yes	Counselors generally have unexplored stereotypes about individuals from rural areas.
76. Rural individuals are typically private.	5.14	0.86	Yes	Individuals from rural areas value their privacy.
77. Generally, rural individuals will not seek counseling because they believe they should be able to handle the problem on their own.	5.43	0.86	Yes	Generally, individuals from rural areas are resistant to seeking counseling because they believe they should be able to handle the problem on their own.
78. Rural individuals typically do not trust individuals from outside the area.	5.14	0.71	Yes	Individuals from rural areas typically do not trust individuals from outside the area.
79. Rural individuals are generally not aware of the counseling services available to them.	5.43	0.86	Yes	Individuals from rural areas are generally not aware of the counseling services available to them.
80. Rural individuals are generally not aware of the purpose of counseling.	4.86	0.71	No	
<i>Additional Item One:</i> I have made an effort to understand client issues in my surrounding rural communities.				It is important for all counselors to make an effort to understand client issues in surrounding rural communities. Counselors in rural areas face challenges maintaining client confidentiality and anonymity.
<i>Additional Item Two:</i> Confidentiality/ anonymity challenges				

Research Team Review

Two of the expert reviewers responded to the items as if they were completing the scale rather than reviewing the items. Therefore, the research team performed an extensive review of all the scale items given the potential for the feedback provided by these two reviewers to skew the results. The research team was instructed to, first, review the items that were eliminated during the expert review and decide whether or not the items should be eliminated or retained and, if retained, indicate any revisions. Then, the research team was asked to review the 41 retained scale items and determine if revisions would solicit more authentic responses. Each of the three research team members completed these tasks independently and then met for a consensus meeting on September 21, 2012.

During the consensus meeting, the scale items, both eliminated and retained, were discussed extensively. Scale items were retained or eliminated based on 100% consensus among research team members. If there was not consensus, the research team discussed the nature of the item, its relation to the purpose of the scale, and possible revisions until consensus was reached. As a result of this meeting, 17 original items that were eliminated based on the expert review results were revised and added back to the scale. Additionally, 16 scale items that were retained based on the expert review results were revised. Finally, seven items that were retained based on the expert review results were eliminated due to lack of clarity and/or redundancy.

After the consensus meeting, the purpose of the scale was refined and determined to assess for counselor competency levels for providing services to rural individuals and/or in rural areas. Using the multicultural counseling competencies (Sue et al., 1992)

as the foundation, another 17 items were added to the scale in an attempt to better assess for rural awareness, knowledge, and skills. Additionally, 20 items were added to assess for social desirability. Participant responses on self-reported scales can be affected by social desirability (e.g., Constantine, 2000; Constantine & Ladany, 2000; Pope-Davis & Ottavi, 1994; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998; Worthington, Mobley, Franks, & Tan, 2000) therefore the assessment of social desirability was determined to be important to the integrity of the scale. The name of the 88-item scale (see Appendix A) was also changed to the Rural Competency Scale (RCS) as it better described the purpose and content.

Pilot Study

An additional step taken to develop and test the scale was conducting a pilot study. The purpose of the pilot study was to test the scale using a sample representative of the target population. Therefore, potential participants were counseling professionals and students across the CACREP (2013b) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling). The information provided by the participants was then used to prepare the scale for validation analyses.

Participants. Using criterion and convenience sampling, 10 individuals (five counseling professionals and five counseling students) were invited to participate in the pilot study. All of the potential participants were known to the primary researcher before the study and were therefore easily accessible. Of the 10 potential participants, 5 agreed to participate yielding a response rate of 50%. The age of participants ranged from 30 to 37 with a mean age of 32. Of the sample, 80% identified as female ($n = 4$) and 20%

identified as male ($n = 1$). Approximately 60% of participants identified as White/European/Caucasian American ($n = 3$), 20% as multiracial ($n = 1$), and 20% as other writing in “Chinese” ($n = 1$). Approximately 80% of participants identified as heterosexual ($n = 4$) and 20% as bisexual ($n = 1$).

Of the sample, 80% of participants identified as doctoral students ($n = 4$) and 20% as a non-licensed counseling professional writing in “faculty” ($n = 1$) with 60% indicating their specialty as clinical mental health counseling ($n = 3$) and 40% as student affairs and college counseling ($n = 2$). All of the participants ($n = 5$) reported currently attending or having previously attended a CACREP counseling program as well as completing a multicultural counseling course. Of the sample, 60% of the participants described their current residence as suburban ($n = 3$) and 20% as urban ($n = 1$; one participant did not provide current residence), and approximately 80% described their childhood residence as suburban ($n = 4$) and 20% as rural ($n = 1$).

Procedure. Invitations to participate in the pilot study were sent via email to 10 individuals (five counseling professionals and five counseling students) with information regarding participation and the survey gizmo link to the scale. The five participants who agreed to participate were asked to voluntarily report their age, race/ethnicity, sexual orientation, professional status, specialty track, the CACREP accreditation status of the counseling program currently attending or last attended, whether or not she/he completed a multicultural counseling class, and the regional demographics of their current and childhood residences.

There were 88 scale items sent to the participants. Participants were instructed to respond to each item on a 6-point Likert scale ranging from *strongly disagree* (1) to

strong agree (6). After responding to all the scale items, participants were invited to answer the following questions:

- Were the instructions clear, and did they provide enough information for successfully completing the assessment? If not, please provide suggestions for revisions.
- Were there any items with misspelled words? If so, please identify the items.
- Were there any items with incorrect grammar? If so, please identify the items.
- Were there any items that lacked clarity? If so, please specify the items that lacked clarity.
- Approximately how long did it take you to complete the assessment?
- Is there any additional feedback you would like to provide for further revisions?

The line of questioning used in this pilot study is consistent with the existing literature about scale development (e.g., Colton & Covert, 2007; Dimitrov, 2012; Pett et al., 2003).

Data analysis and results. The feedback provided by the participants was thoroughly reviewed by the primary researcher to determine what revisions needed to be made to the scale. All of the participants reported that the instructions were clear and easy to follow. Additionally, there were no misspelled words identified. Regarding grammar, two participants acknowledged a few minor changes to be made (i.e., eliminating contractions), and one participant provided suggestions for more significant changes (i.e., changing “individuals from rural areas” to “rural individuals” and operationalizing concepts like “institutional barriers”). Regarding the clarity of scale items, two of the participants reported experiencing difficulty with the social desirability items and offered suggestions for revision. All of the participants provided additional

suggestions including but not limited to adding a neutral answer choice, operationalizing some of the terms for clarity, and revising double-barreled items. The participants reported taking between 10 and 30 minutes to complete the scale. Finally, regarding additional feedback, one participant encouraged the distinction between rurality in the United States and internationally.

There were several changes made to the scale items based on the feedback provided. Specifically, the contractions were removed, concepts like “rural experts” and “institutional barriers” were operationalized, “individuals from rural areas” was changed to “rural individuals”, double-barreled items were split into two different items, changes were made to specific scale items for clarity, and an introductory statement was added at the beginning of the scale to inform respondents that the items refer only to rurality in the United States. Due to the purpose of the social desirability items, no revisions were made. Additionally, a neutral response choice was not provided given the range of responses offered by the existing 6-point Likert scale. After making the changes outlined here, the 92-item RCS (see Appendices A & H) remained and was sent to potential participants for validation analyses.

Stage Three: Quantitative Data Collection and Analyses

There were four primary methods used to validate the RCS. First, an exploratory factor analysis (EFA) and internal replication analysis were conducted to determine the initial factor structure of the RCS as well as establish construct validity. Second, Cronbach’s alpha coefficients were calculated for the scale and any respective subscales to determine the internal consistency of the RCS thereby establishing reliability. Third, the relationship between the RCS and MCKAS (Ponterotto et al., 2002) was explored

using correlation analyses to establish convergent validity. Finally, the relationship between the RCS and participants' self-reported rural residency was explored using a MANOVA. The Darden College of Education Human Subjects Review Committee at Old Dominion University approved the study (IRB # 2012/13020).

Participants

The target population for this study was counseling graduate students, both master's and doctoral levels, and counseling professionals, both licensed and non-licensed, across the CACREP (2013b) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling). The suggestions regarding adequate sample size in the existing literature is varied. Although the consensus appears to be to recruit as many participants as possible, specific recommendations include recruiting 10-20 participants per scale item (Costello & Osborne, 2005; Field, 2009; Pett et al., 2003) and between 300 and 400 participants total (Dimitrov, 2012; Field, 2009). While attempts were made to maximize participation, a sample size of 300 was considered to be the minimum necessary to perform the validation analyses.

Procedure

Using criterion and snowball sampling, attempts were made to recruit a nationwide sample of counseling students and professionals. There were five primary phases of participant recruitment. First, the points of contact at 260 CACREP accredited and 24 non-CACREP accredited counseling programs in the process of applying for accreditation were sent a request for participation and asked to forward the request to their colleagues and students. The contact information for these individuals was obtained

from the online CACREP directory and website (CACREP, 2013a). Second, the points of contact at 57 randomly selected mental health agencies were contacted and asked to forward the request for participation to their colleagues (84 requests were sent). The contact information for these individuals was obtained from the SAMHSA online mental health facility locator (SAMHSA, 2012a). Third, the request for participation was posted on the CESNET (Kent State University, n.d.), COUNSGRADS (ACA, 2012), and Diversegrad-L (ACA, 2012) listservs. Three weeks after the initial posting, the request for participation was posted again. Fourth, after securing permission, the request for participation was sent to 336 members of the Association for Assessment and Research in Counseling (AARC) who were also asked to forward the request to their colleagues and/or students. Finally, two counseling professionals forwarded the request for participation to their colleagues, which resulted in the invitation being posted on the College Student Personnel Discussion (CSPTalk) listserv (American College Personnel Association [ACPA], 2004-2011). Additionally, participants who sent an email to be entered into the drawing for a gift card or request a technical brief were asked to forward the request to their colleagues and/or students. Considering the use of snowball sampling and listservs, the response rate is unknown.

The requests for participation were disseminated via email. The email included a brief description of the study, anticipated completion time, and the survey gizmo link. By clicking the link, participants were forwarded to the informed consent document (see Appendix I), demographic information form, RCS, and MCKAS (Ponterotto et al., 2002). After completing the instruments, participants were given the opportunity to be entered

for a chance to win one of four \$25.00 gift cards to a popular retail store and request a technical brief of the results.

Instrumentation

RCS. The RCS is a 92-item scale assessing counselors' competency levels for providing mental health services to rural individuals and/or in rural areas (see Appendix H). Items are rated on a 6-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (6) with lower scores indicating lower levels of competency for the total scale and any respective subscales. There are 30 items to measure awareness of biases and assumptions about rural individuals and areas, 27 items to assess knowledge of rural culture and the potential interplay between rurality and counseling, 15 items to measure skill level when working with rural individuals and/or in rural areas, and 20 items to assess social desirability. Reverse coding is required for 28 of the RCS items, and the RCS items were reordered before distribution in an attempt to avoid response bias.

MCKAS. The MCKAS (Ponterotto et al., 2002) is a 32-item scale measuring respondents' multicultural counseling competence in relation to multicultural knowledge (20 items) and awareness (12 items; see Appendix J). Items on the MCKAS are rated on a 7-point Likert scale ranging from being *not at all true* (1) to *totally true* (7). The MCKAS is a revision of the MCAS (Ponterotto et al., 1991), a 45-item scale based on the cross-cultural competencies (Sue et al., 1982).

Initial validation analyses of the MCAS were conducted using PCA extraction with a varimax rotation. The three-factor model was found to be the best model for a sample of 525 participants, accounting for 38.5% of the total common variance. The orthogonal rotation method was supported by weak intercorrelations among the factors:

factors one and two ($r = .20$); factors one and three ($r = .28$); factor two and three ($r = -.01$). Factors one and three appeared to be representing similar constructs. Therefore, the scale was revised to represent only two factors, Knowledge and Awareness, and renamed the Multicultural Counseling Knowledge and Awareness Scale (MCKAS).

Another validation study was conducted using CFA with a sample of 199 participants. The two-factor model was found to be the best fitting model accounting for 32% of the variance. The internal consistency estimates were adequate for the Knowledge ($\alpha = .85$) and Awareness ($\alpha = .85$) subscales. The weak subscale intercorrelation ($r = .04$) indicated that the two subscales are measuring distinct constructs.

The MCKAS Knowledge subscale was significantly, positively correlated with the MCI (Sodowsky et al., 1994) Multicultural Counseling Knowledge ($r = .49, p < .001$), Multicultural Counseling Skills ($r = .43, p < .01$), and Multicultural Awareness ($r = .44, p < .01$) subscales, and the MCKAS Awareness subscale was significantly, positively correlated with the MCI Multicultural Counseling Relationship subscale ($r = .74, p < .01$). However, the MCKAS Knowledge and MCI Multicultural Counseling Relationship subscales were not significantly correlated, and the MCKAS Awareness and MCI Multicultural Counseling Skills, Multicultural Awareness, and Multicultural Counseling Knowledge subscales were not significantly correlated. Therefore, convergent validity was moderately established.

The MCKAS Knowledge and MEIM (Phinney, 1992) Multigroup Ethnic Identity subscales were found to significantly, positively correlate ($r = .31, p < .05$). However, the MCKAS Knowledge and MEIM Other Group Orientation subscales, and the MCKAS

Awareness and MEIM Ethnic Identity and Other Group Orientation subscales were not significantly correlated. Therefore, only a degree of criterion-related validity was established. The MCKAS Knowledge subscale was significantly, negatively correlated with the MCSDS (Crowne & Marlowe, 1960; $r = -.39, p < .05$) establishing discriminant validity.

The MCKAS is widely administered in comparison to other instruments designed to assess multicultural counseling competence. Given the rigorous analyses performed to validate the instrument and the constructs measured, the MCKAS was determined to be the best instrument for establishing convergent validity in this study. Additionally, the length of the MCKAS is shorter than similar instruments thereby reducing the likelihood of participation fatigue.

Demographic information form. Participants were asked to voluntarily report their age, gender, race/ethnicity, sexual orientation, and primary professional identity as well as any certifications or licensure, CACREP accreditation of the counseling program they currently attend or last attended, completion of a multicultural counseling class, counseling specialty track, and the regional demographics of the university they currently attend or last attended and their childhood and current residences. There were 12 items on the demographic information form (see Appendix K).

Exploratory Factor (EFA) and Internal Replication Analyses

Using EFA, the underlying factor structure of the RCS was explored. EFA is considered the best way to determine the initial factor model of a new instrument when the factor structure is unknown or cannot be theoretically hypothesized (Dimitrov, 2012; Pett et al., 2003; Thompson, 2004). Although the foundation of the RCS is rooted in the

multicultural counseling competencies (Sue et al., 1992), it is difficult to confidently anticipate the factor structure. The Kaiser-Meyer-Olkin measure of sample adequacy (value of .60 or higher) and Barlett's test of sphericity (significant results) were used to determine if the data were appropriate for factor analysis (Dimitrov, 2012; Field, 2009; Pett et al., 2003). Caution should be exercised when reporting the results for Bartlett's test of sphericity given sensitivity to sample size (Dimitrov, 2012; Field, 2009). However, it is recommended for relatively small samples (Dimitrov, 2012) and was therefore used in this study.

Principal axis factoring was the extraction method used to identify the best factor model. Principal axis factoring is considered the true method of factor analysis as it analyzes the common variance accounted for by items that explain a particular construct (Dimitrov, 2012; Pett et al., 2003; Thompson, 2004). Promax rotation was used based on the reasonable assumption that the factors are correlated given the theoretical foundation of the items. Promax is commonly used as it begins with orthogonal and is completed with an oblique rotation (Dimitrov, 2012; Pett et al., 2003; Thompson, 2004). Therefore, if the factors are orthogonal, they will remain orthogonal after the rotation.

The retention of factors was determined using the Kaiser-Guttman criterion, examination of the scree plot, and exploration of the variance accounted for by various factor models. Factors with eigenvalues greater than 1.0 were considered to be potential factors (Kaiser-Guttman criterion; DeVellis, 2012; Dimitrov, 2012; Field, 2009; Pett et al., 2003; Thompson, 2004). Essentially, eigenvalues represent the amount of variance explained by a construct therefore an eigenvalue of 1.0 could represent a notable factor (DeVellis, 2012; Field, 2009; Pett et al., 2003; Thompson, 2004). However, many

authors (e.g., DeVellis, 2012; Field, 2009; Thompson, 2004) recommend discretion when using a strict criterion of 1.0 as other important factors might fall slightly below (e.g., .98). Furthermore, the Kaiser-Guttman criterion is typically used with PCA (Dimitrov, 2012; Pett et al., 2003) given the potential for over- or underestimation of factors when using other extraction and rotation methods (Pett et al., 2003). Therefore, this measure was only utilized as an initial exploration of possible factors.

The scree plot was examined to determine the number of factors that represent the elbow or scree (DeVellis, 2012; Dimitrov, 2012; Field, 2009; Pett et al., 2003; Thompson, 2004). Finally, the variance accounted for by various factor models was examined to determine which factor model accounts for the most variance while also representing optimal factor loadings (Pett et al., 2003). Although various criterion have been suggested for the cut-off of factor loadings, .30 is considered to be the minimum factor loading required for an item to be retained (Field, 2009; Pett et al., 2003). Therefore, items were retained based on the .40 factor loading criterion. Items were eliminated with cross-loadings of .30 or above. Finally, the retained items were examined for redundancy and content consistency.

Once the initial factor structure was identified, an internal replication analysis was performed. Replication analyses are recommended to explore the likelihood of factor structure replicability in future samples (Osborne & Fitzpatrick, 2012; Thompson, 2004). A lack of replicability indicates reduced likelihood that the factor structure will replicate in future samples (Osborne & Fitzpatrick, 2012; Thompson, 2004). There are gradations of replicability strength with the highest being factor extraction and loadings replicability with comparable ranges of factor loadings, and the lowest being factor extraction and

loadings replicability only (Osborne & Fitzpatrick, 2012). There are two methods used for replication analysis. The first method is an internal replication analysis and is performed by randomly splitting a sample into subsamples and using the same extraction and rotation method with a fixed number of factors. The second method is an external replication analysis, which is performed by using the same extraction and rotation method with a fixed number of factors with two independent samples (Osborne & Fitzpatrick, 2012; Thompson, 2004).

For this study and using the recommendations of Osborne and Fitzpatrick (2012), the total sample ($N = 379$) was split into two subsamples ($n = 182, 197$) using random assignment. Then, an EFA was performed using principal axis factoring extraction and a promax rotation with a fixed number of four-factors for each of the subsamples. The results of each EFA were then reviewed, the highest factor loading determined, and congruency across the subsamples assessed. The differences in factor loadings were explored among the items that replicated structurally. Similar factor loadings across the two subsamples are considered optimal (Osborne & Fitzpatrick, 2012).

Internal Consistency

Cronbach's alpha coefficients were calculated for the total RCS scale as well as any respective subscales to establish internal consistency and ultimately reliability. Cronbach's alpha is a commonly used method for determining the reliability of a scale (DeVellis, 2012; Dimitrov, 2012; Pett et al., 2003; Thompson, 2004). The criterion of at least .80 (Field, 2009) was used for this study however the literature varies in regards to an acceptable Cronbach's alpha coefficient.

Convergent Validity

Convergent validity was established using correlation analyses to examine the relationship between the RCS total scale and any subscales and the MCKAS total scale and Knowledge and Awareness subscales (Ponterotto et al., 2002). Convergent validity is demonstrated when scales measuring related domains are significantly correlated (Colton & Covert, 2007; DeVellis, 2012; Dimitrov, 2012). The MCKAS and RCS were determined to measure similar constructs. Therefore, the MCKAS was determined to be an appropriate scale for determining convergent validity, and positive, significant relationships were anticipated between the scores on both scales.

Criterion-Related Validity

Criterion-related validity was established using a MANOVA to examine the relationship between self-reported rural residency and scores on the RCS total scale and any subscales. Criterion-related validity is demonstrated when specific criterion is determined to be predictive of results on a scale (Colton & Covert, 2007; DeVellis, 2012; Dimitrov, 2012). In this study, rural residency was determined to be a possible predictor of scores on the RCS total scale and any subscales.

CHAPTER IV

RESULTS

The purpose of this study was the development and validation of the RCS, a scale created to measure counselors' competency levels for providing mental health services to rural individuals and/or in rural areas. Initial validation analyses were performed using exploratory procedures (i.e., principal axis factoring extraction and a promax rotation) to determine the underlying factor structure. Additionally, an internal replication analysis was performed to assess the replicability of the factor structure. Then, the internal consistency coefficients were calculated for the RCS total scale as well as any respective subscales. The relationship between scores on the RCS and MCKAS (Ponterotto et al., 2002) was explored to establish convergent validity. Finally, the relationship between scores on the RCS and participants' self-reported rural residency was investigated to establish criterion-related validity. The results of these analyses will be discussed in this chapter as well as data screening measures, participant demographics, and scoring.

Data Screening

Non-normal data, inaccuracy of scores, and missing data can have profound consequences for quantitative analyses. Statistical tests are very sensitive to these issues and results can be biased when the data have not been appropriately screened (Mertler & Vannatta, 2010; Osborne, 2013). Therefore, the skewness and kurtosis of the data were examined to assess normality, missing data were identified and appropriately addressed, and data were examined for accuracy (i.e., accuracy of score ranges and participation criteria were checked).

Data Screening for the EFA and Internal Replication Analysis

There were 508 participants in the sample before data screening. Using the recommendations of Mertler and Vannatta (2010), cases missing more than 15% of the RCS responses were removed from the dataset. This criterion resulted in the removal of 119 cases. Cases with less than 15% missing data were retained and mean substitution was used (Mertler & Vannatta, 2010). There were 15 RCS items with missing data.

The study was limited to master's and doctoral level counseling graduate students and counseling professionals, both licensed and non-licensed, across the CACREP (2013b) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling). Therefore, the data for participants who identified their professional or academic specialties (e.g., counseling and clinical psychology, leadership, business management, disability studies) outside of those identified by CACREP (2013b) were removed. There were 10 cases removed due to professional specialty disqualification, leaving a final sample of 379 participants.

The skewness and kurtosis of each RCS item was assessed for normality. Before implementing mean substitution, the skewness of the RCS items ranged from .01 to -1.75, and the kurtosis ranged from -.002 to 3.69 (see Table 6). After implementing mean substitution, the skewness and kurtosis of the items on the RCS changed very little, ranging from .01 to -1.76 and -.01 to 3.74 (see Table 6) indicating slight leptokurtosis. The data were further explored for accuracy of score ranges. Participant responses were found to be within the 6-point range. Therefore, though the data were non-normally distributed, no additional data were removed. Finally, 28 items on the RCS required reverse-scoring and were recoded before any data analyses were performed.

Table 6
Skewness and Kurtosis of RCS Items Before and After Mean Substitution

Item	Before Mean Substitution (N = 379)		Missing Data	After Mean Substitution (N = 379)	
	Skewness	Kurtosis		Skewness	Kurtosis
1. In my opinion, rural individuals do NOT practice good hygiene.	-1.16	1.33	2	-1.16	1.36
2. There are no limits to my ability to provide effective counseling services to rural individuals.	.01	-1.05	1	.01	-1.05
3. In my opinion, rural individuals prefer to live off of government aid (i.e., food stamps, WIC).	-1.75	3.69	3	-1.76	3.74
4. I believe rural individuals are less sophisticated than individuals from other areas.	-.59	-.59	0	-.59	-.59
5. In my opinion, rural individuals do NOT value technological advancement.	-.96	.48	1	-.96	.49
6. I believe rural individuals are more likely to abuse substances.	-.71	-.50	1	-.71	-.49
7. In my opinion, rural individuals value their privacy.	-.83	1.13	1	-.83	1.14
8. I believe the cultural characteristics of rural individuals influence whether or not they seek counseling services.	-.67	.79	4	-.67	.84
9. In my opinion, rural areas are characterized by nature.	-.61	.27	7	-.61	.33
10. It is important that I build strong relationships with rural clients.	-1.33	2.53	3	-1.34	2.57

Item	Before Mean Substitution (N = 379)			After Mean Substitution (N = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
11. I believe rural individuals prefer not to work.	-1.09	.16	1	-1.09	.17
12. I am comfortable providing counseling services to rural individuals.	-.90	.73	1	-.90	.74
13. I believe that family is the primary source of social support for rural individuals.	-.73	1.24	2	-.73	1.26
14. I am always respectful of the beliefs and values of rural individuals.	-.82	.86	2	-.82	.88
15. I know all of the barriers that could prevent rural individuals from seeking mental health services.	.17	-.91	0	.17	-.91
16. In my opinion, rural individuals are economically disadvantaged.	-.18	-.69	2	-.18	-.68
17. I am always comfortable with the cultural differences between rural individuals and myself.	-.33	-.33	4	-.33	-.29
18. I understand that the cultural characteristics of rural individuals influence how they present in counseling.	-.97	3.00	2	-.98	3.04
19. In my opinion, sexually deviant behaviors are common among rural individuals.	-1.07	1.48	1	-1.07	1.49

Item	Before Mean Substitution (<i>N</i> = 379)		<u>Missing Data</u>	After Mean Substitution (<i>N</i> = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>		<u>Skewness</u>	<u>Kurtosis</u>
20. In my opinion, rural areas are underdeveloped in regards to infrastructure, population growth, and employment.	-.26	-.65	1	-.26	-.65
21. I would consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) when appropriate to assist me in providing more effective counseling services to rural clients.	-.83	1.22	1	-.83	1.23
22. I would consider the geographical location of the client (i.e., rural, urban, and suburban) when selecting a counseling intervention.	-.94	1.25	5	-.94	1.30
23. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.	-.26	-.68	3	-.26	-.66
24. It can be difficult to maintain client confidentiality and anonymity when counseling rural clients.	.09	-1.16	2	.09	-1.15
25. I believe rural individuals are illiterate.	-1.45	2.02	0	-1.46	2.02
26. I would educate rural clients about the counseling process and explain my orientation before working with them.	-.94	.75	4	-.95	.79

Item	Before Mean Substitution (<i>N</i> = 379)			After Mean Substitution (<i>N</i> = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
27. I seek out all the recent, relevant research about the mental health needs of rural individuals.	-.02	-.70	0	-.02	-.70
28. I can tell by hearing someone speak whether or not she/he is from a rural area.	-.62	-.55	0	-.62	-.55
29. I always consult with those considered to be rural experts (i.e., scholars of rural studies, community members) when it is appropriate.	-.08	-.64	1	-.08	-.63
30. In my opinion, rural individuals know one another well.	-.16	-.44	4	-.16	-.41
31. I always advocate for the mental health needs of rural individuals.	-.34	-.54	1	-.34	-.53
32. In my opinion, rural individuals have jobs that require hard, physical labor.	.57	.33	4	.58	.37
33. I know all I need to know about the cultural characteristics of rural individuals.	1.09	1.42	3	1.09	1.46
34. I work to eliminate discrimination toward rural individuals.	-.42	-.10	3	-.43	-.08
35. My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).	-.49	-.08	0	-.49	-.08

Item	Before Mean Substitution (N = 379)		Missing Data	After Mean Substitution (N = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>		<u>Skewness</u>	<u>Kurtosis</u>
36. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.	-.47	-.73	1	-.47	-.72
37. I believe rural individuals should acclimate to mainstream society.	-.79	.38	0	-.79	.38
38. I consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.	.06	-.64	5	.06	-.61
39. It can be difficult to avoid dual relationships when providing counseling services in rural areas.	-.70	.01	4	-.71	.04
40. I know how discrimination affects all rural individuals.	.13	-.63	4	.13	-.60
41. In my opinion, farming is a common occupation in rural areas.	-.40	-.13	1	-.40	-.13
42. In my opinion, rural individuals are prone to violence.	-.71	.28	2	-.72	.29
43. I believe that rural individuals have a conservative worldview.	.39	-.34	1	.39	-.33
44. I believe rural individuals are portrayed negatively in the media (i.e., television and movies).	-.75	.42	0	-.75	.42

Item	Before Mean Substitution (N = 379)			After Mean Substitution (N = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
45. I believe rural individuals are intolerant of diversity.	-.15	-.44	4	-.15	-.41
46. In my opinion, rural individuals supplement store bought food with food from the land.	.59	-.19	3	.59	-.16
47. It is important that I monitor my own assumptions about rural individuals.	-1.28	2.20	3	-1.29	2.25
48. In my opinion, rural individuals do NOT value hard work.	-1.42	3.13	1	-1.42	3.15
49. It is important that I understand client issues in surrounding rural communities.	-.93	2.39	4	-.93	2.44
50. I have unexplored stereotypes about rural individuals.	-.35	-.53	2	-.36	-.52
51. I believe that all rural individuals are White.	-1.46	2.48	1	-1.46	2.49
52. It is important for me to be familiar with the availability of resources in rural areas.	-1.38	3.11	3	-1.38	3.15
53. In my opinion, rural individuals have access to college.	.39	-.02	1	.39	-.01
54. In my opinion, rural individuals are aware of the counseling services available to them.	-.08	.14	2	-.08	.16
55. It is important that I learn ways to effectively work with rural individuals.	-.79	.67	3	-.79	.69

Item	Before Mean Substitution (N = 379)		Missing Data	After Mean Substitution (N = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>		<u>Skewness</u>	<u>Kurtosis</u>
56. I respect the non-traditional helping networks in rural communities.	-.55	.59	6	-.55	.65
57. I believe rural individuals have a strong sense of community.	-.60	1.92	2	-.61	1.95
58. I am well aware of the resources available in rural communities.	.12	-.65	3	.12	-.63
59. What I believe about rural individuals could impact the counseling relationship and process.	-1.29	1.65	4	-1.29	1.70
60. In my opinion, rural individuals believe they should be able to handle problems on their own.	-.53	-.05	0	-.53	-.05
61. I advocate for the mental health needs of rural clients.	-.47	-.29	5	-.47	-.26
62. In my opinion, rural individuals are only willing to open up to someone they trust.	-.39	.16	0	-.39	.16
63. I know all the mental health needs of rural individuals.	.87	.74	0	.87	.74
64. I seek out relevant research about the mental health needs of rural individuals.	-.09	-.61	5	-.09	-.58
65. I believe rural individuals have a Christian worldview.	.39	-.42	1	.39	-.41
66. I am confident that I am culturally competent when working with all rural clients.	-.38	-.47	0	-.38	-.47

Item	Before Mean Substitution (N = 379)			After Mean Substitution (N = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
67. I believe rural individuals feel a sense of safety in their hometowns (i.e., people and surroundings).	-.64	1.36	3	-.64	1.39
68. In my opinion, rural communities are less populated.	-.82	1.23	2	-.82	1.25
69. I believe rural individuals have close family ties.	-.31	1.10	3	-.32	1.14
70. I am capable of appropriately dealing with all ethical concerns that may arise when counseling rural clients.	-.54	-.18	3	-.54	-.15
71. I believe rural individuals are uneducated.	-.73	.14	0	-.73	.14
72. I can tell by looking at someone whether or not they are from a rural area.	-.96	.42	1	-.96	.42
73. I believe that different rural dialects can negatively impact the counseling relationship and process.	-.62	-.30	2	-.62	-.29
74. In my opinion, rural areas are geographically remote.	-.25	-.36	4	-.26	-.33
75. I am always aware of the cultural differences between rural individuals and myself.	-.25	-.49	1	-.25	-.49
76. I always seek out educational opportunities to learn more about rural individuals.	-.02	-.49	4	-.02	-.46

Item	Before Mean Substitution (N = 379)			After Mean Substitution (N = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
77. I believe rural individuals do NOT stay in their hometowns.	-.19	.48	3	-.19	.50
78. I have knowledge of the institutional barriers (i.e., inflexibility with appointment times and payment and location of counseling services) to rural individuals receiving counseling services.	-.44	.13	5	-.47	.17
79. When working with rural individuals, I consult with rural experts (i.e., scholars of rural studies, community members) when appropriate.	-.33	-.32	2	-.33	-.31
80. I believe rural individuals trust individuals from outside the area.	-.01	.25	1	-.01	.26
81. I would consider the cultural characteristics of rural clients when administering any type of assessment or testing.	-.45	-.22	3	-.45	-.20
82. In my opinion, rural individuals encounter barriers that limit their access to higher education.	-.61	.68	2	-.61	.70
83. The cultural characteristics of rural individuals were discussed in my multicultural counseling class.	.17	-1.19	11	.17	-1.13

Item	Before Mean Substitution (N = 379)		Missing Data	After Mean Substitution (N = 379)	
	<u>Skewness</u>	<u>Kurtosis</u>		<u>Skewness</u>	<u>Kurtosis</u>
84. I would change my counseling approach (both verbally and nonverbally) based on the cultural characteristics of my rural clients.	-.37	.30	1	-.37	.31
85. I am involved in non-academic activities (i.e., community events) in rural communities.	.30	-1.19	1	.30	-1.19
86. In my opinion, students in rural school systems have limited access to a school counselor.	-.11	-.37	2	-.11	-.36
87. I am always aware of my own biases and assumptions when working with rural individuals.	-.51	.12	3	-.51	.14
88. I believe rural individuals are resistant to seeking counseling within their communities.	-.14	-.002	3	-.14	.02
89. I have no assumptions or biases about rural individuals.	.64	.19	0	.64	.19
90. In my opinion, rural individuals do NOT experience discrimination specific to their culture.	-.57	.04	2	-.57	.06
91. I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.	.30	-.53	1	.30	-.52
92. In my opinion, rural individuals have limited access to mental health services.	-.39	.49	0	-.39	.49

Note. Skewness and kurtosis for RCS data after removal of 129 cases with missing data.

Data Screening for Additional Validation Analyses

After removing the initial 129 cases ($N = 379$), the data were screened a second time before performing additional validation analyses. There were cases that contained sufficient amounts of data for the RCS items but were missing significant amounts of data for the MCKAS items and were therefore removed before additional validation analyses were performed. Using the same criterion, cases missing more than 15% MCKAS responses were removed (Mertler & Vannatta, 2010). This criterion resulted in the removal of 19 additional cases leaving a sample of 360 participants. Again, cases with less than 15% missing data were retained and mean substitution was used (Mertler & Vannatta, 2010). There were 18 MCKAS with missing data.

The skewness and kurtosis of each MCKAS item was reviewed to assess for normality. Before mean substitution, the skewness of the MCKAS items ranged from .09 to -2.84, and the kurtosis ranged from -.11 to 10.36 (see Table 7). After implementing mean substitution, the skewness and kurtosis of the items on the MCKAS changed very little ranging from .12 to 2.85 and -.10 to 10.47 (see Table 7) indicating significant leptokurtosis. Further investigation revealed that data for item 25 on the MCKAS (i.e., “I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.”) was significantly leptokurtic before and after mean substitution with a kurtosis of 10.36 and 10.47. Additionally, there were 166 cases with missing data for item five on the MCKAS (i.e., “I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any client.”). There are several plausible reasons for the response pattern to these items (e.g., overestimation of competence and/or social desirability).

Nonetheless, these results warrant further investigation given the potential effect on the results of future analyses. The data were further explored for accuracy of score ranges. Participant responses to all MCKAS items were found to be within the 7-point range therefore no additional data were removed. Finally, 10 of the MCKAS items required reverse-scoring and were recoded before any data analyses were performed. Before moving forward with the analyses, the assumption of homogeneity was tested using Levene's test. The results were found to be non-significant therefore the assumption of homogeneity was met.

Table 7

Skewness and Kurtosis of MCKAS Items Before and After Mean Substitution

Item	Before Mean Substitution (N = 360)		After Mean Substitution (N = 360)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u> <u>Kurtosis</u>
1. I believe all clients should maintain direct eye contact during counseling.	-1.08	.53	0	-1.08 .53
2. I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education.	-1.03	.76	1	-1.03 .77
3. I am aware some research indicates that minority clients receive “less preferred” forms of counseling treatment than majority clients.	-.49	-.54	0	-.49 -.54

Item	Before Mean Substitution (<i>N</i> = 360)			After Mean Substitution (<i>N</i> = 360)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
4. I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.	-1.05	1.32	1	-1.05	-1.78
5. I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any client.	.09	-.27	166	.12	2.07
6. I am familiar with the “culturally deficient” and “culturally deprived” depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination.	-.72	-.11	1	-.72	-.10
7. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.	-1.78	2.98	1	-1.78	2.99
8. I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation.	-1.15	1.66	2	-1.15	1.69

Item	Before Mean Substitution (N = 360)			After Mean Substitution (N = 360)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.	-.79	-.26	0	-.79	-.26
10. I think that clients should perceive the nuclear family as the ideal social unit.	-1.35	1.46	0	-1.35	1.46
11. I think that being highly competitive and achievement oriented are traits that all clients should work towards.	-1.45	2.03	2	-1.46	2.05
12. I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.	-.85	.62	1	-.85	.63
13. I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.	-.78	.52	3	-.78	.55
14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.	-.73	.58	0	-.73	.58

Item	Before Mean Substitution (N = 360)			After Mean Substitution (N = 360)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.	-.65	-.37	0	-.65	-.37
16. I am knowledgeable of acculturation models for various ethnic minority groups.	-.39	-.36	5	-.39	-.33
17. I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.	-.80	.82	2	-.80	.84
18. I believe that it is important to emphasize objective and rational thinking in minority clients.	-.19	-.86	1	-.19	-.86
19. I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups.	-.22	-.15	0	-.22	-.15
20. I believe that my clients should view a patriarchal structure as the ideal.	-1.97	3.38	1	-1.97	3.39

Item	Before Mean Substitution (N = 360)			After Mean Substitution (N = 360)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.	-.68	1.02	2	-.68	1.04
22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.	-1.01	1.27	0	-1.01	1.27
23. I am aware of institutional barriers which may inhibit minorities from using mental health services.	-.73	.58	0	-.73	.58
24. I think that my clients should exhibit some degree of psychological mindedness and sophistication.	-.58	-.18	0	-.58	-.18
25. I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.	-2.84	10.36	3	-2.85	10.47
26. I am aware that being born a White person in this society carries with it certain advantages.	-1.75	2.90	0	-1.75	3.90

Item	Before Mean Substitution (<i>N</i> = 360)			After Mean Substitution (<i>N</i> = 360)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.	-1.05	1.69	1	-1.05	1.71
28. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.	-1.18	1.71	0	-1.18	1.71
29. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.	-1.99	4.52	1	-1.99	4.54
30. I believe that all clients must view themselves as their number one responsibility.	-.49	-.83	0	-.49	-.83
31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.	-.74	.87	4	-.74	.92

Item	Before Mean Substitution (<i>N</i> = 360)			After Mean Substitution (<i>N</i> = 360)	
	<u>Skewness</u>	<u>Kurtosis</u>	<u>Missing Data</u>	<u>Skewness</u>	<u>Kurtosis</u>
32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.	-.59	-.17	0	-.59	-.17

Note. Skewness and kurtosis for MCKAS data after removal of 148 cases with missing data.

Participant Demographics

The 379 participants represented a national sample. Of the participants, 19% identified as male ($n = 72$) and 81% identified as female ($n = 307$). The median age of the participants was 30 with ages ranging from 20 to 69. There were two participants who did not report their age and two entries that were presumed to be data entry errors (e.g., 2 and 110). Approximately 81% of the participants identified as White/European/Caucasian ($n = 307$), 6.6% as African/Black American ($n = 25$), 5% as Hispanic/Latino/Latina American ($n = 19$), 3.9% as Multiracial ($n = 15$), 2.1% as Asian American/Pacific Islander ($n = 8$), .8% as International ($n = 3$), .3% as Native American ($n = 1$), and .3% as Other ($n = 1$) writing in “White but first generation in the US.” Approximately 88.1% of the participants identified as heterosexual ($n = 334$), 5.8% as gay or lesbian ($n = 22$), 5% as bisexual ($n = 19$), and .5% as other ($n = 2$) writing in “pansexual” and “normal” (two participants did not report their sexual orientation). Regarding the regional demographics of their current residence, 46.2% identified their

residence to be suburban ($n = 175$), 31.1% rural ($n = 118$), and 22.4% urban ($n = 85$; one participant did not report the regional demographics of current residence). Regarding the regional demographics of their childhood residence, 51.7% identified their childhood residence to be suburban ($n = 196$), 31.9% urban ($n = 121$), and 16.4% rural ($n = 62$).

Approximately 55.7% of the participants identified as M.A./M.S./M.S.Ed. students ($n = 211$), 17.4% as counseling professionals ($n = 66$), 14.8% as Ed.S./Ph.D. students ($n = 56$), and 11.3% as counselor educators ($n = 43$; three participants did not report their primary professional identity). Of the sample, approximately 46.9% identified their specialty track as clinical mental health counseling ($n = 178$); 23.5% as school counseling ($n = 89$); 9.5% as marriage, couple, and family counseling ($n = 36$); 9% as student affairs and college counseling ($n = 34$), 4% as addiction counseling ($n = 15$), .8% as career counseling ($n = 3$), and 6.3% as other ($n = 24$). The specialties provided by the participants who selected other were reviewed and determined to relate to the CACREP (2013b) specialties (e.g., counselor education and supervision, multicultural counseling). Approximately 35.6% of the participants reported having a valid counseling license and/or certification ($n = 135$; two participants did not respond to this item).

Of the sample, approximately 47.2% of the participants identified the regional demographics of the university they are currently attending or last attended as urban ($n = 179$), 40.1% as suburban ($n = 152$), and 12.4% as rural ($n = 47$; one participant did not respond to this item). Approximately 86.5% of the participants identified the counseling program they currently attend or last attended as CACREP accredited ($n = 328$; six participants did not respond to this item). Approximately 70.2% of the participants

reported completing ($n = 266$) and 9% reported being currently enrolled in a multicultural counseling class ($n = 34$; four participants did not respond to this item).

Exploratory Factor Analysis (EFA)

An EFA was conducted to explore the underlying factor structure of the 92-item RCS. The Bartlett's test of sphericity was significant ($\chi^2 [4186] = 16025.24, p < .001$) and the Kaiser-Meyer-Olkin measure of sampling adequacy was high (.86), indicating that the data were suitable for factor analysis. However, it is important to note that the sample size is small in relation to the ratio of 10 participants per item recommended by many authors (e.g., Costello & Osborne, 2005; Field, 2009; Pett et al., 2003). More specifically, the ratio of participants per item for this study was four participants per item, which could affect the results. Initial analysis of the total sample ($n = 379$) using principal axis factoring extraction and a promax rotation yielded 22 eigenvalues greater than one (eigenvalues ranged from 1.03 to 12.03). Examination of the scree plot showed a break at four factors and another, more significant break at six factors (see Figure 1).

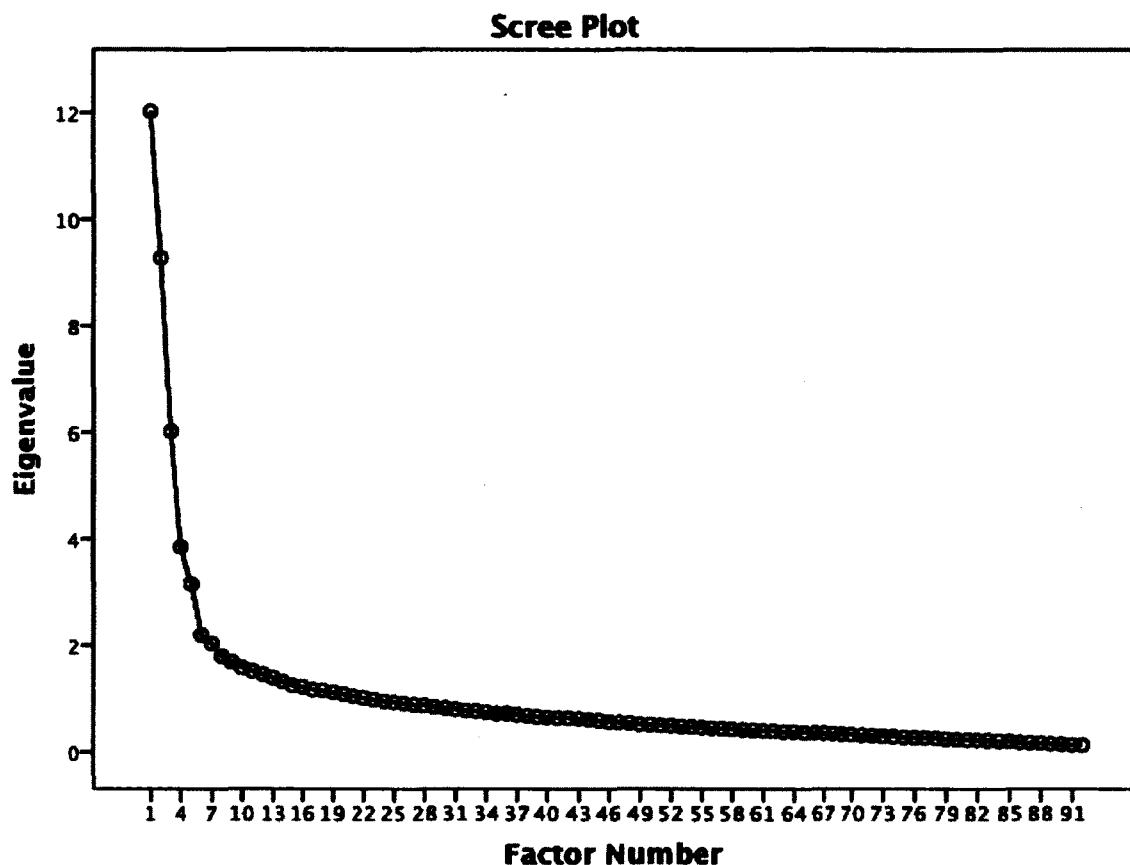
Figure 1. *Scree Plot for the EFA*

Figure 1. The scree plot for a sample of 379 participants and the 92 RCS variables.

The four-factor model was determined to be the best fitting model after reviewing the scree plot and the factor loadings for three-, four-, five-, and six-factor models. Additionally, the theoretical foundation (i.e., rural awareness, knowledge, and skills and social desirability) was considered when determining the retention of factors. However, there was no auditing of the item relation to these constructs prior to the analysis. The four-factor model accounted for 31.11% of the total variance (see Table 8) thereby providing evidence of construct validity and supporting the first hypothesis: The factor

structure of the RCS will be adequate for exploratory (i.e., principal axis factoring extraction and a promax rotation) procedures.

Table 8

Rotated Factor Structure and Total Variance Explained for the RCS

Extraction Sums of Squared Loadings			
<u>Factor</u>	<u>Adjusted</u>	<u>% Variance</u>	<u>% Cumulative</u>
	<u>Eigenvalues</u>		
Factor One:	11.43	12.43	12.43
Rural Awareness			
Factor Two:	8.62	9.37	21.79
Social Desirability			
Factor Three:	5.33	5.79	27.59
Rural Knowledge			
Factor Four:	3.24	3.57	31.11
Rural Skills			

The oblique rotation was supported by positive, significant relationships among the RCS total scale and subscales: RCS total scale and Rural Awareness ($r = .82, p < .001$), RCS total scale and Social Desirability ($r = .32, p < .001$), RCS total scale and Rural Knowledge ($r = .56, p < .001$), RCS total scale and Rural Skills ($r = .63, p < .001$), Rural Skills and Rural Awareness ($r = .15, p < .001$), Rural Skills and Social Desirability ($r = .46, p < .001$), Rural Skills and Rural Knowledge ($r = .38, p < .001$), Rural

Knowledge and Rural Awareness ($r = .15, p < .001$), Rural Knowledge and Social Desirability ($r = .17, p < .001$), and Social Desirability and Rural Awareness ($r = .11, p < .03$).

The extraction communalities were examined and found to account for varying amounts of variance ranging from .02 to .67. There were 22 items eliminated using .40 as the primary factor loading criterion. Factor loadings of .30 or above are considered the minimum cut-off in the literature about factor analysis (e.g., Field, 2009; Pett et al., 2003). Another seven items were eliminated due to cross-loadings of .30 or above. For example, item 11 on the RCS (i.e., “I believe rural individuals prefer not to work.”) was eliminated due to loadings of .43 on factor one and .38 on factor three. The factor loadings of the retained items ranged from .41 to .64 for factor one, .42 to .73 for factor two, .43 to .58 for factor three, and .43 to .71 for factor four. The loadings on each factor were then examined, and items were either retained or eliminated based on redundancy and content consistency. For example, item 25 on the RCS (i.e., “I believe rural individuals are illiterate.”) was determined to be similar to item 72 (i.e., “I believe rural individuals are uneducated.”). Therefore, after reviewing the factor loadings, item 72 was retained and item 25 was eliminated. The revised RCS (see Appendix L) contains a total of 38 items with four subscales: Rural Awareness, Social Desirability, Rural Knowledge, and Rural Skills. There are 17 items that require reverse scoring.

Factor one was determined to best represent Rural Awareness. Of the 25 initial items on the first factor, nine were eliminated leaving a total of 16 items (see Table 9). Factor one (Rural Awareness; eigenvalue = 11.43) accounted for 12.43% of the variance unique to the factor. The items on factor one assess for respondents’ biases and

assumptions about rural individuals and areas. For example, item 32 on the RCS-Revised had the highest loading on factor one (.64) and states: “In my opinion, rural individuals have jobs that require hard, physical labor.”

Factor two was determined to best represent Social Desirability. Of the 16 initial items on the second factor, eight were eliminated leaving a total of eight items (see Table 9). Factor two (Social Desirability; eigenvalue = 8.62) accounted for 9.37% of the variance unique to the factor. The items on factor two measure respondents’ desire to provide responses that would be viewed as acceptable by others. For example, item 66 on the RCS-Revised had the highest loading on factor two (.73) and states: “I am confident that I am culturally competent when working with all rural clients.”

Factor three was determined to best represent Rural Knowledge. Of the 13 initial items, five were eliminated leaving a total of eight items (see Table 9). Factor three (Rural Knowledge; eigenvalue = 5.33) accounted for 5.79% of the variance unique to the factor. The items on factor three assess for respondents’ knowledge of rural cultural characteristics, and the potential interplay between those characteristics and the provision of counseling services. For example, item 90 on the RCS-Revised had the highest loading on factor three (.58) and states: “In my opinion, rural individuals do NOT experience discrimination specific to their culture.”

The fourth and final factor was determined to best represent Rural Skills. Of the nine initial items, three were eliminated leaving a total of six items (see Table 9). Two of the six items were retained despite cross-loadings based on the relevancy of the items and to strengthen the subscale. One item was revised to better account for Rural Skills. Factor four (Rural Skills; eigenvalue = 3.24) accounted for 3.57% of the variance unique

to the factor. The items on factor four measure respondents' ability to provide culturally competent counseling services to rural individuals and/or in rural areas. For example, item 79 on the RCS-Revised had the highest loading on factor four (.71) and states:

“When working with rural individuals, I consult with rural experts (e.g., scholars of rural studies, community members) when appropriate.”

Table 9

Rotated Factor Loadings, Extraction Communalities, Item-Total Correlations, Items Means and Standard Deviations of the RCS

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
Factor One: Rural Awareness								
32. In my opinion, rural individuals have jobs that require hard, physical labor.*	.64	-.07	-.08	-.03	.39	.53	3.23	1.09
71. I believe rural individuals are uneducated.*	.62	.17	.02	-.02	.45	.60	5.04	.86
4. I believe rural individuals are less sophisticated than individuals from other areas.*	.59	.11	.05	.05	.41	.59	4.75	1.14
42. In my opinion, rural individuals are prone to violence.*	.59	.08	.12	-.13	.41	.59	4.97	.88
5. In my opinion, rural individuals do NOT value technological advancement.*	.59	.06	.15	.02	.41	.58	5.06	.92
65. I believe rural individuals have a Christian worldview.*	.59	-.17	-.05	.19	.38	.52	3.59	1.07
72. I can tell by looking at someone whether or not they are from a rural area.*	.58	-.11	.18	-.03	.38	.56	5.11	.93
6. I believe rural individuals are more likely to abuse substances.*	.55	.09	.04	-.08	.33	.54	4.82	1.15
28. I can tell by hearing someone speak whether or not she/he is from a rural area.*	.52	.16	.19	-.24	.34	.53	4.72	1.08
45. I believe rural individuals are intolerant of diversity.*	.51	.02	.03	.15	.30	.50	4.27	.97
16. In my opinion, rural individuals are economically disadvantaged.*	.50	.18	-.21	-.14	.31	.43	4.01	1.21

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
19. In my opinion, sexually deviant behaviors are common among rural individuals.*	.48	-.05	.14	-.21	.29	.45	5.18	.85
36. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.*	.48	-.05	.15	.12	.28	.47	4.51	1.22
46. In my opinion, rural individuals supplement store bought food with food from the land.*	.45	-.11	-.06	-.02	.21	.36	3.52	1.05
37. I believe rural individuals should acclimate to mainstream society.*	.44	.05	.24	-.06	.28	.47	5.04	.86
3. In my opinion, rural individuals prefer to live off of government aid (i.e., food stamps, WIC).*	.41	.11	.22	-.23	.28	.41	5.41	.83
Factor Two: Social Desirability								
66. I am confident that I am culturally competent when working with all rural clients.	.06	.73	-.09	.05	.54	.62	3.57	1.15
17. I am always comfortable with the cultural differences between rural individuals and myself.	.16	.59	-.08	.04	.39	.54	4.19	1.07
15. I know all of the barriers that could prevent rural individuals from seeking mental health services.	-.15	.59	.05	.09	.41	.58	3.14	1.23
63. I know all the mental health needs of rural individuals.	-.16	.57	-.23	.15	.38	.51	2.12	.96

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
91. I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.	-.13	.57	-.14	.09	.34	.56	2.83	1.15
35. My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).	.16	.48	-.07	.05	.28	.42	4.28	1.09
87. I am always aware of my own biases and assumptions when working with rural individuals.	-.05	.48	.05	.11	.29	.51	3.88	1.06
14. I am always respectful of the beliefs and values of rural individuals.	.18	.42	.13	.02	.28	.42	5.16	.76
Factor Three: Rural Knowledge								
90. In my opinion, rural individuals do NOT experience discrimination specific to their culture.*	.16	-.12	.58	-.09	.36	.41	5.13	.77
49. It is important that I understand client issues in surrounding rural communities.	.08	-.04	.56	.19	.39	.58	5.27	.71
81. I would consider the cultural characteristics of rural clients when administering any type of assessment or testing.	.04	-.04	.53	.21	.35	.48	5.03	.77
55. It is important that I learn ways to effectively work with rural individuals.	.13	-.01	.52	.28	.42	.56	5.27	.72
92. In my opinion, rural individuals have limited access to mental health services.	-.22	.05	.50	-.09	.28	.31	4.41	.89

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
52. It is important for me to be familiar with the availability of resources in rural areas.	.09	-.04	.49	.26	.36	.57	5.39	.75
10. It is important that I build strong relationships with rural clients.	.10	.09	.49	.08	.32	.48	5.29	.79
8. I believe the cultural characteristics of rural individuals influence whether or not they seek counseling services.	-.26	-.08	.43	-.04	.22	.26	4.56	.97
Factor Four: Rural Skills								
79. When working with rural individuals, I consult with rural experts (i.e., scholars of rural studies, community members) when appropriate.	.06	.01	.12	.71	.56	.71	3.94	1.10
23. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.	.01	.07	.15	.69	.57	.66	4.07	1.29
64. I seek out relevant research about the mental health needs of rural individuals.	.01	.18	.17	.65	.60	.71	3.52	1.23
38. (Revised) I consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.	.02	.12	.05	.58	.41	.57	3.67	1.19
61. I advocate for the mental health needs of rural clients.	.04	.30	.19	.44	.47	.63	4.33	1.17

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
34. I work to eliminate discrimination toward rural individuals.	.05	.31	.24	.43	.51	.67	4.20	1.16

Note. h^2 = extraction communality estimate, r^* = item-total correlation, * = reverse-scored items

Internal Replication Analysis

An internal replication analysis was performed using the 38-item revised RCS to explore the likelihood of factor structure replicability in future samples (Osborne & Fitzpatrick, 2012; Thompson, 2004). For this study, the steps outlined by Osborne and Fitzpatrick (2012) were followed. First, two subsamples were created from the original dataset of 379 participants using random assignment. Regarding the first sample ($n = 182$), Bartlett's test of sphericity was significant ($\chi^2 [703] = 2777.46, p < .001$), and the Kaiser-Meyer-Olkin measure of sampling adequacy was high (.82). Additionally, Bartlett's test of sphericity was significant for the second sample ($n = 197; \chi^2 [703] = 2987.44, p < .001$), and the Kaiser-Meyer-Olkin measure of sampling adequacy was high (.83) indicating that the data were suitable for factor analysis. However, it is important to note that the samples are very small in comparison to the recommendation of 10 participants per item in the literature (e.g., Costello & Osborne, 2005; Field, 2009; Pett et al., 2003). More specifically, the subsamples used for the internal replication had a ratio of five participants per item, which could affect the results.

An EFA was performed using principal axis factoring extraction and a promax rotation with each of the two subsamples. The factor extraction was fixed at four factors given the best-fitting model identified during the initial EFA. The results indicate strong replicability for the items on factors one and four and poor replicability for the items on factors two and three. Overall, 60.53% of the RCS-Revised items replicated strongly across the two subsamples. The subsamples accounted for comparable amounts of variance with the four-factor model accounting for 37.86% of the total variance in the first sample and 39.37% in the second sample. Additionally, the eigenvalues for factors

one (7.14, 6.48), two (4.03, 4.60), three (1.95, 2.46), and four (1.27, 1.42) were comparable across the subsamples. Finally, the extraction communalities were examined and found to account for varying but comparable amounts of variance ranging from .12 to .66 for the first subsample and .17 to .75 for the second subsample (see Table 10).

The highest factor loadings for 15 of the 16 items on the Rural Awareness subscale were determined to be on factor one across the two subsamples. RCS-Revised item 46 failed to meet the factor loading criterion of .40 on any of the four-factors for the first subsample and therefore failed to replicate structurally. Additionally, for the 15 items that did load on factor one across the subsamples, the squared differences did not exceed one (ranging from .00 to .05) indicating that the magnitude of factor loadings is comparable. Furthermore, the highest factor loadings for all eight items on the Rural Knowledge subscale were determined to be on factor four across the two subsamples. Each of the eight items met the factor loading criterion of .40, and the squared differences across the loadings did not exceed one (ranging from .003 to .08). Therefore, the items on the Rural Awareness and Knowledge subscales were found to demonstrate strong internal replication.

The eight items on the Social Desirability and six items on the Rural Skills subscales failed to demonstrate structural replicability. Regarding the items on the Social Desirability subscale, the factor loadings for seven of the eight items were highest on factor three in the first subsample. However, all eight had their strongest loadings on factor two in the second subsample. Likewise, the highest factor loadings for all six items on the Rural Skills subscale were on factor two in the first subsample and factor three in the second subsample. Additionally, RCS-Revised item 35 failed to meet the

loading criterion of .40 in the first sample, and the factor loadings for RCS-Revised item 14 and 61 fell slightly below the loading criterion. However, it is important to note that, with the exception of one item (RCS-Revised 35), the items did load on the same factor within each sample but did not load on the same factor across the two subsamples. Therefore, further investigation and revisions may be required to increase the likelihood of replicability in future samples.

Table 10

Four-Factor Revised RCS Internal Replication Analysis, Principal Axis Factoring Extraction, Promax Rotation

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
<u>RCS Item</u>	<u>h²</u>	<u>Factor Loadings</u>				<u>h²</u>	<u>Factor Loadings</u>				
		<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>		<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
<u>Rural Awareness</u>											
32. In my opinion, rural individuals have jobs that require hard, physical labor.*	.35	.54	-.01	-.13	-.05	.35	.56	.13	-.23	-.09	.0004
71. I believe rural individuals are uneducated.*	.45	.66	.04	.03	-.04	.46	.65	.09	.12	-.07	.0001
4. I believe rural individuals are less sophisticated than individuals from other areas.*	.44	.62	.11	.06	-.06	.44	.64	.01	.12	-.004	.0004
42. In my opinion, rural individuals are prone to violence.*	.43	.66	-.01	.03	-.02	.41	.62	.01	-.14	.06	.002
5. In my opinion, rural individuals do NOT value technological advancement.*	.39	.59	.11	-.01	-.02	.46	.63	-.02	.05	.12	.002
65. I believe rural individuals have a Christian worldview.*	.29	.49	.15	-.08	-.15	.32	.59	-.07	.14	-.13	.01
72. I can tell by looking at someone whether or not they are from a rural area.*	.41	.59	.07	-.17	.11	.38	.59	-.18	.03	.03	.00
6. I believe rural individuals are more likely to abuse substances.*	.39	.65	-.12	.17	-.07	.33	.57	.06	-.05	-.01	.01
28. I can tell by hearing someone speak whether or not she/he is from a rural area.*	.36	.46	.19	-.31	-.01	.43	.65	-.15	-.02	.01	.04

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
		Factor Loadings					Factor Loadings				
<u>RCS Item</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
45. I believe rural individuals are intolerant of diversity.*	.39	.53	.19	.06	-.09	.28	.53	-.04	.16	-.08	.00
16. In my opinion, rural individuals are economically disadvantaged.*	.29	.52	-.10	.13	-.23	.35	.59	.12	-.03	-.32	.005
19. In my opinion, sexually deviant behaviors are common among rural individuals.*	.34	.59	-.34	.02	.17	.27	.49	-.08	-.16	.05	.01
36. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.*	.22	.42	.04	.02	.10	.34	.53	-.04	.08	.12	.01
46. In my opinion, rural individuals supplement store bought food with food from the land.*	.12	.24	.08	-.18	-.20	.28	.53	.01	-.14	-.05	Failed
37. I believe rural individuals should acclimate to mainstream society.*	.29	.49	-.13	.09	.24	.29	.49	.01	-.02	.15	.00
3. In my opinion, rural individuals prefer to live off of government aid (i.e., food stamps, WIC).*	.24	.49	-.25	.08	.16	.26	.40	.16	-.19	.16	.008
<u>Social Desirability</u>											
66. I am confident that I am culturally competent when working with all rural clients.	.50	.15	-.01	.68	.03	.51	.06	.68	.08	-.09	Failed

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
		Factor Loadings					Factor Loadings				
<u>RCS Item</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
17. I am always comfortable with the cultural differences between rural individuals and myself.	.39	.25	.11	.51	-.08	.37	.13	.57	.03	-.03	Failed
15. I know all of the barriers that could prevent rural individuals from seeking mental health services.	.41	-.14	.09	.57	.06	.52	-.14	.70	-.01	.12	Failed
63. I know all the mental health needs of rural individuals.	.44	-.12	.09	.65	-.17	.39	-.20	.58	.06	-.15	Failed
91. I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.	.51	-.07	-.01	.74	-.12	.39	-.17	.63	-.01	-.07	Failed
35. My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).	.20	.17	.17	.29	-.02	.32	.17	.55	-.02	-.06	Failed
87. I am always aware of my own biases and assumptions when working with rural individuals.	.32	-.08	-.05	.53	.16	.36	.02	.54	.05	.11	Failed
14. I am always respectful of the beliefs and values of rural individuals.	.22	.20	-.04	.39	.09	.36	.23	.39	.09	.17	Failed

<u>RCS Item</u>	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
	<u>h²</u>	<u>One</u>	<u>Factor Loadings</u>			<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
<u>Rural Knowledge</u>											
90. In my opinion, rural individuals do NOT experience discrimination specific to their culture.*	.34	.15	-.05	-.18	.57	.29	.18	-.08	-.11	.48	.008
49. It is important that I understand client issues in surrounding rural communities.	.34	.08	.18	-.01	.46	.59	-.01	-.06	.08	.74	.08
81. I would consider the cultural characteristics of rural clients when administering any type of assessment or testing.	.29	.08	.18	-.04	.43	.38	-.04	-.03	.17	.55	.01
55. It is important that I learn ways to effectively work with rural individuals.	.42	.02	.30	.03	.45	.51	.14	-.03	.15	.59	.02
92. In my opinion, rural individuals have limited access to mental health services.	.31	-.17	-.15	.05	.57	.21	-.17	.23	-.25	.46	.01
52. It is important for me to be familiar with the availability of resources in rural areas.	.41	.09	.24	.08	.44	.49	-.03	-.10	.12	.67	.05
10. It is important that I build strong relationships with rural clients.	.28	.001	.23	-.04	.40	.42	.14	.12	-.06	.59	.04

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
		Factor Loadings					Factor Loadings				
<u>RCS Item</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
8. I believe the cultural characteristics of rural individuals influence whether or not they seek counseling services.	.25	-.26	-.05	.05	.46	.17	-.24	-.11	-.15	.41	.003
<u>Rural Skills</u>											
79. When working with rural individuals, I consult with rural experts (i.e., scholars of rural studies, community members) when appropriate.	.56	.04	.75	-.05	.01	.75	-.02	-.12	.95	-.13	<i>Failed</i>
23. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.	.65	-.13	.84	-.04	.04	.48	-.01	.05	.67	.01	<i>Failed</i>
64. I seek out relevant research about the mental health needs of rural individuals.	.66	-.06	.81	.03	.01	.45	-.06	.17	.55	.10	<i>Failed</i>
38. I consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.	.37	.05	.62	-.01	-.08	.57	-.09	.01	.76	-.03	<i>Failed</i>
61. I advocate for the mental health needs of rural clients.	.55	-.02	.59	.21	.09	.36	.04	.24	.39	.11	<i>Failed</i>

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
		Factor Loadings					Factor Loadings				
<u>RCS Item</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
34. I work to eliminate discrimination toward rural individuals.	.59	.01	.58	.22	.12	.45	.05	.17	.51	.13	Failed
	Min .12	7.14	4.03	1.95	1.27	Min .17	6.48	4.60	2.46	1.42	
	Max .66					Max .75					

Note. h^2 = extraction communality estimate, * = reverse-scored items

Scoring

Scores were created for each of the four RCS subscales and the total scale based on the mean of the items that loaded on the four factors (see Appendix M). Respondents indicated their level of agreement with each item based on a 6-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (6). The ranges of sums for each subscale are as follows: Rural Awareness (16-96), Social Desirability (8-48), Rural Knowledge (8-48), Rural Skills (6-36), and RCS total scale (38-228). Scores for this sample for each of the RCS subscales and the total scale were as follows: Rural Awareness ($M = 4.58$, $SD = 0.59$), Social Desirability ($M = 3.65$, $SD = 0.69$), Rural Knowledge ($M = 5.04$, $SD = 0.48$), Rural Skills ($M = 3.96$, $SD = 0.92$), and RCS total scale ($M = 4.38$, $SD = 0.42$). Higher scores on the RCS-Revised total scale and subscales indicate greater levels of competency when providing counseling services to rural individuals and/or in rural areas.

Additional Validation Analyses

Internal Consistency

The internal consistency estimates were acceptable for the revised 38-item RCS total scale ($\alpha = .87$) and the Rural Awareness ($\alpha = .87$), Social Desirability ($\alpha = .81$), Rural Knowledge ($\alpha = .75$), and Rural Skills ($\alpha = .86$) subscales. The Cronbach's alpha coefficients for the RCS-Revised total scale and Rural Awareness, Social Desirability, and Rural Skills subscales met the criterion of .80 (Field, 2009). However, the Cronbach's alpha coefficient for the Rural Knowledge subscale fell slightly below. The results therefore partially support the second hypothesis: The internal consistency estimates of the RCS will be strong for a sample of counseling students and professionals for the total scale as well as any respective subscales. Additionally, the corrected item-

total correlations ranged from .26 to .71. The mean item-total correlation for the RCS total scale was .52, and .51 for the Rural Awareness, .52 for the Social Desirability, .45 for the Rural Knowledge, and .66 for the Rural Skills subscales.

Convergent Validity

Convergent validity was established by significant, positive correlations between the RCS-Revised and MCKAS (Ponterotto et al., 2002). The internal consistency of the MCKAS was calculated using the current sample ($N = 360$). The internal consistency estimate was strong for the 32-item total MCKAS scale ($\alpha = .91$) and acceptable for the MCKAS Awareness ($\alpha = .89$) and Knowledge subscales ($\alpha = .84$). Although the internal consistency of the total MCKAS scale was not provided, the results of this analysis are comparable with the internal consistency results provided by the authors for the MCKAS Awareness ($\alpha = .85$) and Knowledge ($\alpha = .85$) subscales (Ponterotto et al., 2002).

The MCKAS total score is significantly, positively correlated with the Rural Awareness ($r = .38, p < .001$), Social Desirability ($r = .13, p < .01$), Rural Knowledge ($r = .45, p < .001$), and Rural Skills ($r = .24, p < .001$) subscales as well as the RCS total scale ($r = .50, p < .001$). The MCKAS Knowledge subscale is significantly, positively correlated with the Rural Awareness ($r = .27, p < .001$), Social Desirability ($r = .23, p < .001$), Rural Knowledge ($r = .45, p < .001$), and Rural Skills ($r = .32, p < .001$) subscales and the RCS total scale ($r = .45, p < .001$). The MCKAS Awareness subscale is significantly, positively correlated with the Rural Awareness ($r = .42, p < .001$) and Rural Knowledge ($r = .27, p < .001$) subscales as well as the RCS total scale ($r = .38, p < .001$). The MCKAS Awareness subscale is partially significantly correlated with the RCS Social Desirability ($r = -.09, p < .08$) but not significantly correlated with the Rural

Skills ($r = .01, p < .91$) subscales. These results provide support for the third hypothesis: There will be positive, significant relationships among the RCS and MCKAS total scales and subscales providing evidence of convergent validity (see Table 11).

Table 11
Convergent Validity of the RCS

	RCS Rural Awareness	RCS Social Desirability	RCS Rural Knowledge	RCS Rural Skills	RCS Total	MCKAS Knowledge	MCKAS Awareness	MCKAS Total
RCS Rural Awareness	1.00	.11*	.15**	.15**	.82**	.27**	.42**	.38**
RCS Social Desirability		1.00	.17**	.46**	.32**	.23**	-.09	.13*
RCS Rural Knowledge			1.00	.38**	.56**	.45**	.27**	.45**
RCS Rural Skills				1.00	.63**	.32**	.01	.24**
RCS Total					1.00	.45**	.38**	.50**
MCKAS Knowledge						1.00	.39**	.92**
MCKAS Awareness							1.00	.73**
MCKAS Total								1.00

Note. * $p=.05$, ** $p=.01$

Criterion-Related Validity

The potential relationships between rural residency and scores on the RCS-Revised subscales and total scale were explored using a MANOVA. Rural residency was identified via participants' report of current and/or childhood rural residency on the demographic information form. The data were determined to be normally distributed after reviewing the skewness and kurtosis of the means for the Rural Awareness (.09, -.41), Social Desirability (-.08, .07), Rural Knowledge (-.34, -.08), and Rural Skills (-.18, -.27) subscales and the RCS total scale (.12, -.14). Homogeneity of variance was tested using a Levene's test. The results of the Levene's test were non-significant for the Rural Awareness ($p < .69$), Social Desirability ($p < .26$), Rural Knowledge ($p < .49$), and Rural Skills ($p < .11$) subscales and the RCS total scale ($p < .84$); therefore, the assumption of homogeneity of variance was met.

Pillai-Bartlett trace was used to determine the amount of variance in the dependent variable accounted for by the independent variable (Field, 2009). Pillai's trace values indicated a partially significant effect of rural residency on self-reported rural counseling competence, $V = .02$, $F(1, 355) = 2.22$, $p < .07$, $\eta_p^2 = .02$. However, further investigation of the between-subjects effects revealed that there was not a significant effect of rural residency on self-reported Rural Awareness ($F(1, 358) = .87$, $p < .35$, $\eta_p^2 = .002$), Social Desirability ($F(1, 358) = 1.49$, $p < .22$, $\eta_p^2 = .004$), Rural Knowledge ($F(1, 358) = 1.73$, $p < .19$, $\eta_p^2 = .005$), Rural Skills ($F(1, 358) = 2.96$, $p < .09$, $\eta_p^2 = .008$), and overall rural counseling competence ($F(1, 358) = .11$, $p < .74$, $\eta_p^2 = .001$). Therefore, the fourth and final hypothesis was not supported by the results of this study:

There will be positive, significant relationships among the RCS total and subscale scores and rural residency providing evidence of criterion-related validity.

Social Desirability

Items designed to assess for social desirability were integrated into the RCS. These items loaded around one of the four factors. Correlational analysis indicate significant, positive relationships between the Social Desirability subscale and the Rural Awareness ($r = .11, p < .03$), Rural Knowledge ($r = .17, p < .001$), and Rural Skills ($r = .46, p < .001$) subscales as well as the RCS total scale ($r = .32, p < .001$). Additionally, the Social Desirability subscale was significantly, positively correlated with the MCKAS total scale ($r = .13, p < .01$) and MCKAS Knowledge subscale ($r = .23, p < .001$). These results indicate potential overestimation of competence by participants.

CHAPTER V

DISCUSSION

The initial results support the use of the RCS in measuring competency levels for providing mental health services in rural areas and/or to rural individuals. However, there are several important considerations to be made in regards to the development and validation of the RCS. In the following chapter, the strengths, limitations, and delimitations of this study will be discussed. Additionally, a summary of the research, relationship to previous studies, and implications for future research will be provided.

Summary of the Research

The purpose of this study was the initial development and validation of the Rural Competency Scale (RCS). The RCS is a scale designed to assess competency levels for providing mental health services to rural individuals and/or in rural areas. An exploratory mixed methods design with sequential data collection and analysis (Creswell & Plano Clark, 2007) was used to inform the development of the RCS and included three stages. Stage one included the use of qualitative data to inform the initial item development and provide evidence of content validity. First, a content analysis was performed of the existing literature to identify the main concepts related to rurality and rural stereotyping. There were 77 items developed from the results of the content analysis.

Second, a phenomenological study was conducted. There were 11 participants recruited using the purposeful sampling methods of criterion and convenience sampling. All of the participants were individually interviewed using a semi-structured interview guide covering the following domains: (1) definition of rural areas, (2) perceptions of rurality, (3) considerations of rurality within multicultural counseling education, (4)

potential impact of rurality on the counseling relationship and process, and (5) participants' experiences with rurality. A research team analyzed the data using open coding and met for consensus coding. There were 39 additional scale items developed from the results of the phenomenological study. These items were combined with the 77 items derived from the results of the content analysis and were reviewed for relevancy and redundancy by the research team. The 80 remaining items comprised the first draft of the Counselor Perceptions of Rurality Scale (CPRS).

Stage two included the development and testing of the CPRS. First, an expert review was conducted to assist with the retention and elimination of scale items by determining the relation of scale items to the construct of rurality and reviewing the clarity, flow, and wording of each item. There were seven reviewers recruited for the expert panel using criterion sampling. The experts yielded from the areas of rural issues, multicultural counseling, and assessment. Items were retained, eliminated, and/or revised based on the results of the expert review. After the expert review, 41 scale items remained and comprised the second draft of the CPRS.

Two of the expert reviewers responded to the items as if they were completing the scale rather than reviewing the items. Therefore, the research team met again and reviewed all of the scale items both retained and eliminated. The following changes were made based on the research team's discussions. There were 17 original items eliminated based on the expert review results that were revised and added back to the scale. Another 16 scale items were eliminated despite the retention of these items after the expert review. Seven items retained based on the expert review results were eliminated due to lack of clarity and/or redundancy. There were 17 items added to the scale to better assess

for the constructs of rural awareness, knowledge, and skills, and there were 20 items added to assess for social desirability. Finally, the name of the scale changed to the Rural Competency Scale (RCS).

A pilot study was conducted to test the RCS using a sample representative of the target population. There were five participants recruited to participate in the pilot study using criterion and convenience sampling. These participants were invited to complete the RCS and provide feedback on the clarity, grammar, and spelling of the instructions and scales items, report the time taken to complete the RCS, and provide any additional feedback. The feedback from each participant was thoroughly reviewed and revisions were made to the RCS at the discretion of the primary researcher. The final draft of the RCS consisted of 92 items.

Stage three included the use of quantitative methods to validate the RCS. The data were screened for normality, missing data, and accuracy of score ranges resulting in a final sample of 379 participants for the EFA and internal replication analysis and 360 participants for additional validation analyses. The sample represented a nationwide population of counseling professionals and students across the CACREP (2013b) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling) and from diverse cultural and professional backgrounds. The results of the EFA indicate that a four-factor model is the best model for this sample, accounting for 31.11% of the total variance thereby providing evidence of construct validity.

The revised RCS is a 38-item scale and is comprised of four subscales that measure constructs related to rural counseling competence. Rural Awareness, the first

subscale, assesses respondents' personal biases and assumptions about rurality. The second subscale, Social Desirability, assesses for respondents' desire to provide socially acceptable responses. Rural Knowledge, the third subscale, assesses for respondents' knowledge of rural cultural characteristics, and the potential interplay between those characteristics and the provision of counseling services. The final subscale, Rural Skills, assesses for respondents' ability to provide culturally competent services to rural individuals and/or in rural areas.

An internal replication analysis was performed to determine the replicability of the initial four-factor model. The total sample ($N = 379$) was split into two subsamples using random assignment ($n = 182$ and $n = 197$). Overall, 60.53% of the scale items replicated strongly across the subsamples. More specifically, the items on the Rural Awareness and Rural Knowledge subscales strongly replicated, and the items on the Social Desirability and Rural Skills subscales replicated poorly across the two subsamples. However, it is important to note that the items on the Social Desirability and Rural Skills subscales did cluster together on the same factor within each sample but did not load on the same factor across the two subsamples. The amount of variance accounted for by the four-factor model remained consistent across the subsamples (37.86% and 39.37%). Likewise, the eigenvalues for factors one (7.14, 6.48), two (4.03, 4.60), three (1.95, 2.46), and four (1.27, 1.42) were comparable across the subsamples.

The internal consistency estimates were acceptable for the total RCS ($\alpha = .87$) as well as the Rural Awareness ($\alpha = .87$), Social Desirability ($\alpha = .81$), Rural Knowledge ($\alpha = .75$), and Rural Skills ($\alpha = .86$) subscales for this sample. Additionally, the RCS was significantly, positively correlated with the MCKAS (Ponterotto et al., 2002) providing

evidence of convergent validity. Specifically, the MCKAS total scale was significantly, positively correlated with the Rural Awareness, Social Desirability, Rural Knowledge, and Rural Skills subscales as well as the RCS total scale. Likewise, the MCKAS Knowledge subscale was significantly, positively correlated with the Rural Awareness, Social Desirability, Rural Knowledge, and Rural Skills subscales as well as the RCS total scale. Similarly, the MCKAS Awareness subscale was significantly, positively correlated with the Rural Awareness and Rural Knowledge subscales as well as the RCS total scale.

The relationship between the RCS and rural residency was explored to provide evidence of criterion-related validity. The results indicate a non-significant effect of rural residency on self-reported rural counseling competence. Specifically, the effect of rural residency on Rural Awareness, Social Desirability, Rural Knowledge, Rural Skills, and the RCS total scale was non-significant. Therefore, criterion-related validity was not established.

Finally, the results indicate that social desirability may have influenced how participants responded to the items on the RCS. Responses to the Social Desirability items were found to be significantly, positively correlated with the responses to the Rural Awareness, Rural Knowledge, and Rural Skills subscales as well as the RCS total scale. These results indicate possible overestimation of awareness, knowledge, and skills related to rural counseling competence by participants.

In the future, a CFA could be conducted to test the factor structure of the RCS and additional analyses performed to provide evidence of criterion-related validity and further explore the potential affect of social desirability. Although further validation analyses

are needed, initial results support the use of the RCS in measuring competency levels for providing mental health services in rural areas and/or to rural individuals.

Relationship of the Findings to Prior Studies

Several studies have been conducted to develop and validate instruments to measure multicultural counseling competence (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R; LaFromboise et al., 1991; MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994). The results of this study appear to be consistent with the findings of these studies. The first similarity is the foundation from which the instrument was developed. These instruments have been primarily based on the cross-cultural (Sue et al., 1982) and multicultural (Sue et al., 1992) counseling competencies. The RCS is also based on the multicultural counseling competencies.

The exploratory procedures (i.e., principal axis factoring extraction with a promax rotation) used for this study are consistent with initial validation analyses conducted by other researchers (e.g., Kim et al., 2003; LaFromboise et al., 1991; Ponterotto et al., 2002; Sadowsky et al., 1994). For this study, the four-factor model was found to be the best fitting model, accounting for 31.11% of the total variance. The percentage of variance accounted for by the factor models in similar studies is comparable ranging from 29.8% (Kim et al., 2003) to 63% (LaFromboise et al., 1991). Although internal replication analyses were not performed in similar studies, CFA procedures were commonly used to test the factor structure (e.g., Kim et al., 2003; Ponterotto et al., 2002; Sadowsky et al., 1994) providing support for the use of internal replication to test the replicability of the RCS factor structure. The poor replicability of the Social Desirability and Rural Skills items indicate that the factor model needs further investigation.

The internal consistency estimates for the RCS total and Rural Awareness, Social Desirability, and Rural Skills subscales were also comparable to similar studies with Cronbach's alpha coefficients ranging from .81 to .87 (Kim et al., 2003). The internal consistency estimate for the Rural Knowledge subscale fell slightly below this range ($\alpha = .75$) indicating the need for further reliability analyses.

The means of the RCS total scale (4.38) and Rural Awareness (4.58), Social Desirability (3.65), Rural Knowledge (5.04), and Rural Skills (3.96) subscales are consistent with the means in similar studies. More specifically, the means in previous studies ranged from 2.66 (Kim et al., 2003) to 5.06 (Ponterotto et al., 2002) for subscales measuring awareness and 2.90 (Kim et al., 2003) to 4.96 (Ponterotto et al., 2002) for subscales measuring knowledge. Therefore, participants' responses to the RCS-Revised items appear to be within the range of means for other studies.

The potential affect of social desirability on responses to self-reported scales has been documented (e.g., Constantine, 2000; Constantine & Ladany, 2000; Pope-Davis & Ottavi, 1994; Sadowsky et al., 1998; Worthington et al., 2000). The significant, positive relationships between the Social Desirability subscale and the Rural Awareness ($r = .11$, $p < .03$), Rural Knowledge ($r = .17$, $p < .001$), and Rural Skills ($r = .46$, $p < .001$) subscales as well as the RCS total scale ($r = .32$, $p < .001$) indicate that social desirability may have influenced participant responses to the RCS items. Therefore, investigation of the relationship between social desirability and the RCS is warranted.

Strengths

The RCS is specifically designed to assess for the awareness of biases and assumptions about rurality, knowledge of rural cultural characteristics, and potential use

of appropriate and effective therapeutic skills when providing counseling services to rural individuals and/or in rural areas. The RCS is the first of its kind and has the potential to expand the current literature about multicultural counseling competence and influence the education and supervision of counseling students and professionals. Ultimately and most importantly, the creation of the RCS could improve the provision of appropriate mental health services to rural individuals and/or in rural areas. The significance of this contribution cannot be overstated.

The RCS was developed and validated using a rigorous research design that included exploratory mixed methods with sequential data collection and analyses (Creswell & Plano Clark, 2007). The procedures utilized in this study have been recommended in literature about instrument development (e.g., Colton & Covert, 2007; DeVellis, 2012; Dimitrov, 2012) and are in accordance with the best standards for scale development (AERA, APA, & NCME, 1999). A content analysis and phenomenological qualitative study were performed to develop the RCS items. Then, an expert review, research team review, and pilot study were conducted to finalize the RCS and establish content validity. Finally, quantitative methods were used to provide evidence of construct, convergent, and criterion-related validity as well as internal consistency.

A primary strength and unique component of this study is the use of an internal replication analysis. Replicability analyses are not commonly performed during instrument development despite the valuable information ascertained from the results (Osborne & Fitzpatrick, 2012). Although additional replicability analyses are needed to further investigate the factor structure of the RCS, the results of the internal replication analysis in this study provide insight into areas that require further consideration.

The addition of social desirability items to the RCS is another strength of this study. Social desirability should be assessed given the potential influence on responses to self-report instruments (e.g., Constantine, 2000; Constantine & Ladany, 2000; Pope-Davis & Ottavi, 1994; Sadowsky et al., 1998; Worthington et al., 2000). Although further investigation of the RCS is needed, the initial results support the use of the RCS in measuring competency levels for providing mental health services in rural areas and/or to rural individuals. Therefore, the RCS could potentially be used independent of other scales designed to measure social desirability (e.g., MCSDS; Crowne & Marlowe, 1960).

Limitations

There are several limitations of this study. First, a more extensive examination of the expert review results indicated that two of the seven reviewers assessed the items as if they were completing the scale rather than reviewing the relation of the items to rurality. Consequently, there is a greater likelihood that the results did not accurately specify item retention or elimination based on relation to the construct of rurality. Several authors consider an expert review of scale items to be an important step to providing evidence of content validity (e.g., Colton & Covert, 2007; DeVellis, 2012; Dimitrov, 2012). Although there were additional steps taken to ensure appropriate item retention, the results of the expert review were not considered as heavily as initially intended.

The second limitation of this study is the sample size. More specifically, a larger sample of expert reviewers and pilot study participants could have provided insight into the initial development of the RCS not otherwise considered. Additionally, there were only 508 individuals who agreed to participate in the larger study despite numerous efforts to solicit participation. Of the 508 entries, several cases were removed due to

missing data leaving a sample size of 379 for the exploratory analyses and 360 for additional validation analyses. Given the importance of sample size in factor analyses, several authors recommend ascertaining the largest sample possible (e.g., Costello & Osborne, 2005; Dimitrov, 2012; Field, 2009; Pett et al., 2003) with more specific recommendations of 10-20 participants per item (Costello & Osborne, 2005; Field, 2009; Pett et al., 2003) and between 300 and 400 total participants (Dimitrov, 2012; Field, 2009). For this study, there was a ratio of four participants per item for the initial EFA and five participants per item for the internal replication analysis. Therefore, sample size could have affected the results.

Maturation, the third limitation of this study, may have influenced the final sample size. There were 148 cases missing more than 15% of the data for the RCS and MCKAS (Ponterotto et al., 2002). These cases were removed from the dataset. Although there are several potential reasons for maturation, the length of the study and participants' reactions to the items were the two reasons identified in this study. Participants were asked to respond to 136 items total (i.e., 92-item RCS, 32-item MCKAS, and 12-item demographic information form), which could result in fatigue and ultimately premature termination of participation. Moreover, some of the participants reported taking offense to the wording of the RCS items, which could represent another concern in regards to participation.

The method used for participant recruitment is the fourth limitation to this study. In an attempt to solicit participation nationwide, the CACREP counseling graduate programs directory (CACREP, 2013a) and SAMHSA mental health facility locator (SAMHSA, 2012a) were utilized as well as the CESNET (Kent State University, n.d.),

COUNSGRADS (ACA, 2012), and Diversegrad-L (ACA, 2012) listservs. Additionally, the AARC graciously provided their email list to be used during participant recruitment. These avenues provided multiple opportunities for participant recruitment however there was a heavy reliance on the accuracy of the contact information provided. If the contact information was wrong, it is possible that the invitations sent out to solicit participation were not successfully delivered.

Selection bias is the fifth limitation of this study. Individuals who agreed to participate in the study may be more conscientious and passionate about the field of counseling, multicultural and diversity issues, and/or rural counseling. Personal and professional motivation play a significant role in the decision to participate in research studies like the one being discussed. For example, the heavy use of listservs may have contributed to selection bias given that individuals on the listservs are typically more involved in the profession overall and therefore more willing to participate in research. Selection bias could greatly reduce the generalizability of these results to all counseling students and professionals.

The responses to the MCKAS (Ponterotto et al., 2002) items are the sixth limitation to consider. There are indications that participants may have overestimated their competence and/or responded in ways deemed socially appropriate. For example, the data for MCKAS item 25 were significantly leptokurtic with a kurtosis of 10.36 before and 10.47 after mean substitution was used to remedy missing data. Additionally, there were 166 cases missing data for the fifth item on the MCKAS. Furthermore, the Social Desirability subscale was found to be positively, significantly correlated with the

MCKAS total scale and Knowledge subscale. These are important considerations given the potential effect on the results.

The seventh and final limitation of this study is the potential effect of social desirability on the results. The Social Desirability subscale was positively, significantly correlated with the Rural Awareness, Rural Knowledge, and Rural Skills subscales as well as the RCS-Revised total scale. Participant responses on self-reported scales can be affected by social desirability (e.g., Constantine, 2000; Constantine & Ladany, 2000; Pope-Davis & Ottavi, 1994; Sadowsky et al., 1998; Worthington et al., 2000).

Considering the results of this study, there is a possibility that respondents' overestimated their awareness, knowledge, and skills in terms of rural counseling competence.

Delimitations

There are also several delimitations of the procedures used to develop the RCS items. First, a research team was not utilized during the content analysis which could have reduced the trustworthiness of the study. Second, the items retained after the research team review were not audited to determine their relation to the constructs of rural awareness, knowledge, and skills and social desirability. Third, convenience sampling was used to recruit participants for the phenomenological qualitative study, which reduced the geographic and professional diversity of the sample. Fourth, the use of Skype during the interviewing of participants may have influenced the research process and the results therein. Moreover, these interviews were not analyzed separately from the face-to-face interviews. Fifth, the primary researcher was the only research team member to analyze all 11 transcripts. The other two research team members only analyzed five interviews each. Using more rigorous qualitative methods and taking

additional measures to review item content and wording would have strengthened the item development and ultimately content validity.

An additional delimitation to the study is the recruitment of experts for the expert review. An attempt was made to solicit a professionally diverse group of experts representing rural studies, counseling, and assessment. However, in retrospect, seeking a diverse sample of experts resulted in mixed results overall. For this reason, the research team met to review all of the original scale items to determine what items should be retained and eliminated, a step that could have been eliminated if expert recruitment had been considered in more depth. The initial development of the scale items may have been better served by the recruitment of experts who were solely from the specialties of multicultural issues, social justice, and assessment within the field of counseling.

The sampling method used to recruit pilot study participants is another delimitation of the study. Criterion and convenience sampling were used to recruit pilot study participants, and the invitation was only extended to ten individuals (five counseling graduate students and five counseling professionals), which greatly reduced the variability in the feedback provided. Although time restraints and resources certainly contributed to the method of participant recruitment used, it would have been more beneficial to seek a sample of 20-30 individuals who better represent counseling students and professionals nationwide.

Another delimitation of the study is the length of the initial RCS. The initial RCS consisted of 92 items. These items represented awareness of biases and assumptions about rurality, knowledge of rural cultural characteristics, ability to provide effective counseling services to rural individuals and/or in rural areas, and desire to provide

socially appropriate responses. The original intent behind having a larger number of initial items was to retain only the items that best represented the factors identified during the statistical analyses. However, the length of the RCS may have reduced participation in the study.

The method used to recruit participants for the larger validation study is an additional delimitation of this study. Snowball sampling was used by asking participants to forward the request for participation to their colleagues and/or students. Although it is believed that this sampling method did boost participation in the study, it made it impossible to determine response rate. There is no way to know how many invitations were sent beyond the initial point of contact. Therefore, the response rate is unknown. Additionally, the point of contact at 24 non-CACREP accredited counseling programs was contacted to solicit participation. Although this step was taken to increase the variability of responses, the inclusion of these program may have affected the results in ways not accounted for earlier in the process.

The assessment of rural residency is another delimitation of this study. Respondents were asked to identify the regional demographics of their current and childhood residences and academic institutions by selecting either urban, suburban, or rural. However, respondents were not asked to account for the amount of time spent in a rural area throughout their life or any familial history in rural areas. For example, an individual and her/his family may have lived in a rural area for a number of years and then out-migrated to a suburban or urban area for employment and education but still identify with rurality. Conversely, an individual may move from a suburban or urban area to a rural area but still identify with their original geographic residence. Therefore,

it may be important to consider the amount of time participants were rural residents (e.g., years living in a rural area as a child and adult) and familial history associated with rurality. Additionally, exploring the relationship between the regional demographics of the academic institution and rural counseling competency levels could have been used as another measure of criterion-related validity.

Another delimitation of this study is the failure to include instruments designed to address social justice issues in counseling. The Rural Awareness subscale items primarily relate to participants' biases and assumptions about rurality. There are instruments designed to measure the prejudicial beliefs of participants toward minority groups (e.g., QDI; Ponterotto et al., 1995; Ponterotto et al., 2002) and awareness of privilege and oppression (e.g., POI; Hays et al., 2007). The inclusion of one of these instruments in the study could have provided further evidence of convergent validity.

The final delimitation of this study is the use of "rural individuals" in the scale items and throughout this document. Throughout the study, there were shifts between the use of "individuals from rural areas" to "rural individuals" based on the feedback provided during the expert panel review and pilot study. However, it is important to acknowledge that the use of "rural individuals" limits the person-centered nature of the statements. Using "individuals who identify as rural" or "individuals who identify with rurality" might better serve the purpose of the instrument in the future given the inclusive nature of the statements. The operationalization of identification with rurality is particularly important when considering potential movement from rurality as a purely demographic variable to a cultural variable and further examination of criterion-related validity.

Implications for Training and Supervision of Counseling Students and Professionals

The results of this study provide support for the use of the RCS in the assessment of respondents' competency levels for providing counseling services to rural individuals and/or in rural areas. Given the vital role of multicultural counseling competence in the provision of counseling services (Sue et al., 1992), the RCS could be used to increase awareness of rural counseling competence or lack of among counseling professionals. The importance of rural counseling competence cannot be overstated given the potential impact on the dissemination of counseling services and ultimately therapeutic outcomes. Responses on the RCS could provide a baseline understanding of rural awareness knowledge, and skills in terms of rural counseling competence. Therefore, supervisors can use the RCS to facilitate discussions about ways to increase competency levels and to inform the provision of educational opportunities.

Additionally, the RCS could be used in the training and supervision of counseling students. Counselor educators are charged with the responsibility of ensuring that counseling students are prepared to work with diverse groups of individuals (CACREP, 2009). The cultural characteristics of rural individuals (e.g., Bain et al., 2011; Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003; Ziller et al., 2010) discussed earlier provide the rationale needed to include rurality in discussions about multicultural counseling competence. Therefore, the RCS could be used in multicultural counseling classes and during supervision to provide a solid foundation for the development of rural counseling competence. Moreover, the training and supervision being described would align with the counseling profession's dedication to increase the counseling services provided to rural individuals (NBCC, 2010).

Presently, several professional counseling associations offer online learning opportunities to members (e.g., American Association of Marriage and Family Therapy [AAMFT], 2002-2011; American College Counseling Association [ACCA], 2013; ACA, 2013; American School Counseling Association [ASCA], 2006-2012a) thereby expanding continuing education efforts to rural individuals and areas. Associations like ASCA have taken additional steps by offering site-based training opportunities (ASCA, 2006-2012b), which can also be very valuable to counseling professionals in rural areas. However, barriers that hinder the efforts of rural counseling professionals to receive comparable continuing education may still exist. For example, many of the annual conferences held by professional counseling associations have been held in primarily metropolitan or urban areas (e.g., Nashville, Tennessee; New Orleans, Louisiana; San Francisco, California; Charlotte, North Carolina; Orlando, Florida). Geographic location may be a barrier for rural counseling professionals traveling to and from these conferences. Therefore, further consideration of the unique needs of rural counseling professionals is warranted in the planning and preparation of these annual conferences.

Implications for Future Research

Additional research is needed to better understand the factor structure of the revised 38-item RCS and establish criterion-related validity. First, an external replication analysis is needed. Essentially, another sample would be collected, and a CFA would be conducted using structural equation modeling (SEM) procedures. The goal would be to determine if the factor structure discovered during the EFA is indeed the best-fitting model (DeVellis, 2012; Dimitrov, 2012; Pett et al., 2003). Second, criterion-related validity was not established with the results of the present study. Therefore, further

investigation of the relationship between rural residency and rural counseling competence is needed. Finally, additional investigation of the effect of social desirability is warranted.

Using the RCS in future research could also provide valuable information about rural counseling competency levels of existing and emerging counseling professionals. For example, the RCS could be used in future research to explore the relationship between rural counseling competence and completion of a multicultural counseling course providing insight into the current role rurality plays in the education of counseling students. Likewise, the RCS could be used to gain insight into the differences in competency levels among counselors in each of the CACREP (2013b) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling). Furthermore, it would be helpful to explore rural counseling competence among counseling students and professionals internationally. By engaging in research about international rural counseling competence, we expand the discourse about best practices.

The improvement of therapeutic outcomes for rural clients is another consideration for future research. More specifically, conducting research to inform the development of rural counseling competencies would be beneficial. Rural counseling competencies would provide guidelines for the culturally appropriate provision of mental health services to rural individuals and/or in rural areas. Finally, it could be helpful to understand rural counseling competence from the client's perspective. Research such as this could be conducted using either qualitative or quantitative methods and would

provide valuable insight into how counseling can be used to best serve the needs of rural individuals and/or areas.

There have been several models developed to operationalize the process through which an individual begins to identify with a cultural group or dimension (e.g., Nigrescence Model; Worrell, Cross, & Vandiver, 2001; Homosexual Identity Formation; Cass, 1979, 1984; Feminist Identity Development; Downing & Roush, 1985). As with other cultural groups, there may be themes across the experiences of individuals with rurality nationwide. The identification and operationalization of these themes might be helpful in further understanding the cultural phenomenon of rurality and provide valuable information for counselors engaging with rural clients and/or rural areas. Inherent to this process would be the exploration of possible internalized oppression among individuals who identify with rurality. For example, individuals who identify with rurality may feel shame associated with rurality but later feel pride of their cultural identity.

Conclusions

The RCS is a 38-item instrument designed to measure rural counseling competency levels among counseling students and professionals. The RCS can be used in the training and supervision of counseling professionals and students in multiple settings regardless of geographic location. Additionally, the RCS provides an additional tool to be used in future research studies to gain a better understanding of rural counseling competence.

The findings of this research study appear to be consistent with other studies conducted to develop and validate instruments to measure multicultural counseling competence (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R; LaFromboise et al., 1991;

MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994). Additionally, this study has several strengths including the rigorous research design used to develop and validate the instrument, the incorporation of an internal replication analysis, and the inclusion of social desirability items in the scale.

Although there are several limitations and delimitations of this study, the results do provide initial validation evidence of the RCS. However, there is a need for more research to further validate the instrument. More specifically, additional research is needed to explore the factor structure of the RCS and establish criterion-related validity. However, once additional validation studies are performed, the RCS could provide a groundbreaking step toward the dissemination of effective therapeutic services in rural areas and to rural individuals.

CHAPTER SIX**MANUSCRIPT****Initial Development and Validation of the Rural Competency Scale**

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Abstract

The authors describe the initial development and validation of the Rural Competency Scale (RCS), a scale designed to measure counselors' competency levels for providing mental health services to rural individuals and/or in rural areas. Scale development and the results of the factor analyses and validation procedures are discussed.

Keywords: rurality, rural counseling competence, scale development, exploratory factor analysis, validation analyses

Initial Development and Validation of the Rural Competency Scale

The counseling profession has increased its attention to dismantling cultural encapsulation (Wrenn, 1962) with the development, implementation, and operationalization of multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992). Developers of these guidelines, based on a narrowed definition of culture to include the four primary minority groups (i.e., African Americans, American Indians, Asian Americans, and Hispanics/Latinos), intended to foster a respect for cultural diversity and better understand the impact of oppression on clients' lives.

Several instruments are available to assess multicultural counseling competence, including the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), and Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R; Kim, Cartwright, Asay, & D'Andrea, 2003).

Additionally, the factors associated with multicultural counseling competence (e.g., racial and ethnic identity development; racist, ageist, and gender role beliefs; the psychosocial costs of racism; and colorblindness) have been explored (e.g., Chao, 2012; Chao & Nath, 2011; Chao, Wei, Good, & Flores, 2011; Constantine, 2002; Constantine, 2007; Constantine & Gushue, 2003; Constantine, Juby, & Liang, 2001; Cumming-McCann & Accordino, 2005; McBride & Hays, 2012; Middleton et al., 2005; Neville, Spanierman, & Doan, 2006; Ottavi, Pope-Davis, & Dings, 1994; Spanierman, Poteat, Wang, & Oh, 2008).

Unfortunately, the multicultural counseling competencies (Sue et al., 1992) as well as the instruments developed to measure them (e.g., MAKSS-CE-R; Kim et al., 2003; CCCI-R; LaFromboise et al., 1991; MCKAS; Ponterotto et al., 2002; MCI; Sadowsky et al., 1994) do not include rurality as a cultural domain. *Rurality* is defined geographically and culturally. Geographically, rural areas are defined as “all population, housing, and territory” that is not “densely developed” and “encompasses all population, housing, and territory not included within an urban area” (U.S. Census Bureau, 2010, para. 1, 3). Culturally, rurality includes a strong work ethic (Hann-Morrison, 2011; Logan, 1996; Thorngren, 2003), distrust of outsiders (Bradley, Werth, & Hastings, 2012; Flora, 2008), connection to and reliance on the land (Flora, 2008; Lapping, 1999; Thorngren, 2003), sense of safety with natural surroundings (Logan 1996), respect for traditions (Hann-Morrison, 2011; Lapping, 1999), lower socioeconomic status and increased utilization of public assistance (Ziller, Anderson, & Coburn, 2010), religious and/or spiritual affiliation (Hann-Morrison, 2011), access to fewer resources (Bain, Rueda, Villarreal, & Mundy, 2011; Bradley et al., 2012; Hann-Morrison, 2011; Thorngren, 2003), reduced completion of formal education (Flora, 2008; Ziller et al., 2010), and solid familial and community relationships (Bradley et al., 2012; Flora, 2008; Hann-Morrison, 2011; Lapping, 1999; Logan, 1996; Thorngren, 2003). Given the possibility of outmigration, the cultural characteristics of rurality can be encountered inside or outside of rural areas.

Additionally, there are several considerations for the dissemination of mental health services in rural areas and/or to rural individuals. According to the Substance Abuse and Mental Health Services Administration (SAMHSA; 2012), the prevalence of

any and serious mental health concerns were slightly higher in rural or nonmetropolitan areas than in small and large metropolitan areas in 2009 coupled with a shortage of mental health professionals to meet these needs (SAMHSA, 2012). Furthermore, rural individuals were found to prematurely terminate mental health services (Fortney, Harman, Xu, & Dong, 2010). Therefore, there is a need for the dissemination of culturally appropriate counseling services to ensure the mental health concerns of rural individuals are adequately addressed.

There are currently no instruments available to evaluate counselors and trainees on their competency levels for providing mental health services to rural individuals and/or in rural areas. Additionally, it would be difficult to adapt existing instruments to assess for rural counseling competence given the complex definition of rurality and the service implications therein. Therefore, the purpose of this study was the initial development and validation of the Rural Competency Scale (RCS), a scale designed to assess counselors' competency levels for providing mental health services to rural individuals and/or in rural areas. The following research questions were addressed: (1) What is the factor structure of the RCS?; (2) What is the internal consistency of the RCS for a sample of counseling students and professionals?; (3) What is the relationship between the RCS and the MCKAS (Ponterotto et al., 2002)?; and (4) What is the relationship between the RCS and rural residency?

Method

An exploratory mixed methods design (Creswell & Plano Clark, 2007) was used to inform the development and validation of the RCS. First, a content analysis and phenomenological study were performed to develop the RCS items. Second, an expert

review, research team review, and pilot study were conducted to finalize the RCS and establish content validity. Finally, exploratory factor (EFA), internal replication, reliability, and validity analyses were performed to determine the psychometric properties of the RCS.

Stage One: Qualitative Data Collection and Analysis

Content analysis. The primary researcher conducted the content analysis. The unobtrusive data source was literature about rurality and rural stereotyping. An open coding of the rurality literature was used to specify emerging categories or themes. The themes represented eight constructs, including: (1) behavioral characteristics, (2) connection to geographic residence, (3) education and intelligence, (4) labels, (5) appearance, speech, and religious affiliation, (6) socioeconomic status, (7) interpersonal relationships, and (8) mental health. The primary researcher generated 56 items for these constructs from the literature, 10 items from personal experiences, and 11 items related to media depictions of rurality – resulting in 77 initial scale items.

Qualitative item development study. The primary researcher performed a phenomenological study to explore and describe the individual and collective experiences of counseling students and professionals with the phenomenon of rurality. There were 18 counseling students and professionals identified in the Mid-Atlantic region of the United States who were known and easily accessible to the primary researcher prior to the study. These 18 individuals were invited, and 11 agreed to participate in the study. The participants were individually interviewed using a semi-structured interview guide including the following investigatory domains: (1) definition of rural areas, (2) perceptions of rurality, (3) considerations of rurality within multicultural counseling

education, (4) potential impact of rurality on the counseling relationship and process, and (5) additional relevant information. After the first interview, a sixth domain was added to intentionally capture participants' personal experiences with rurality. Participants were asked to review the interview transcripts, make changes, add comments, and answer follow-up questions.

The research team consisted of three doctoral students with experience and training in qualitative research. Before analyzing the data, each research team member bracketed her/his biases and assumptions about rurality, the role of rurality in counseling and counselor education, and potential participant responses. The research team independently and through consensus identified textural descriptions of rurality (number of items in parentheses): rural areas (4), rural individuals (13), values (5), multicultural education and rurality (7), counseling relationship and process (5), and barriers to counseling (5). The initial scale items developed from the results of the content analysis and qualitative item development study were then combined. The research team reviewed the 116 scale items and collapsed items representing similar content. There were 80 items remaining at the conclusion of stage one.

Stage Two: Developing and Testing the Scale

Expert panel review. Invitations to participate in the expert panel review were sent to 30 faculty members with expertise in rural issues, multicultural counseling, and assessment. Of the 30 experts invited, seven agreed to participate. Expert reviewers read the description of rurality and rated the degree to which each item pertained to rurality on an 8-point Likert scale ranging from *not at all* (0) to *totally* (7). Additionally, expert reviewers indicated retention or elimination of scale items as well as reviewed the clarity,

flow, and wording of each item. Finally, expert reviewers provided feedback about each item as well as offered suggestions for item additions at the conclusion of the review. Items were retained if 86% of the expert reviewers (6 out of 7 reviewers) agreed that the item related to rurality, or if 71% of the expert reviewers (5 out of 7 reviewers) agreed, and the item was given a mean score of 5.00 or better. These processes resulted in 41 scale items.

Research team review. Two of the expert reviewers responded as if they were completing the scale rather than reviewing the items. Therefore, the research team conducted an extensive review of all scale items given the potential for the feedback provided by these two reviewers to skew the results. As a result of the review, 17 original items that were eliminated based on the expert review results were revised and added back to the scale. Additionally, 16 scale items retained based on the expert review results were revised, and seven items were eliminated due to lack of clarity and/or redundancy.

The scale was determined to assess for counselor competency levels for providing services to rural individuals and/or in rural areas. Using the multicultural counseling competencies (Sue et al., 1992) as the foundation, another 17 items were added to the scale in an attempt to better assess for rural awareness, knowledge, and skills. Additionally, 20 items were added to assess for social desirability. The 88-item scale was named the Rural Competency Scale (RCS) and used in the pilot study.

Pilot study. There were 10 counseling students and professionals identified who were known and easily accessible to the primary researcher prior to the pilot study. These 10 individuals were invited, and 5 agreed to participate in the study. Participants were instructed to respond to each item on a 6-point Likert scale ranging from *strongly*

disagree (1) to *strong agree* (6). After responding to the scale items, participants were invited to answer the following questions: (1) Were the instructions clear, and did they provide enough information for successfully completing the assessment? If not, please provide suggestions for revisions. (2) Were there any items with misspelled words? If so, please identify the items. (3) Were there any items with incorrect grammar? If so, please identify the items. (4) Were there any items that lacked clarity? If so, please specify the items that lacked clarity. (5) Approximately how long did it take you to complete the assessment? (6) Is there any additional feedback you would like to provide for further revisions?

There were several changes made to the scale items based on the feedback provided. Specifically, the contractions were removed, concepts like “rural experts” and “institutional barriers” were operationalized, “individuals from rural areas” was changed to “rural individuals”, double-barreled items were split into two different items, changes were made to specific scale items for clarity, and an introductory statement was added to inform respondents that the items refer only to rurality in the United States. After making these changes, 92 scale items remained and were used in the third stage of the study.

Stage Three: Quantitative Data Collection and Analyses

Data screening. The skewness and kurtosis of the data were examined to assess normality, missing data were identified and appropriately addressed, and data were examined for accuracy (i.e., accuracy of score ranges and participation criteria were checked) during data screening. Using the recommendations of Mertler and Vannatta (2010), cases missing more than 15% of responses were removed from the dataset, and cases with less than 15% missing data were retained and mean substitution was used.

There were 508 participants in the sample before data screening. There were 119 cases removed due to missing data and another 10 removed due to participant disqualification before the exploratory factor and internal replication analyses were performed leaving a sample of 379 participants. The skewness (.01 to -1.76) and kurtosis (-.01 to 3.74) of the RCS items indicated slight leptokurtosis. The data were further explored to ensure accuracy of score ranges.

The data were screened a second time before performing additional validation analyses. Using the same criterion, 19 additional cases were removed leaving a sample of 360 participants. The skewness (.12 to 2.85) and kurtosis (-.10 to 10.47) of the MCKAS items indicated significant leptokurtosis. Further investigation revealed that data for item 25 on the MCKAS (i.e., “I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.”) was significantly leptokurtic (10.47). Additionally, there were 166 cases with missing data for item five on the MCKAS (i.e., “I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any client.”). The data were further explored to ensure accuracy of score ranges. Finally, Levene’s test were non-significant for the Rural Awareness ($p = .69$), Social Desirability ($p = .26$), Rural Knowledge ($p = .49$), and Rural Skills ($p = .11$) subscales and the RCS total scale ($p = .84$), indicating the assumption of homogeneity of variance was met.

Participants. Of the national sample, 19% identified as male ($n = 72$) and 81% as female ($n = 307$). The median age of the participants was 30 with ages ranging from 20 to 69. Approximately 81% of the participants identified as White/European/Caucasian ($n = 307$), 6.6% as African/Black American ($n = 25$), 5% as Hispanic/Latino/Latina

American ($n = 19$), 3.9% as multiracial ($n = 15$), 2.1% as Asian American/Pacific Islander ($n = 8$), .8% as international ($n = 3$), .3% as Native American ($n = 1$), and .3% as other ($n = 1$). Approximately 88.1% of the participants identified as heterosexual ($n = 334$), 5.8% as gay or lesbian ($n = 22$), 5% as bisexual ($n = 19$), and .5% as other ($n = 2$; two participants did not respond). Regarding the regional demographics of their current residence, 46.2% selected suburban ($n = 175$), 31.1% rural ($n = 118$), and 22.4% urban ($n = 85$; one participant did not respond). Regarding the regional demographics of their childhood residence, 51.7% selected suburban ($n = 196$), 31.9% urban ($n = 121$), and 16.4% rural ($n = 62$).

Approximately 55.7% of the participants identified as master's level students ($n = 211$), 17.4% as counseling professionals ($n = 66$), 14.8% as Ed.S./Ph.D. students ($n = 56$), and 11.3% as counselor educators ($n = 43$; three participants did not respond). Of the sample, about 46.9% identified their specialty track as clinical mental health counseling ($n = 178$); 23.5% as school counseling ($n = 89$); 9.5% as marriage, couple, and family counseling ($n = 36$); 9% as student affairs and college counseling ($n = 34$), 4% as addiction counseling ($n = 15$), .8% as career counseling ($n = 3$), and 6.3% as other ($n = 24$). An estimated 35.6% of the participants reported having a valid counseling license and/or certification ($n = 135$; two participants did not respond).

Of the sample, approximately 47.2% of the participants identified the regional demographics of the university they are currently attending or last attended as urban ($n = 179$), 40.1% as suburban ($n = 152$), and 12.4% as rural ($n = 47$; one participant did not respond). Approximately 86.5% of the participants identified the counseling program they currently attend or last attended as CACREP accredited ($n = 328$; six participants did

not respond). Approximately 70.2% of the participants reported completing ($n = 266$) and 9% reported being currently enrolled in a multicultural counseling class ($n = 34$; four participants did not respond).

Procedure. Requests for participation were disseminated via email. The email included a brief description of the study, anticipated completion time, and the survey link. After completing the instruments, participants were given the opportunity to be entered for a chance to win one of four \$25.00 gift cards to a popular retail store and request a technical brief of the results.

The primary researcher employed criterion and snowball sampling methods to recruit a national sample of counseling students and professionals across the CACREP (2013) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling). Specifically, the primary researcher contacted liaisons at 260 CACREP accredited and 24 non-CACREP accredited counseling programs as well as 57 randomly selected mental health agencies; posted the survey invitation on four counseling related listservs; and distributed the request for participation to 336 members of a national counseling association. All of the individuals who received an invitation were also asked to forward the request to their colleagues and/or students.

Instrumentation. By clicking the survey link, participants were forwarded to the informed consent document, RCS, MCKAS (Ponterotto et al., 2002), and demographic information form.

RCS. The RCS is a 92-item scale measuring counselors' competency levels for providing mental health services to rural individuals and/or in rural areas. Items are rated

on a 6-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (6) with higher scores indicating higher levels of competency for the total scale and any respective subscales. There are 30 items to measure awareness of biases and assumptions about rural individuals and areas, 27 items to assess knowledge of rural culture and the potential interplay between rurality and counseling, 15 items to measure skill level when working with rural individuals and/or in rural areas, and 20 items to assess social desirability.

MCKAS. The MCKAS (Ponterotto et al., 2002) is a 32-item scale that measures respondents' multicultural counseling competence in relation to multicultural knowledge (20 items) and awareness (12 items). Items on the MCKAS are rated on a 7-point Likert scale ranging from being *not at all true* (1) to *totally true* (7). The MCKAS is a revision of the MCAS (Ponterotto, Sanchez, & Magids, 1991), a 45-item scale based on the cross-cultural counseling competencies developed by APA's Education and Training Committee of Division 17 (Sue et al., 1982). Previous research indicates strong construct validity as evidenced by significant, positive relationships with other multicultural assessments (i.e., Multigroup Ethnic Identity Measure [MEIM], Phinney, 1992; MCI; Sadowsky et al., 1994) and a significant, negative relationship with the Marlowe Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960). Furthermore, internal consistency estimates for the current sample were as follows: MCKAS total scale ($\alpha = .91$), MCKAS Awareness subscale ($\alpha = .89$), and Knowledge subscale ($\alpha = .84$). Regarding the current sample, scores on the Knowledge ($M = 5.27$, $SD = .79$) and Awareness ($M = 5.85$, $SD = .77$) subscales were high when compared to the findings of Ponterotto et al. (2002).

Demographic information form. Participants were asked to report their age, gender, race/ethnicity, sexual orientation, and primary professional identity as well as any certifications or licensure, CACREP accreditation of the counseling program they currently attend or last attended, whether they completed a multicultural counseling class, counseling specialty track, and the regional demographics of the university they currently attend or last attended as well as their childhood and current residences. There were 12 items on the demographic information form.

Results

Exploratory Factor Analysis (EFA)

An EFA was conducted to explore the underlying factor structure of the 92-item RCS. Bartlett's test of sphericity was significant ($\chi^2 [4186] = 16025.24, p < .001$) and the Kaiser-Meyer-Olkin measure of sampling adequacy was high (.86), indicating that the data were suitable for factor analysis. Initial analysis of the total sample ($N = 379$) using principal axis factoring extraction and a promax rotation yielded 22 eigenvalues greater than one (eigenvalues ranged from 1.03 to 12.03). Examination of the scree plot showed a break at four and six factors. The four-factor model was determined to be the best fitting model and accounted for 31.11% of the total variance (eigenvalues and percent variance in parentheses): Factor 1 – Rural Awareness (11.43, 12.43%); Factor 2 – Social Desirability (8.62, 9.37%); Factor 3 – Rural Knowledge (5.33, 5.79%); and Factor 4 – Rural Skills (3.24, 3.57%). The oblique rotation was supported by positive, significant relationships among the RCS total scale and subscales (see Table 1).

The extraction communalities were examined and found to account for varying amounts of variance ranging from .02 to .67. There were 22 items eliminated using the

factor loading criterion of .40 or higher, and 7 items were eliminated due to cross-loadings of .30 or higher. The loadings on each factor were then examined, and 25 items were eliminated due to redundancy and content inconsistency. The factor loadings of the 38 retained items ranged from .41 to .64 (Factor 1), .42 to .73 (Factor 2), .43 to .58 (Factor 3), and .43 to .71 (Factor 4; see Table 2).

Factor 1 examines respondents' biases and assumptions about rural individuals and areas and includes 16 items (9 were eliminated). Item 32 on the RCS-Revised had the highest loading on factor 1 (.64): "In my opinion, rural individuals have jobs that require hard, physical labor." Factor 2 measures social desirability and includes 8 items (8 were eliminated). Item 66 had the highest loading on factor 2 (.73): "I am confident that I am culturally competent when working with all rural clients."

Factor 3 contains 8 items (5 were eliminated) designed to assess respondents' knowledge of rural cultural characteristics, and the potential interplay between those characteristics and the provision of counseling services. For example, item 90 had the highest loading on factor 3 (.58): "In my opinion, rural individuals do NOT experience discrimination specific to their culture." Factor 4 includes 6 items (2 items were retained despite cross-loadings because of the relevancy of the items and to strengthen the subscale) measuring respondents' ability to provide culturally competent counseling services to rural individuals and/or in rural areas. Item 79 had the highest loading on factor 4 (.71): "When working with rural individuals, I consult with rural experts (e.g., scholars of rural studies, community members) when appropriate."

Internal Replication Analysis

An internal replication analysis was performed using the 38-item RCS to explore the likelihood of factor structure replicability in future samples (Osborne & Fitzpatrick, 2012; Thompson, 2004). First, two subsamples were created from the original dataset of 379 participants using random assignment. Bartlett's test of sphericity was significant, and the Kaiser-Meyer-Olkin measure of sampling adequacy was high for subsample one ($n = 182$; $\chi^2 [703] = 2777.46, p < .001; .82$) and subsample two ($n = 197$; $\chi^2 [703] = 2987.44, p < .001; .83$) indicating that the data were suitable for factor analysis.

An EFA was performed using principal axis factoring extraction and a promax rotation with each of the two subsamples. Results indicate strong replicability for the items on factors 1 and 4 (i.e., squared differences of factor loadings did not exceed 1) and poor replicability for the items on factors 2 and 3 (see Table 3). Overall, 60.53% of the RCS items replicated strongly across the two subsamples. The subsamples accounted for comparable amounts of variance with the four-factor model accounting for 37.86% of the total variance in the first subsample and 39.37% in the second subsample. Additionally, the eigenvalues for factors 1 (7.14, 6.48), 2 (4.03, 4.60), 3 (1.95, 2.46), and 4 (1.27, 1.42) were comparable across the subsamples. Finally, the extraction communalities were examined and found to account for comparable amounts of variance ranging from .12 to .66 for the first subsample and .17 to .75 for the second subsample.

Internal Consistency

The internal consistency estimates were acceptable for the 38-item RCS total scale ($\alpha = .87$) and the Rural Awareness ($\alpha = .87$), Social Desirability ($\alpha = .81$), Rural Knowledge ($\alpha = .75$), and Rural Skills ($\alpha = .86$) subscales. Additionally, the corrected

item-total correlations ranged from .26 to .71. The mean item-total correlation for the RCS total scale was .52, and .51 for the Rural Awareness, .52 for the Social Desirability, .45 for the Rural Knowledge, and .66 for the Rural Skills subscales.

Convergent Validity

Convergent validity was established by significant, positive correlations between the 38-item RCS and MCKAS (Ponterotto et al., 2002). The MCKAS total scale and the Knowledge subscale are significantly, positively correlated with the RCS total scale and subscales. The MCKAS Awareness subscale is significantly, positively correlated with the RCS total scale and Rural Awareness and Knowledge subscales but not the Social Desirability and Rural Skills subscales (see Table 1).

Criterion-Related Validity

The relationship between rural residency and scores on the RCS subscales and total scale was explored using a multivariate analysis of variance (MANOVA) to provide evidence of criterion-related validity. Rural residency was identified via participants' report of current and/or childhood rural residency on the demographic information form. Pillai's trace values indicated non-significance between rural residency and rural counseling competence ($V = .02$, $F [1, 355] = 2.22$, $p < .07$, $\eta_p^2 = .02$), Rural Awareness ($F [1, 358] = .87$, $p < .35$, $\eta_p^2 = .002$), Social Desirability ($F [1, 358] = 1.49$, $p < .22$, $\eta_p^2 = .004$), Rural Knowledge ($F [1, 358] = 1.73$, $p < .19$, $\eta_p^2 = .005$), Rural Skills ($F [1, 358] = 2.96$, $p < .09$, $\eta_p^2 = .008$), and overall rural counseling competence ($F [1, 358] = .11$, $p < .74$, $\eta_p^2 = .001$).

Social Desirability

Correlational analyses indicate significant, positive relationships between the Social Desirability subscale and the Rural Awareness ($r = .11, p < .03$), Rural Knowledge ($r = .17, p < .001$), and Rural Skills ($r = .46, p < .001$) subscales as well as the RCS total scale ($r = .32, p < .001$). Additionally, the Social Desirability subscale was significantly, positively correlated with the MCKAS total scale ($r = .13, p < .01$) and MCKAS Knowledge subscale ($r = .23, p < .001$; see Table 1).

Discussion

The RCS is a 38-item scale designed to measure rural counseling competence among counseling students and professionals. A content analysis, qualitative item development study, expert review panel, research team review, and pilot study were conducted, and the results of each provide evidence of content validity. The results of the EFA provide initial evidence of construct validity indicating a four-factor solution for the sample (i.e., Rural Awareness, Social Desirability, Rural Knowledge, and Rural Skills). Internal replication analyses indicated strong replicability of the Rural Awareness and Rural Knowledge subscales and poor replicability of the Social Desirability and Rural Skills subscales across the two subsamples.

The internal consistency estimates were acceptable for the total RCS and all respective subscales providing evidence of reliability. Significant, positive correlations between the MCKAS (Ponterotto et al., 2002) and RCS provide evidence of convergent validity. Consequently, as expected, the RCS and MCKAS appear to be measuring similar constructs. However, the association between rural residency and the RCS total scale and subscales was not significant. The effect sizes for the convergent validity

analyses ranged from small to medium ($r = .13$ to $.50$), and the effect sizes for the criterion-related validity analyses were small ($\eta_p^2 = .001$ to $.02$).

The theoretical foundation for the item development and exploratory procedures utilized in this study appear to be consistent with other studies conducted to develop and validate instruments to measure multicultural counseling competence (e.g., Kim et al., 2003; LaFromboise et al., 1991; Ponterotto et al., 2002; Sadowsky et al., 1994). Additionally, this study has several strengths including the rigorous research design used to develop and initially validate the instrument, the incorporation of an internal replication analysis, and the inclusion of social desirability items in the scale.

Limitations

There are several limitations of this study. First, numerous methods could have been used to strengthen the RCS item development and ultimately content validity (e.g., utilizing a research team during the content analysis, recruiting experts exclusively from the field of counseling). Further examination of the expert review ratings indicated that 2 of the 7 reviewers assessed the items as if they were completing the scale rather than reviewing the relation of the items to rurality. Although an additional measure was taken to ensure content validity (i.e., research team review), another round of expert review could have been useful.

The second limitation of this study is the sampling method used during participant recruitment for the qualitative item development, pilot, and larger validation studies. The use of convenience sampling could have greatly reduced the variability in responses. Although time restraints and resources certainly contributed to the method of participant recruitment used, it might have been more beneficial to seek a sample better representing

counseling students and professionals nationwide to increase the generalizability of the results. Additionally, snowball sampling was used by asking participants to forward the request for participation to their colleagues and/or students. Although it is believed that this sampling method did boost participation in the study, it made it impossible to determine response rate.

Sample size is the third limitation of this study. More specifically, a larger sample of expert reviewers and pilot study participants could have provided insight into the initial development of the RCS not otherwise considered. Additionally, given the importance of sample size in factor analyses, several authors recommend ascertaining the largest sample possible (e.g., Costello & Osborne, 2005; Dimitrov, 2012; Field, 2009; Pett, Lackey, & Sullivan, 2003) with more specific recommendations of 10-20 participants per item (Costello & Osborne, 2005; Field, 2009; Pett et al., 2003) and between 300 and 400 total participants (Dimitrov, 2012; Field, 2009). For this study, there was a ratio of four participants per item for the initial EFA and five participants per item for the internal replication analysis. Therefore, although the Bartlett's test of sphericity and Kaiser-Meyer-Olkin measure of sampling adequacy indicated suitability of the data for factor analysis, sample size could have affected the results.

The fourth limitation of this study is maturation. There were 148 cases missing more than 15% of the data for the RCS and MCKAS (Ponterotto et al., 2002). Although there are several potential reasons for maturation, the length of the study and participants' reactions to the items were the two reasons identified in this study. Participants were asked to respond to 136 items total (e.g., 92-item RCS, 32-item MCKAS, and 12-item demographic information form), which could result in fatigue and ultimately premature

termination of participation. Moreover, a few participants reported taking offense to the wording of the RCS items, which could represent a larger concern in regards to participation.

Selection bias is the fifth limitation of this study. Individuals who agreed to participate in the study may be more conscientious and passionate about the field of counseling, multicultural and diversity issues, and/or rural counseling. Personal and professional motivation play a significant role in the decision to participate in research studies like the one being discussed. Therefore, selection bias may have greatly reduced the generalizability of these results to all counseling students and professionals.

The sixth limitation of this study is the assessment of rural residency. Respondents were asked to identify the regional demographics of their current and childhood residences and academic institutions by selecting urban, suburban, or rural. However, respondents were not asked to account for the amount of time spent in a rural area throughout their life (e.g., years living in a rural area as a child and adult). The amount of time spent in rural areas could have provided valuable insight into the relationship between rural residency and rural counseling competence. Additionally, exploring the relationship between the regional demographics of the academic institution and rural counseling competence could have provided further evidence of criterion-related validity.

The potential effect of social desirability is another limitation of this study. The Social Desirability subscale was significantly, positively correlated with the Rural Awareness, Rural Knowledge, and Rural Skills subscales as well as the RCS total scale. Additionally, the Social Desirability subscale was significantly, positively correlated with the MCKAS total scale and MCKAS Knowledge subscale which could explain the

significant leptokurtosis of MCKAS item 25 and the missing data for MCKAS item five. The potential effect of social desirability on responses to self-reported scales has been documented (e.g., Constantine, 2000; Constantine & Ladany, 2000; Pope-Davis & Ottavi, 1994; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998; Worthington, Mobley, Franks, & Tan, 2000). These results indicate possible overestimation of competence by participants.

The final limitation of this study is the failure to include instruments designed to address social justice issues. The Rural Awareness subscale items primarily relate to participants' biases and assumptions about rurality. There are instruments designed to measure the prejudicial beliefs of participants toward minority groups (e.g., Quick Discrimination Index [QDI]; Ponterotto et al., 1995; Ponterotto, Potere, & Johansen, 2002) and awareness of privilege and oppression (e.g., Privilege and Oppression Inventory [POI]; Hays, Chang, & Decker, 2007). The inclusion of one of these instruments in the study could have provided further evidence of convergent validity.

Implications for Training and Supervision

The results of this study provide support for the use of the RCS in the assessment of competency levels for providing counseling services to rural individuals and/or in rural areas. The RCS could be used in the training and supervision of counseling students and professionals to provide a solid foundation for the development of rural counseling competence. Responses on the RCS could provide a baseline understanding of rural awareness, knowledge, and skills and facilitate discussions in counseling courses, trainings, and/or supervision about ways to increase competency levels. Moreover, the training and supervision being described would align with the counseling profession's

dedication to increase the counseling services provided to rural individuals (National Board for Certified Counselors [NBCC], 2010).

Presently, many of the annual conferences offered by professional counseling associations have been held in primarily metropolitan or urban areas (e.g., Nashville, Tennessee; New Orleans, Louisiana; San Francisco, California; Charlotte, North Carolina; Orlando, Florida). Geographic location may be a barrier for rural counseling professionals traveling to and from these conferences. Therefore, further consideration of the unique needs of rural counseling students and professionals is warranted in the planning and preparation of these annual conferences.

Implications for Future Research

Additional research is needed to better understand the factor structure of the revised 38-item RCS and establish criterion-related validity. First, an external replication analysis is needed. Essentially, another sample would be collected, and a confirmatory factor analysis (CFA) would be conducted using structural equation modeling (SEM) procedures. The goal would be to determine if the factor structure discovered during the EFA is indeed the best-fitting model (DeVellis, 2012; Dimitrov, 2012; Pett et al., 2003). Second, criterion-related validity was not established. Therefore, further investigation of the relationship between rural residency and rural counseling competence is needed. Finally, additional investigation of the effect of social desirability is warranted.

The RCS could also be used in future research to explore the relationship between rural counseling competence and completion of multicultural counseling courses and/or training providing insight into the current role rurality plays in the education of counseling students and professionals. Likewise, the RCS could be used to gain insight

into the differences in competency levels among counselors in each of the CACREP (2013) specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling). Furthermore, it would be helpful to explore the similarities and differences between rural counseling competence among counseling students and professionals in the United States and internationally.

The improvement of therapeutic outcomes for rural clients is another consideration for future research. More specifically, conducting research to inform the development of rural counseling competencies would be beneficial. Rural counseling competencies would provide guidelines for the culturally appropriate provision of mental health services to rural individuals and/or in rural areas. Finally, it could be helpful to understand rural counseling competence from the client's perspective. Research such as this could be conducted using either qualitative or quantitative methods and would provide valuable insight into how counseling can be used to best serve the needs of rural individuals and/or areas.

There have been several models developed to operationalize the process through which an individual begins to identify with a cultural group or dimension (e.g., Nigrescence Model; Worrell, Cross, & Vandiver, 2001; Homosexual Identity Formation; Cass, 1979, 1984; Feminist Identity Development; Downing & Roush, 1985). As with other cultural groups, there may be themes across the experiences of rural individuals with rurality. The identification and operationalization of these themes might be helpful in further understanding the cultural phenomenon of rurality and provide valuable information for counselors engaging with rural clients and/or rural areas.

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Table 1
Convergent Validity of the RCS

	RCS Rural Awareness	RCS Social Desirability	RCS Rural Knowledge	RCS Rural Skills	RCS Total	MCKAS Knowledge	MCKAS Awareness	MCKAS Total
RCS Rural Awareness	1.00	.11*	.15**	.15**	.82**	.27**	.42**	.38**
RCS Social Desirability		1.00	.17**	.46**	.32**	.23**	-.09	.13*
RCS Rural Knowledge			1.00	.38**	.56**	.45**	.27**	.45**
RCS Rural Skills				1.00	.63**	.32**	.01	.24**
RCS Total					1.00	.45**	.38**	.50**
MCKAS Knowledge						1.00	.39**	.92**
MCKAS Awareness							1.00	.73**
MCKAS Total								1.00

Note. * $p=.05$, ** $p=.01$

Table 2

Rotated Factor Loadings, Extraction Communalities, Item-Total Correlations, Items Means and Standard Deviations of the RCS

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
Factor One: Rural Awareness								
32. In my opinion, rural individuals have jobs that require hard, physical labor.*	.64	-.07	-.08	-.03	.39	.53	3.23	1.09
71. I believe rural individuals are uneducated.*	.62	.17	.02	-.02	.45	.60	5.04	.86
4. I believe rural individuals are less sophisticated than individuals from other areas.*	.59	.11	.05	.05	.41	.59	4.75	1.14
42. In my opinion, rural individuals are prone to violence.*	.59	.08	.12	-.13	.41	.59	4.97	.88
5. In my opinion, rural individuals do NOT value technological advancement.*	.59	.06	.15	.02	.41	.58	5.06	.92
65. I believe rural individuals have a Christian worldview.*	.59	-.17	-.05	.19	.38	.52	3.59	1.07
72. I can tell by looking at someone whether or not they are from a rural area.*	.58	-.11	.18	-.03	.38	.56	5.11	.93
6. I believe rural individuals are more likely to abuse substances.*	.55	.09	.04	-.08	.33	.54	4.82	1.15
28. I can tell by hearing someone speak whether or not she/he is from a rural area.*	.52	.16	.19	-.24	.34	.53	4.72	1.08
45. I believe rural individuals are intolerant of diversity.*	.51	.02	.03	.15	.30	.50	4.27	.97
16. In my opinion, rural individuals are economically disadvantaged.*	.50	.18	-.21	-.14	.31	.43	4.01	1.21

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
19. In my opinion, sexually deviant behaviors are common among rural individuals.*	.48	-.05	.14	-.21	.29	.45	5.18	.85
36. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.*	.48	-.05	.15	.12	.28	.47	4.51	1.22
46. In my opinion, rural individuals supplement store bought food with food from the land.*	.45	-.11	-.06	-.02	.21	.36	3.52	1.05
37. I believe rural individuals should acclimate to mainstream society.*	.44	.05	.24	-.06	.28	.47	5.04	.86
3. In my opinion, rural individuals prefer to live off of government aid (i.e., food stamps, WIC).*	.41	.11	.22	-.23	.28	.41	5.41	.83
Factor Two: Social Desirability								
66. I am confident that I am culturally competent when working with all rural clients.	.06	.73	-.09	.05	.54	.62	3.57	1.15
17. I am always comfortable with the cultural differences between rural individuals and myself.	.16	.59	-.08	.04	.39	.54	4.19	1.07
15. I know all of the barriers that could prevent rural individuals from seeking mental health services.	-.15	.59	.05	.09	.41	.58	3.14	1.23
63. I know all the mental health needs of rural individuals.	-.16	.57	-.23	.15	.38	.51	2.12	.96

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
91. I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.	-.13	.57	-.14	.09	.34	.56	2.83	1.15
35. My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).	.16	.48	-.07	.05	.28	.42	4.28	1.09
87. I am always aware of my own biases and assumptions when working with rural individuals.	-.05	.48	.05	.11	.29	.51	3.88	1.06
14. I am always respectful of the beliefs and values of rural individuals.	.18	.42	.13	.02	.28	.42	5.16	.76
Factor Three: Rural Knowledge								
90. In my opinion, rural individuals do NOT experience discrimination specific to their culture.*	.16	-.12	.58	-.09	.36	.41	5.13	.77
49. It is important that I understand client issues in surrounding rural communities.	.08	-.04	.56	.19	.39	.58	5.27	.71
81. I would consider the cultural characteristics of rural clients when administering any type of assessment or testing.	.04	-.04	.53	.21	.35	.48	5.03	.77
55. It is important that I learn ways to effectively work with rural individuals.	.13	-.01	.52	.28	.42	.56	5.27	.72
92. In my opinion, rural individuals have limited access to mental health services.	-.22	.05	.50	-.09	.28	.31	4.41	.89

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
52. It is important for me to be familiar with the availability of resources in rural areas.	.09	-.04	.49	.26	.36	.57	5.39	.75
10. It is important that I build strong relationships with rural clients.	.10	.09	.49	.08	.32	.48	5.29	.79
8. I believe the cultural characteristics of rural individuals influence whether or not they seek counseling services.	-.26	-.08	.43	-.04	.22	.26	4.56	.97
Factor Four: Rural Skills								
79. When working with rural individuals, I consult with rural experts (i.e., scholars of rural studies, community members) when appropriate.	.06	.01	.12	.71	.56	.71	3.94	1.10
23. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.	.01	.07	.15	.69	.57	.66	4.07	1.29
64. I seek out relevant research about the mental health needs of rural individuals.	.01	.18	.17	.65	.60	.71	3.52	1.23
38. (Revised) I consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.	.02	.12	.05	.58	.41	.57	3.67	1.19
61. I advocate for the mental health needs of rural clients.	.04	.30	.19	.44	.47	.63	4.33	1.17

Subscale/Item	Factor				h^2	r^*	M	SD
	Rural Awareness	Social Desirability	Rural Knowledge	Rural Skills				
34. I work to eliminate discrimination toward rural individuals.	.05	.31	.24	.43	.51	.67	4.20	1.16

Note. h^2 = extraction communality estimate, r^* = item-total correlation, * = reverse-scored items

Table 3

Four-Factor Revised RCS Internal Replication Analysis, Principal Axis Factoring Extraction, Promax Rotation

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
<u>RCS Item</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
<u>Rural Awareness</u>											
32. In my opinion, rural individuals have jobs that require hard, physical labor.*	.35	.54	-.01	-.13	-.05	.35	.56	.13	-.23	-.09	.0004
71. I believe rural individuals are uneducated.*	.45	.66	.04	.03	-.04	.46	.65	.09	.12	-.07	.0001
4. I believe rural individuals are less sophisticated than individuals from other areas.*	.44	.62	.11	.06	-.06	.44	.64	.01	.12	-.004	.0004
42. In my opinion, rural individuals are prone to violence.*	.43	.66	-.01	.03	-.02	.41	.62	.01	-.14	.06	.002
5. In my opinion, rural individuals do NOT value technological advancement.*	.39	.59	.11	-.01	-.02	.46	.63	-.02	.05	.12	.002
65. I believe rural individuals have a Christian worldview.*	.29	.49	.15	-.08	-.15	.32	.59	-.07	.14	-.13	.01
72. I can tell by looking at someone whether or not they are from a rural area.*	.41	.59	.07	-.17	.11	.38	.59	-.18	.03	.03	.00
6. I believe rural individuals are more likely to abuse substances.*	.39	.65	-.12	.17	-.07	.33	.57	.06	-.05	-.01	.01
28. I can tell by hearing someone speak whether or not she/he is from a rural area.*	.36	.46	.19	-.31	-.01	.43	.65	-.15	-.02	.01	.04

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
		Factor Loadings					Factor Loadings				
<u>RCS Item</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
45. I believe rural individuals are intolerant of diversity.*	.39	.53	.19	.06	-.09	.28	.53	-.04	.16	-.08	.00
16. In my opinion, rural individuals are economically disadvantaged.*	.29	.52	-.10	.13	-.23	.35	.59	.12	-.03	-.32	.005
19. In my opinion, sexually deviant behaviors are common among rural individuals.*	.34	.59	-.34	.02	.17	.27	.49	-.08	-.16	.05	.01
36. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.*	.22	.42	.04	.02	.10	.34	.53	-.04	.08	.12	.01
46. In my opinion, rural individuals supplement store bought food with food from the land.*	.12	.24	.08	-.18	-.20	.28	.53	.01	-.14	-.05	Failed
37. I believe rural individuals should acclimate to mainstream society.*	.29	.49	-.13	.09	.24	.29	.49	.01	-.02	.15	.00
3. In my opinion, rural individuals prefer to live off of government aid (i.e., food stamps, WIC).*	.24	.49	-.25	.08	.16	.26	.40	.16	-.19	.16	.008
<u>Social Desirability</u>											
66. I am confident that I am culturally competent when working with all rural clients.	.50	.15	-.01	.68	.03	.51	.06	.68	.08	-.09	Failed

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
<u>RCS Item</u>	<u>h²</u>	<u>Factor Loadings</u>				<u>h²</u>	<u>Factor Loadings</u>				
		<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>		<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
17. I am always comfortable with the cultural differences between rural individuals and myself.	.39	.25	.11	.51	-.08	.37	.13	.57	.03	-.03	<i>Failed</i>
15. I know all of the barriers that could prevent rural individuals from seeking mental health services.	.41	-.14	.09	.57	.06	.52	-.14	.70	-.01	.12	<i>Failed</i>
63. I know all the mental health needs of rural individuals.	.44	-.12	.09	.65	-.17	.39	-.20	.58	.06	-.15	<i>Failed</i>
91. I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.	.51	-.07	-.01	.74	-.12	.39	-.17	.63	-.01	-.07	<i>Failed</i>
35. My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).	.20	.17	.17	.29	-.02	.32	.17	.55	-.02	-.06	<i>Failed</i>
87. I am always aware of my own biases and assumptions when working with rural individuals.	.32	-.08	-.05	.53	.16	.36	.02	.54	.05	.11	<i>Failed</i>
14. I am always respectful of the beliefs and values of rural individuals.	.22	.20	-.04	.39	.09	.36	.23	.39	.09	.17	<i>Failed</i>

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
<u>RCS Item</u>	<u>h²</u>	<u>Factor Loadings</u>				<u>h²</u>	<u>Factor Loadings</u>				
		<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>		<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
<u>Rural Knowledge</u>											
90. In my opinion, rural individuals do NOT experience discrimination specific to their culture.*	.34	.15	-.05	-.18	.57	.29	.18	-.08	-.11	.48	.008
49. It is important that I understand client issues in surrounding rural communities.	.34	.08	.18	-.01	.46	.59	-.01	-.06	.08	.74	.08
81. I would consider the cultural characteristics of rural clients when administering any type of assessment or testing.	.29	.08	.18	-.04	.43	.38	-.04	-.03	.17	.55	.01
55. It is important that I learn ways to effectively work with rural individuals.	.42	.02	.30	.03	.45	.51	.14	-.03	.15	.59	.02
92. In my opinion, rural individuals have limited access to mental health services.	.31	-.17	-.15	.05	.57	.21	-.17	.23	-.25	.46	.01
52. It is important for me to be familiar with the availability of resources in rural areas.	.41	.09	.24	.08	.44	.49	-.03	-.10	.12	.67	.05
10. It is important that I build strong relationships with rural clients.	.28	.001	.23	-.04	.40	.42	.14	.12	-.06	.59	.04

	Sample One (n=182)					Sample Two (n=197)					Squared Differ.
		Factor Loadings					Factor Loadings				
<u>RCS Item</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
8. I believe the cultural characteristics of rural individuals influence whether or not they seek counseling services.	.25	-.26	-.05	.05	.46	.17	-.24	-.11	-.15	.41	.003
<u>Rural Skills</u>											
79. When working with rural individuals, I consult with rural experts (i.e., scholars of rural studies, community members) when appropriate.	.56	.04	.75	-.05	.01	.75	-.02	-.12	.95	-.13	Failed
23. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.	.65	-.13	.84	-.04	.04	.48	-.01	.05	.67	.01	Failed
64. I seek out relevant research about the mental health needs of rural individuals.	.66	-.06	.81	.03	.01	.45	-.06	.17	.55	.10	Failed
38. I consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.	.37	.05	.62	-.01	-.08	.57	-.09	.01	.76	-.03	Failed
61. I advocate for the mental health needs of rural clients.	.55	-.02	.59	.21	.09	.36	.04	.24	.39	.11	Failed

		Sample One (n=182)					Sample Two (n=197)					Squared Differ.
		Factor Loadings					Factor Loadings					
<u>RCS Item</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>h²</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>		
34. I work to eliminate discrimination toward rural individuals.	.59	.01	.58	.22	.12	.45	.05	.17	.51	.13		<i>Failed</i>
	Min .12	7.14	4.03	1.95	1.27	Min .17	6.48	4.60	2.46	1.42		
	Max .66					Max .75						

Note. h^2 = extraction communality estimate, * = reverse-scored items

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APPENDIX A

PROGRESSION OF RCS ITEM DEVELOPMENT

Literature Items	Qualitative Items	First Review Research Team Review-First Draft of Scale	Expert Review Results-Second Draft of Scale	Second Research Team Review- Third Draft of Scale	Pilot Study Results and Final Draft of the Rural Competency Scale (RCS)
1. People who live in rural areas are economically disadvantaged.		1. People who live in rural areas are economically disadvantaged.	1. People who live in rural areas are economically disadvantaged.	1. In my opinion, people who live in rural areas are economically disadvantaged.	1. In my opinion, rural individuals are economically disadvantaged.
2. People in rural areas frequently live off of government aid (i.e., food stamps, WIC).		2. People in rural areas frequently live off of government aid (i.e., food stamps, WIC).		2. In my opinion, people in rural areas prefer to live off of government aid (i.e., food stamps, WIC).	2. In my opinion, rural individuals prefer to live off of government aid (i.e., food stamps, WIC).
3. Rural individuals heavily rely on their land to supplement their nutritional needs.		3. Rural individuals rely heavily on their land to supplement their nutritional needs.		3. In my opinion, individuals from rural areas supplement store bought food with food from the land.	3. In my opinion, rural individuals supplement store bought food with food from the land.
4. People from rural areas often hunt to provide for their family unit.		4. People from rural areas often hunt to provide for their family unit.			

5. Economic conditions affect rural areas differently than urban areas.
6. Rural individuals are less intelligent than urban individuals.
7. Rural individuals have lower IQs than urban individuals.
8. People from rural areas frequently use poor grammar when speaking and writing.
9. Rural individuals typically speak in improper dialects and accents.
10. People from rural areas are less knowledgeable than people from urban areas.
11. Rural individuals are primarily concerned with the here and now.

5. Economic conditions affect rural areas differently than other areas.

6. Rural individuals are primarily concerned with the here and now.

12. Illiteracy is more common in rural areas.	7. Illiteracy is more common in rural areas.	2. Illiteracy is more common in rural areas.	4. I believe rural individuals are illiterate.	4. I believe rural individuals are illiterate.
13. Rural individuals complete high school at lower rates than urban individuals.				
14. Rural individuals place a lower value on education.				
15. Rural areas are behind the national curve in the use of technology.				
16. Rural areas have limited access to technology.	8. Rural areas generally have limited access to technology			
17. Rural individuals are typically resistant to using technology.				
18. There is limited access to counseling in rural school systems.	9. There is limited access to counseling in rural school systems	3. In rural schools, students have limited access to counseling services.	5. In my opinion, students in rural school systems have limited access to a school counselor.	5. In my opinion, students in rural school systems have limited access to a school counselor.

19. Schools in rural areas lack access to needed resources.	10. Schools in rural areas commonly lack access to needed resources.	4. Schools in rural areas commonly lack access to needed resources.		
20. Rural individuals have limited access to post-secondary education.	11. Rural individuals have limited access to college.	5. Individuals from rural areas have limited access to college.	6. In my opinion, individuals from rural areas have access to college.	6. In my opinion, rural individuals have access to college.
21. Rural individuals are less sophisticated than individuals from urban areas.	12. Rural individuals are less sophisticated than individuals from other areas.		7. I believe rural individuals are less sophisticated than individuals from other areas.	7. I believe rural individuals are less sophisticated than individuals from other areas.
22. The majority of rural individuals practice poor hygiene.	13. Rural individuals typically practice poor hygiene.		8. In my opinion, rural individuals don't practice good hygiene.	8. In my opinion, rural individuals do NOT practice good hygiene.
23. People from rural areas have unattractive physical characteristics.	14. Typically, people from rural areas are physically unappealing.			
24. The majority of rural individuals are White.	15. The majority of rural individuals are White.		9. I believe that ALL rural individuals are White.	9. I believe that ALL rural individuals are White.

25. The term
“cracker” can be
used to describe
White individuals in
rural areas.

26. White, low-
income individuals
in rural areas can be
described as “white
trash”.

27. “Redneck” is an
accurate descriptor
of people who live
in rural areas.

28. An individual
living in a rural area
can be described as
a “hillbilly”.

29. “Hick” is an
accurate descriptor
of rural individuals.

30. The label
“hayseed” is an
inaccurate
descriptor of rural
individuals.

31. “Lubber” can be
used to describe
rural individuals
who behave in
deviant ways.

16. An individual
living in a rural area
can be described as
a “hillbilly”.

32. Rural areas can accurately be described as the "boondocks".

33. "Country bumpkin" can be used to describe rural individuals.

34. Rural families are frequently close.

35. Rural families are the primary source of social support for rural individuals.

36. Rural communities are small allowing everyone to know everyone else.

17. Rural families are frequently close.

18. For rural individuals, family is the primary source of social support.

19. Because rural communities are small, everyone knows everyone else.

6. Individuals from rural areas often have close family ties.

7. For individuals from rural areas, family is the primary source of social support.

8. Many individuals from rural areas know one another because rural communities are less populated.

10. I believe individuals from rural areas have close family ties.

11. I believe that family is the primary source of social support for individuals from rural areas.

12. In my opinion, individuals from rural areas know one another because rural communities are less populated.

10. I believe rural individuals have close family ties.

11. I believe that family is the primary source of social support for rural individuals.

12. In my opinion, rural individuals know one another well.

13. In my opinion, rural communities are less populated.

37. People from rural areas are typically distrusting of outsiders.	20. People from rural areas are typically distrusting of outsiders.		13. I believe individuals from rural areas trust individuals from outside the area.	14. I believe rural individuals from rural areas trust individuals from outside the area.
38. Rural individuals have limited access to community health services.	21. Rural individuals have limited access to community health services.	9. Many individuals from rural areas have limited access to community health services.		
39. Rural individuals have limited access to mental health resources.			14. In my opinion, individuals from rural areas have limited access to mental health services.	15. In my opinion, rural individuals have limited access to mental health services.
40. Rural individuals generally prefer not to work.	22. Rural individuals generally prefer not to work.		15. I believe rural individuals prefer not to work.	16. I believe rural individuals prefer not to work.
41. The majority of people from rural areas work hard.	23. The majority of people from rural areas work hard.	10. The majority of people from rural areas are hard workers.	16. In my opinion, people from rural areas do NOT value hard work.	17. In my opinion, rural individuals do NOT value hard work.
42. Farming is a common occupation in rural areas.	24. Farming is a common occupation in rural areas.	11. In rural areas, farming is a common occupation.	17. In my opinion, farming is a common occupation in rural areas.	18. In my opinion, farming is a common occupation in rural areas.

43. It is common for rural individuals to manufacture moonshine to make money.

44. Factories often provide the main source of employment in rural areas.

45. Coalmines commonly provide the main source of employment in rural areas.

46. Working in lumberyards is a common occupation in rural areas.

47. Sexually deviant behaviors are common in rural areas.

48. Rural individuals are more aggressive than urban individuals.

25. Sexually deviant behaviors are common in rural areas.

18. In my opinion, sexually deviant behaviors are common among rural individuals.

19. In my opinion, sexually deviant behaviors are common among rural individuals.

49. Violence is common in rural areas.	26. Violence is common in rural areas.	19. In my opinion, individuals from rural areas are prone to violence.	20. In my opinion, rural individuals are prone to violence.
50. People from rural areas are oftentimes resistant to change.			
51. Rural individuals have fewer social skills than urban individuals.	27. Rural individuals have fewer social skills than other individuals.		
52. Rural individuals typically have a deep connection to their natural surroundings.	28. Rural individuals typically have a deep connection to their natural surroundings.	12. Individuals from rural areas typically have a deep connection to nature.	
53. People from rural areas respect the traditions set forth by their ancestors.			
54. Rural individuals feel a sense of safety with their natural surroundings.	29. Rural individuals feel a sense of safety in their natural surroundings.	13. Individuals from rural areas feel a sense of safety in their natural surroundings.	20. I believe individuals from rural areas feel a sense of safety in their hometowns.
			21. I believe rural individuals feel a sense of safety in their hometowns (i.e., people and surroundings).

55. The identity of rural individuals is generally tied to their natural surroundings.

56. The majority of rural individuals stay in the community they were born and raised in.

57. It is common for people from rural areas to be friendly.

58. Rural individuals value being hospitable.

59. People from rural areas are less sophisticated than people from urban areas.

60. The majority of rural individuals are Christian.

61. Rural individuals are commonly intolerant of diversity.

30. Generally, rural individuals stay in the community they were born and raised in.

31. Rural individuals are commonly intolerant of diversity.

14. Individuals from rural areas oftentimes stay in the community in which they were born and raised.

21. I believe individuals from rural areas do NOT stay in their hometowns.

22. I believe rural individuals are intolerant of diversity.

22. I believe rural individuals do NOT stay in their hometowns.

23. I believe rural individuals are intolerant of diversity.

62. Individuals from rural areas learn to be resourceful at an early age.	32. Individuals from rural areas generally learn to be resourceful at an early age.			
63. There is a high prevalence of alcoholism in rural areas.	33. There is a higher prevalence of alcoholism in rural areas.	15. There is a higher prevalence of substance abuse in rural areas.	23. I believe rural individuals are more likely to abuse substances.	24. I believe rural individuals are more likely to abuse substances.
64. There is a high prevalence of drug abuse in rural areas.	34. There is a higher prevalence of drug abuse in rural areas.			
65. There is a prevalence of mental health issues in rural areas.	35. There is a presence of mental health issues in rural areas.			
66. People in rural areas experience discrimination.	36. People in rural areas commonly experience discrimination.	16. People in rural areas commonly experience discrimination.	24. In my opinion, people from rural areas do NOT experience discrimination.	25. In my opinion, rural individuals do NOT experience discrimination specific to their culture.
67. I am offended by the way rural mountain communities are portrayed in the movie <i>Deliverance</i> .				

68. *The Beverly Hillbillies* is an accurate portrayal of the differences between people from rural and urban areas.

69. The television show *Green Acres* is an accurate portrayal of the differences between people from rural and urban areas.

70. The television show *The Swamp People* is an inaccurate depiction of people from rural Louisiana.

71. The television show *Moonshiners* is an offensive depiction of people in rural Appalachia.

72. The television show *Duck Dynasty* is an accurate portrayal of people from rural Louisiana.

37. *The Beverly Hillbillies* is an accurate portrayal of the differences between people from rural and urban areas.

38. The television show *The Swamp People* is an inaccurate depiction of people from rural Louisiana.

73. The television show *The Waltons* inaccurately depicts the experiences of a rural Appalachian family.

74. *The Andy Griffith Show* accurately describes the experiences of people living in rural North Carolina.

75. I am offended by the way people living in rural Kentucky are portrayed in the television show *The Dukes of Hazzard*.

76. *Little House on the Prairie* is an accurate depiction of rural individuals living in the Midwest.

39. I am offended by the way people living in rural Kentucky are portrayed in the television show *The Dukes of Hazzard*.

77. Rural individuals are portrayed negatively in the media (i.e., movies and television).	40. Rural individuals are portrayed negatively in the media (i.e., television and movies).	17. Individuals from rural areas are portrayed negatively in the media (i.e., television and movies).	25. I believe individuals from rural areas are portrayed negatively in the media (i.e., television and movies).	26. I believe rural individuals are portrayed negatively in the media (i.e., television and movies).
1. Rural areas are geographically remote.	41. Rural areas are geographically remote.	18. Rural areas are geographically remote.	26. In my opinion, rural areas are geographically remote.	27. In my opinion, rural areas are geographically remote.
2. Rural areas are surrounded by nature.	42. Rural areas are surrounded by nature.	19. Rural areas are characterized by nature.	27. In my opinion, rural areas are characterized by nature.	28. In my opinion, rural areas are characterized by nature.
3. Rural areas are typically underdeveloped.	43. Rural areas are typically underdeveloped.	20. Rural areas are typically underdeveloped (i.e., lack satisfactory infrastructure).	28. In my opinion, rural areas are underdeveloped in regards to infrastructure, population growth, and employment.	29. In my opinion, rural areas are underdeveloped in regards to infrastructure, population growth, and employment.
4. Rural areas have less access to commonly used conveniences in other areas.	44. Rural areas have less access to commonly used conveniences in other areas.			

5. Individuals in rural areas typically have jobs that require hard, physical labor.	45. Individuals in rural areas typically have jobs that require hard, physical labor.		29. In my opinion, individuals in rural areas have jobs that require hard, physical labor.	30. In my opinion, rural individuals have jobs that require hard, physical labor.
6. Rural individuals commonly have a pleasant way of interacting with other people.	46. Rural individuals commonly have a pleasant way of interacting with other people.			
7. Individuals in rural areas generally lack education.	47. Individuals in rural areas generally lack education.		30. I believe individuals in rural areas are uneducated.	31. I believe rural individuals are uneducated.
8. Rural individuals typically lack access to education.	48. Rural individuals typically lack access to education.	21. Individuals from rural areas often encounter barriers that limit their access to higher education.	31. In my opinion, individuals from rural areas encounter barriers that limit their access to higher education.	32. In my opinion, rural individuals encounter barriers that limit their access to higher education.
9. Individuals in rural areas generally don't value education.	49. Individuals in rural areas generally don't value education.			
10. Rural individuals generally move at a slower pace.	50. Rural individuals generally move at a slower pace.			

11. "Redneck is not a derogatory term.

12. Inbreeding is common in rural areas.

13. I can tell by looking at someone whether or not they are from a rural area.

14. I can tell by hearing someone speak whether or not they are from a rural area.

15. Rural individuals typically engage in outdoor leisure activities.

16. Individuals in rural areas commonly socialize in main areas of town.

17. Rural individuals are generally suspicious of outsiders.

51. "Redneck" is not a derogatory term.

52. Inbreeding is common in rural areas.

53. I can tell by looking at someone whether or not they are from a rural area.

54. I can tell by hearing someone speak whether or not they are from a rural area.

55. Rural individuals typically engage in outdoor leisure activities.

56. Individuals in rural areas commonly socialize in main areas of town.

57. Rural individuals are generally suspicious of outsiders.

32. I can tell by looking at someone whether or not they are from a rural area.

33. I can tell by hearing someone speak whether or not she/he is from a rural area.

33. I can tell by looking at someone whether or not they are from a rural area.

34. I can tell by hearing someone speak whether or not she/he is from a rural area.

18. Rural individuals have a greater sense of community.	58. Rural individuals have a greater sense of community.	22. Individuals from rural areas have a strong sense of community.	34. I believe individuals from rural areas have a strong sense of community.	35. I believe rural individuals have a strong sense of community.
19. Rural individuals typically get their goods and services locally.	59. Rural individuals typically get their goods and services locally.			
20. Rural individuals typically have a conservative Christian worldview.	60. Rural individuals typically have a conservative Christian worldview.		35. I believe that rural individuals have a conservative Christian worldview.	36. I believe rural individuals have a conservative worldview.
				37. I believe rural individuals have a Christian worldview.
21. Individuals from rural areas tend to follow traditions.	61. Individuals from rural areas tend to follow traditions.	23. Individuals from rural areas tend to follow traditions.		
22. Individuals from rural areas do not place importance on technological advancement.	62. Individuals from rural areas do not place importance on technological advancement.		36. In my opinion, individuals from rural areas do NOT value technological advancement.	38. In my opinion, rural individuals do NOT value technological advancement.

23. Rurality is not a recognized cultural group that should be focused on in multicultural counseling classes.	63. Rurality is not a recognized cultural group that should be focused on in multicultural counseling classes.	24. Rurality is not a cultural group focused on in multicultural counseling classes.	37. The cultural characteristics of individuals from rural areas were discussed in my multicultural counseling class.	39. The cultural characteristics of rural individuals were discussed in my multicultural counseling class.
24. It's important for counselors to have knowledge of rurality as a cultural identity.	64. It's important for counselors to have knowledge of rurality as a cultural identity	25. It is important for counselors to have knowledge of rurality as a cultural identity.	38. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.	40. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.
25. It's important for counselors to have a skillset for working with rural individuals.	65. It's important for counselors to have a skill set for working with rural individuals.	26. It is important for counselors to use appropriate counseling skills when working with individuals from rural areas.	39. I consider the geographical location of the client (i.e., rural, urban, and suburban) when selecting a counseling intervention.	41. I would consider the geographical location of the client (i.e., rural, urban, and suburban) when selecting a counseling intervention.
26. Rural areas typically have individuals from many different cultural backgrounds.	66. Rural areas typically have individuals from many different cultural backgrounds.	27. Rural areas typically have individuals from many different cultural backgrounds.	40. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.	42. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.

27. It's important for counselors to monitor their own assumptions about rurality.

28. It's important for counselors to know how to advocate for rural clients.

29. It's important for counselors to tailor interventions to rural individuals based on their individual experiences.

30. It's important for counselors to be familiar with the availability of resources in rural areas.

67. It's important for counselors to monitor their own assumptions about rurality.

68. It's important for counselors to know how to advocate for rural clients.

69. It's important for counselors to tailor interventions to rural clients based on their individual experiences.

70. It's important for counselors to be familiar with the availability of resources in rural areas.

28. It is important for counselors to monitor their own assumptions about rurality.

29. It is important for counselors to know how to advocate for clients from rural areas.

30. It is important for counselors to tailor interventions to clients from rural areas based on their individual experiences.

31. It is important for counselors to be familiar with the availability of resources in rural areas.

41. It is important that I monitor my own assumptions about rural individuals.

42. I advocate for the mental health needs of clients in rural areas.

43. It is important for me to be familiar with the availability of resources in rural areas.

43. It is important that I monitor my own assumptions about rural individuals.

44. I advocate for the mental health needs of rural clients.

45. It is important for me to be familiar with the availability of resources in rural areas.

31. It's important for counselors to build strong relationships with rural clients.	71. It's important for counselors to build strong relationships with rural clients.	32. It is important for counselors to build strong relationships with clients from rural areas.	44. It is important that I build strong relationships with clients from rural areas because they are willing to open up to someone they trust. <i>See item above.</i>	46. It is important that I build strong relationships with rural clients.
32. Rural individuals are more willing to open up to someone they know and trust.	72. Rural individuals are more willing to open up to someone they know and trust.	33. Clients from rural areas are less willing to open up to someone they do not know and trust.		47. In my opinion, rural individuals are only willing to open up to someone they trust.
33. There's a greater risk for dual relationships in rural areas.	73. There's a greater risk for dual relationships in rural areas.	34. In rural areas, there's a greater risk of dual relationships among counselors.	45. I take extra precautions to appropriately deal with dual relationships when providing counseling services in rural areas.	48. It can be difficult to avoid dual relationships when providing counseling services in rural areas.
34. Counselors generally have unexplored stereotypes about rural individuals.	74. Counselors generally have unexplored stereotypes about rural individuals.	35. Counselors generally have unexplored stereotypes about individuals from rural areas.	46. I have unexplored stereotypes about individuals from rural areas.	49. I have unexplored stereotypes about rural individuals.
35. Rural individuals are typically private.	75. Rural individuals are typically private.	36. Individuals from rural areas value their privacy.	47. In my opinion, individuals from rural areas value their privacy.	50. In my opinion, rural individuals value their privacy.

36. Generally, rural individuals will not seek counseling because they believe they should be able to handle the problem on their own.

76. Generally, rural individuals will not seek counseling because they believe they should be able to handle the problem on their own.

37. Generally, individuals from rural areas are resistant to seeking counseling because they believe they should be able to handle the problem on their own.

48. I believe individuals from rural areas are resistant to seeking counseling because they believe they should be able to handle the problem on their own.

51. I believe rural individuals are resistant to seeking counseling within their community.

52. In my opinion, rural individuals believe they should be able to handle problems on their own.

37. Rural individuals typically do not trust individuals from outside the area.

38. Rural individuals are generally not aware of the counseling services available to them.

77. Rural individuals typically do not trust individuals from outside the area.

78. Rural individuals are generally not aware of the counseling services available to them.

38. Individuals from rural areas typically do not trust individuals from outside the area.

39. Individuals from rural areas are generally not aware of the counseling services available to them.

49. In my opinion, individuals from rural areas are aware of the counseling services available to them.

53. In my opinion, rural individuals are aware of the counseling services available to them.

39. Rural individuals are generally not aware of the purpose of counseling.

79. Rural individuals are generally not aware of the purpose of counseling.

80. *Additional Item:*
The Hunger Games is an accurate depiction of rural Appalachia.

40. *Additional Item:*
Counselors in rural areas face challenges maintaining client confidentiality and anonymity.

50. I take extra precautions to maintain client confidentiality and anonymity when counseling clients in rural areas.

54. It can be difficult to maintain client confidentiality and anonymity when counseling rural clients.

41. *Additional Item:*
It is important for all counselors to make an effort to understand client issues in surrounding rural communities.

51. It is important that I understand client issues in surrounding rural communities.

55. It is important that I understand client issues in surrounding rural communities.

52. <i>Additional Item:</i> I understand that the cultural characteristics of rural individuals influence how they present in counseling.	56. I understand that the cultural characteristics of rural individuals influence how they present in counseling.
53. <i>Additional Item:</i> I respect the non-traditional helping networks in rural communities.	57. I respect the non-traditional helping networks in rural communities.
54. <i>Additional Item:</i> I believe that different rural dialects can negatively impact the counseling relationship and process.	58. I believe that different rural dialects can negatively impact the counseling relationship and process.
55. <i>Additional Item:</i> I believe individuals in rural areas should acclimate to mainstream society.	59. I believe rural individuals should acclimate to mainstream society.

56. <i>Additional Item:</i> What I believe about rural individuals could impact the counseling relationship and process.	60. What I believe about rural individuals could impact the counseling relationship and process.
57. <i>Additional Item:</i> I am comfortable providing counseling services to individuals from rural areas.	61. I am comfortable providing counseling services to rural individuals.
58. <i>Additional Item:</i> I have knowledge of the institutional barriers to rural individuals receiving counseling services.	62. I have knowledge of the institutional barriers (i.e., inflexibility with appointment times and payment and location of counseling services) to rural individuals receiving counseling services.

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| <p>59. <i>Additional Item:</i>
I know that the cultural characteristics of rural individuals influence whether or not they seek counseling services.</p> | <p>63. I believe the cultural characteristics of rural individuals influence whether or not they seek counseling services.</p> |
| <p>60. <i>Additional Item:</i>
It is important that I learn ways to effectively work with individuals from rural areas.</p> | <p>64. It is important that I learn ways to effectively work with rural individuals.</p> |
| <p>61. <i>Additional Item:</i>
When working with individuals from rural areas, I consult with rural experts when appropriate.</p> | <p>65. When working with rural individuals, I consult with rural experts (i.e., scholars of rural studies, community members) when appropriate.</p> |
| <p>62. <i>Additional Item:</i>
I seek out relevant research about the mental health needs of individuals from rural areas.</p> | <p>66. I seek out relevant research about the mental health needs of rural individuals.</p> |
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| 63. <i>Additional Item:</i>
I am involved in non-academic activities (i.e., community events) in rural communities. | 67. I am involved in non-academic activities (i.e., community events) in rural communities. |
| 64. <i>Additional Item:</i>
I change my counseling approach (both verbally and nonverbally) based on the cultural characteristics of my rural clients. | 68. I would change my counseling approach (both verbally and nonverbally) based on the cultural characteristics of my rural clients. |
| 65. <i>Additional Item:</i>
I consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) when appropriate to assist me in providing more effective counseling services to rural clients. | 69. I would consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) when appropriate to assist me in providing more effective counseling services to rural clients. |
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66. <i>Additional Item:</i> I work to eliminate discrimination toward rural individuals.	70. I work to eliminate discrimination toward rural individuals.
67. <i>Additional Item:</i> I consider the cultural characteristics of rural clients when administering any type of assessment or testing.	71. I would consider the cultural characteristics of rural clients when administering any type of assessment or testing.
68. <i>Additional Item:</i> I educate rural clients about the counseling process and expand my orientation before working with them.	72. I would educate rural clients about the counseling process and explain my orientation before working with them.
69. <i>Additional Item:</i> I am confident that I am culturally competent when working with all clients including rural clients.	73. I am confident that I am culturally competent when working with all rural clients.

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| <p>70. <i>Additional Item:</i>
I am always aware of my own biases and assumptions when working with individuals from rural areas.</p> <p>71. <i>Additional Item:</i>
I have no assumptions or biases about individuals from rural areas.</p> <p>72. <i>Additional Item:</i>
I am always aware of the cultural differences between rural individuals and myself.</p> <p>73. <i>Additional Item:</i>
There are no limits to my ability to provide effective counseling services to rural individuals.</p> | <p>74. I am always aware of my own biases and assumptions when working with rural individuals.</p> <p>75. I have no assumptions or biases about rural individuals.</p> <p>76. I am always aware of the cultural differences between rural individuals and myself.</p> <p>77. There are no limits to my ability to provide effective counseling services to rural individuals.</p> |
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74. Additional Item: I am never uncomfortable with the cultural differences between individuals from rural areas and myself.	78. I am always comfortable with the cultural differences between rural individuals and myself.
75. Additional Item: I am always respectful of the beliefs and values of individuals from rural areas.	79. I am always respectful of the beliefs and values of rural individuals.
76. Additional Item: I know all I need to know about the cultural characteristics of rural individuals.	80. I know all I need to know about the cultural characteristics of rural individuals.
77. Additional Item: I know all the mental health needs of individuals from rural areas.	81. I know all the mental health needs of rural individuals.

78. <i>Additional Item:</i> I know all the barriers that could prevent rural individuals from seeking mental health services.	82. I know all of the barriers that could prevent rural individuals from seeking mental health services.
79. <i>Additional Item:</i> I know how discrimination affects all individuals from rural areas.	83. I know how discrimination affects all individuals.
80. <i>Additional Item:</i> I am well aware of the resources available in rural communities.	84. I am well aware of the resources available in rural communities.
81. <i>Additional Item:</i> I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.	85. I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.

82. <i>Additional Item:</i> I am capable of appropriately dealing with all ethical concerns that may arise when counseling rural clients.	86. I am capable of appropriately dealing with all ethical concerns that may arise when counseling rural clients.
83. <i>Additional Item:</i> I always seek educational opportunities to learn more about individuals from rural areas.	87. I always seek educational opportunities to learn more about rural individuals.
84. <i>Additional Item:</i> I seek out all the recent, relevant research about the mental health needs of individuals from rural areas.	88. I seek out all the recent, relevant research about the mental health needs of rural individuals.

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| <p>85. <i>Additional Item:</i>
I never miss an opportunity to consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.</p> <p>86. <i>Additional Item:</i>
I always consult with those considered to be rural experts when it is appropriate.</p> <p>87. <i>Additional Item:</i>
I always advocate for the mental health needs of rural individuals.</p> | <p>89. I never miss an opportunity to consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.</p> <p>90. I always consult with those considered to be rural experts (i.e., scholars of rural studies, community members) when it is appropriate.</p> <p>91. I always advocate for the mental health needs of rural individuals.</p> |
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88. <i>Additional Item:</i> My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).	92. My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).
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APPENDIX B

RESEARCH TEAM'S BRACKETED BIASES AND ASSUMPTIONS

RURALITY

- More rural = less educated
- Most people from rural areas are racist, devoutly Christian, and moralistic
- Most people from rural areas think dualistically (i.e., they are “S” on the MBTI)
- Rural areas are secluded from outside cultures, and the dominant groups in rural areas work to keep other cultures separated from their culture
- People from rural areas are naïve in some ways (i.e., they have outlandish ideas about what it is like to be in an urban area)
- Few people from urban areas have spent enough time in a city to know much about one
- People from rural areas have a great deal of wisdom about hunting, farming, woodworking, banjo-playing, and survival in the wilderness.
- Most people in rural areas are White
- People from rural areas do not value education and are fearful of those who are educated
- People from rural areas fear the helping professions and do not believe in medication
- People from rural areas are hardworking
- I assume that most people have negative views/labels/stereotypes of rural individuals, which I think has a lot to do with a lack of positive representation of rural individuals in the media.
- I think that most rural individuals are not living in middle to high SES conditions, which affects their access to education and other resources.
- I think that there is not often a valuing of education as the focus is on earning income for the here and now, leading to advanced practice skills but less education.
- I believe that rural individuals have a strong sense of family and community leading to everyone looking out for one another and coming together in times of crisis.
- I also am aware of the various differentiations of race, ethnicity, religion, SES, etc.
- Rural individuals are hard working and proud of the work they do.
- Rural individuals are discriminated against on the basis of their geographic residence and speaking patterns.
- Rural individuals are sweet, kind, and compassionate.
- Rural individuals value traditions and try to teach younger generations the “old ways.”
- Rural communities are close knit and leery of outsiders because of previous oppression.
- Rural areas are quiet and beautiful.

- Rural individuals neither condemn nor advocate for attainment of a higher education.

PARTICIPANTS

- Participants will believe that rural individuals are:
 - Less intelligent
 - Uneducated
 - Poor
 - Speak differently
- Participants will see no need to discuss rurality in multicultural counseling class.
- Participants do believe that rurality impacts the counseling relationship and process.
- Bias will emerge in the research, and participants will be unaware/underaware of this bias.
- Geographic location and identification with rurality will be a mediating factor in rurality bias.
- Participants will attempt to downplay or cover up rurality bias.

APPENDIX C

INFORMED CONSENT DOCUMENT

PROJECT TITLE: *Perceptions of Rural Identity among Counseling Students and Professionals*

INTRODUCTION

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research and to record the consent of those who say YES. The *Perceptions of Rural Identity among Counseling Students and Professionals* research will be conducted at Old Dominion University, and the interviews will take place in a secure location decided by both you and the researcher.

RESEARCHERS

PRINCIPAL INVESTIGATOR: Dr. Christine Ward, Darden College of Education, Department of Human Services and Counseling

INVESTIGATOR: Cassandra G. Pusateri, Doctoral Student, Darden College of Education, Department of Human Services and Counseling,

DESCRIPTION OF RESEARCH STUDY

There is a dearth of documented studies designed to better understand the perceptions within the counseling profession of rural identity. Considering the importance that the counseling profession places on multicultural counseling competence, the researcher believes that a better understanding of these perceptions will help the counseling profession move forward in providing the most effective education to emerging counseling professionals and counseling to clients. If you say YES, then your participation will last the length of the face-to-face interview (30-60 minutes) that addresses five domains: (1) definition of rural areas, (2) perceptions of rurality, (3) considerations of rurality and multicultural counseling education, (4) the potential impact of rurality on the counseling relationship and process, and (5) additional information at a location decided by both you and the researcher.

EXCLUSIONARY CRITERIA

This research is limited to counseling students and professionals.

RISKS AND BENEFITS

RISKS: If you decide to participate in this study, then you may face a risk of discomfort discussing the content of the research. The researcher tried to reduce these risks by allowing the participant the freedom to refuse to discuss any of the issues presented during the interview. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: The main benefit to you for participating in this study is to participate in research that will help the counseling profession better understand the perceptions counseling students and professionals have of rurality.

COSTS AND PAYMENTS

The researcher is unable to give you any payment for participating in this study.

NEW INFORMATION

If the researcher finds new information during this study that would reasonably change your decision about participating, then she will give it to you.

CONFIDENTIALITY

The researcher will take reasonable steps to keep private information, such as your identity, the signed Informed Consent Document, and tapes and downloadable files of the interviews confidential. The researcher will assign an identification number to each interview transcript to keep your identity confidential. The researcher will store the signed Informed Consent Documents and transcripts in a secure location. The audio will be transcribed and then the tape will be removed and melted thereby properly disposing of the recording. Downloadable interview files will be properly disposed by permanently deleting them from the computer on which they are stored. The results of this study may be used in reports, presentations, and publications; but the researcher will not identify you. Of course, your records may be subpoenaed by court order or inspected by government bodies with oversight authority.

WITHDRAWAL PRIVILEGE

It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study -- at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled. The researcher reserves the right to withdraw your participation in this study, at any time, if she observes potential problems with your continued participation.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in the research project, you may contact **Dr. Christine Ward** at (757) 683-6081 or **Cassandra G. Pusateri** at (423) 956-1192 or **Dr. Nina Brown**, Chair of the DCOE Human Subjects Review Committee at (757) 683-3245 at Old Dominion University, who will be glad to review the matter with you.

VOLUNTARY CONSENT

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researcher should have answered any

questions you may have had about the research. If you have any questions later on, then the researcher should be able to answer them:

Dr. Christine Ward at (757) 683-6081
Cassandra G. Pusateri at (423) 956-1192

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call **Dr. Nine Brown, Chair of the DCOE Human Subjects Review Committee at (757) 683-6081**, or the Old Dominion University Office of Research, at (757) 683-3460.

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

Subject's Printed Name & Signature	Date
Parent / Legally Authorized Representative's Printed Name & Signature (if applicable)	Date
Witness' Printed Name & Signature (if applicable)	Date

INVESTIGATOR'S STATEMENT

I certify that I have explained to this participant the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human participants and have done nothing to pressure, coerce, or falsely entice this participant into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the participant's questions and have encouraged her/him to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

Investigator's Printed Name & Signature	Date
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APPENDIX D

INFORMED CONSENT DOCUMENT FOR USE OF VIDEO/AUDIO MATERIALS

STUDY TITLE: *Perceptions of Rural Identity among Counseling Students and Professionals*

DESCRIPTION

The researchers would also like to take videotapes and audiotapes of you during the interview in order to illustrate the research in teaching, presentations, and/or or publications.

CONFIDENTIALITY

The audio will be transcribed and then the tape will be removed and melted thereby properly disposing of the recording. Downloadable interview files will be properly disposed by permanently deleting them from the computer on which they are stored. You would not be identified by name in any of the transcriptions. Even if you agree to be in the study, no videotapes or audiotapes will be taken of you unless you specifically agree to this.

VOLUNTARY CONSENT

By signing below, you are granting to the researchers the right to use your likeness, image, appearance and performance - whether recorded on or transferred to videotape or audiotape - for presenting or publishing this research. The researchers are unable to provide any monetary compensation for use of these materials. You can withdraw your voluntary consent at any time.

If you have any questions later on, then the researchers should be able to answer them:

Dr. Christine Ward at (757) 683-6081
Cassandra G. Pusateri at (423) 956-1192

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call **Dr. Nina Brown, Chair of the DCOE Human Subjects Review Committee, at (757) 683-3245**, or the Old Dominion University Office of Research, at (757) 683-3460.

Subject's Printed Name & Signature	Date
Parent / Legally Authorized Representative's Printed Name & Signature (If applicable)	Date
Witness' Printed Name & Signature (if Applicable)	Date

APPENDIX E**DEMOGRAPHIC INFORMATION FORM****Age:** _____**Gender:**

_____ Female

_____ Male

_____ Transgender

Race/Ethnicity:

_____ African/Black American

_____ Asian American & Pacific Islander

_____ Hispanic/Latino/Latina American

_____ Native American

_____ White/European/Caucasian American

_____ Multiracial

_____ International

_____ Other, please specify: _____

Place of Birth (City/County & State): _____**Current Residence (City/County & State):** _____**Educational Institution Attended for Master's Degree:**
_____**Was or is your counseling program CACREP accredited?**

_____ Yes

_____ No

Student/Professional Status:

_____ Doctoral Student

_____ Master's Student

_____ Counseling Professional, specify title and length of service: _____

Have you completed a class on multicultural issues?

_____ Yes

_____ No

Specialty Track:

_____ Mental Health Counseling

_____ School Counseling

_____ College Counseling

_____ Other, please specify: _____

APPENDIX F

SEMI-STRUCTURED INTERVIEW GUIDE

(1) Definition of Rural Areas

- a. “How would you define rural areas?”

(2) Perceptions of Rural Identity

- a. “What comes to your mind when you think about individuals from rural areas?”
- b. “Can you give me examples?”

(3) Considerations of Rurality and Multicultural Counseling Education

- a. “Was there a discussion of rurality in the multicultural counseling class you completed?”
- b. “Do you think that a discussion of rurality should be included in the multicultural counseling classes?”

(4) Potential Impact of Rural Identity on the Counseling Relationship and Process

- a. “Does rurality play a role in the counseling relationship?”
- b. “Does rurality play a role in the counseling process?”

(5) Experiences with Rurality

- a. “Tell me about your experiences, if any, with rural individuals.”

(6) Additional Information

- a. “Is there any other information you would like to share that would be relevant to this study?”

APPENDIX G

FINAL CODEBOOK AFTER CONSENSUS CODING

RURAL AREAS			
Physically Remote	Rural areas exist on the outskirts of metropolitan/urban areas. Most rural individual must commute to markets, medical facilities, and work. This can result in social isolation and decreased convenience to services.	P1.001 P1.002 P1.003 P1.004 P1.005 P1.006 P1.007 P1.008 P1.009 P1.010 P1.011	P1.001 – 21-22 P1.002 – 21, 247, 79-86 P1.003 – 15, 31, 39 P1.004 – 11, 34-37 P1.005 – 244-245 P1.006 – 12-13, 18, 62 P1.007 – 40-41 P1.008 – 3-5 P1.009 – 182-183, 186 P1.010 – 17, 170-181 P1.011 – 4-5, 65-66
Open Land	Land is abundant in rural areas and is typically unmarked by progress. Houses are interspersed. Rural areas are surround by natural surroundings including wooded areas, wildlife, and mountains. Rural roads include dirt and curvy roads with minimal stop signs. Typically, these road are not well maintained or lit and have no landmarks.	P1.001 P1.002 P1.003 P1.004 P1.006 P1.007 P1.008 P1.009 P1.010 P1.011	P1.001 – 26-28 P1.002 – 22-23, 25, 55, 57-58 P1.003 – 11, 23-24, 57 P1.004 – 18-19, 47 P1.006 – 18 P1.007 – 24, 31, 72, 110-111 P1.008 – 7-8, 29-30

			P1.009 – 33-34 P1.010 – 11-14, 24-25, 31 P1.011 – 42, 50, 259-261
Small Towns	Rural areas are less populated and less dense. Considering the size of the land geographically, there is a smaller population. Within rural areas are consolidated areas of business (i.e., towns) where locally owned businesses, grocery stores, and convenience stores are located.	P1.002 P1.003 P1.004 P1.006 P1.007 P1.008 P1.009 P1.010	P1.002 – 119-120 P1.003 – 461-462 P1.004 – 20-21 P1.006 – 17, 34 P1.007 – 24, 52 P1.008 – 14, 18, 43 P1.009 – 29, 33, 50 P1.010 – 10, 17
RURAL INDIVIDUALS			
Hard, Physical Labor	The primary source of employment for rural individuals is farming/agriculture. Rural individuals typically perform some type of physical labor for a living (i.e., mining, truck-driving, factory work, ranching).	P1.001 P1.002 P1.003 P1.004 P1.005 P1.007 P1.008 P1.009 P1.010 P1.011	P1.001 – 22, 34 P1.002 – 51-52, 123 P1.003 – 12-13 P1.004 – 87 P1.005 – 308 P1.007 – 51, 150 P1.009 – 38 P1.008 – 6, 8, 16 P1.010 – 18-20, 36 P1.011 – 22, 64
Pleasant Way of Interacting	Individuals in rural areas are friendly, warm, nice, cordial, pleasant, sweet, polite, inviting, supportive, personable,	P1.001 P1.003 P1.004	P1.001 – 109 P1.003 –

	and grateful. Rural individuals have social graces.	P1.006 P1.007 P1.008 P1.010 P1.011	131-132 P1.004 – 67-69 P1.006 – 60, 63-64, 92 P1.007 – 167 P1.008 – 85-86 P1.010 – 37, 53 P1.011 – 21, 56
Lack Education	Rural individual receive less education due to lack of access or lack of perceived value.	P1.001 P1.003 P1.004 P1.008 P1.009 P1.010 P1.011	P1.001 – 60-61 P1.003 – 70 P1.004 – 57 P1.008 – 141, 149 P1.009 – 73-74 P1.010 – 49-51 P1.011 – 64
Slower Paced	Individuals in rural areas move at a slower pace and are typically more relaxed and calm.	P1.002 P1.003 P1.004 P1.007 P1.008 P1.010 P1.011	P1.002 – 26-27, 325 P1.003 – 25-26 P1.004 – 46 P1.007 – 114-115 P1.008 – 87-88 P1.010 – 11-12, 167 P1.011 – 50
Labels	Redneck, hillbilly, inbred	P1.001 P1.003 P1.004 P1.005 P1.010 P1.011	P1.001 – 82-83 P1.003 – 110 P1.004 – 50 P1.005 – 84-85, 89, 307 P1.010 –

			82, 89-90 P1.011 – 134
Race	Individuals from rural areas are primarily from a European background and are white.	P1.001 P1.003 P1.004 P1.007 P1.009 P1.010	P1.001 – 56-59 P1.003 – 32-33, 40 P1.004 – 83, 85 P1.007 – 126 P1.009 – 59 P1.010 – 37-38, 41
Physical Presentation	Rural individuals do not wear name brands or the latest fashions. Typically, rural individual wear flannel shirts, boots, jeans, overalls, straw hats, t-shirts, cowboy hats, and belt buckles. Rural individuals are weathered, thin, and toothless. Rural individuals have poor hygiene.	P1.001 P1.003 P1.004 P1.005 P1.006	P1.001 – 54-59 P1.003 – 32-33, 40, 54, 130-131 P1.004 – 82-85 P1.005 – 306-307 P1.006 – 222-223 P1.007 – 126 P1.009 – 59 P1.010 – 37-38, 41
Rural Accent	Rural individuals speak with an accent. Rural individuals have a deliberate way of speaking. Individuals from rural areas use incorrect grammar, slang, and cuss.	P1.002 P1.004 P1.005 P1.008 P1.010	P1.002 – 339-340 P1.004 – 70 P1.005 – 294-295 P1.008 – 53 P1.010 – 42
Drug and Alcohol Abuse	There is a prevalence of substance abuse in rural areas. If a rural individual uses substances, it will typically be alcohol, meth, pills, or moonshine.	P1.001 P1.004 P1.007 P1.011	P1.001 62-63 P1.004 – 70 P1.007 – 139 -140 P1.011 – 297, 299-301
Leisure Activities	Rural people socialize by meeting at	P1.003	P1.003 –

	gas stations and parking lots, gathering on porches to drink lemonade, and listen to music together. Rural individuals ride four-wheelers, hunt, and customize their cars and trucks for fun.	P1.007 P1.009	87-88 P1.007 – 108-109, 127 P1.009 – 55-57
Suspicious of Outsiders	Rural individuals are suspicious of people who venture into rural areas from the outside and people who venture outside of rural areas. Rural individuals are intolerant of diversity.	P1.002 P1.004 P1.006 P1.007 P1.010 P1.011	P1.002 – 353, 358- 359 P1.004 – 72 P1.006 – 254-256 P1.007 – 137-138 P1.010 – 55-56, 59- 61 P1.011 – 56

APPENDIX H

RURAL COMPETENCY SCALE (RCS)

Instructions: Using the six-point Likert scale, please rate your agreement with each statement. Please be honest when responding as the results of this assessment will be confidential.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. In my opinion, rural individuals do NOT practice good hygiene.*
2. There are no limits to my ability to provide effective counseling services to rural individuals.
3. In my opinion, rural individuals prefer to live off of government aid (i.e., food stamps, WIC).*
4. I believe rural individuals are less sophisticated than individuals from other areas.*
5. In my opinion, rural individuals do NOT value technological advancement.*
6. I believe rural individuals are more likely to abuse substances.*
7. In my opinion, rural individuals value their privacy.
8. I believe the cultural characteristics of rural individuals influence whether or not they seek counseling services.
9. In my opinion, rural areas are characterized by nature.
10. It is important that I build strong relationships with rural clients.
11. I believe rural individuals prefer not to work.*
12. I am comfortable providing counseling services to rural individuals.
13. I believe that family is the primary source of social support for rural individuals.
14. I am always respectful of the beliefs and values of rural individuals.
15. I know all of the barriers that could prevent rural individuals from seeking mental health services.
16. In my opinion, rural individuals are economically disadvantaged.*
17. I am always comfortable with the cultural differences between rural individuals and myself.
18. I understand that the cultural characteristics of rural individuals influence how they present in counseling.
19. In my opinion, sexually deviant behaviors are common among rural individuals.*
20. In my opinion, rural areas are underdeveloped in regards to infrastructure, population growth, and employment.
21. I would consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) when appropriate to assist me in providing more effective counseling services to rural clients.
22. I would consider the geographical location of the client (i.e., rural, urban, and suburban) when selecting a counseling intervention.

23. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.
24. It can be difficult to maintain client confidentiality and anonymity when counseling rural clients.
25. I believe rural individuals are illiterate.*
26. I would educate rural clients about the counseling process and explain my orientation before working with them.
27. I seek out all the recent, relevant research about the mental health needs of rural individuals.
28. I can tell by hearing someone speak whether or not she/he is from a rural area.*
29. I always consult with those considered to be rural experts (i.e., scholars of rural studies, community members) when it is appropriate.
30. In my opinion, rural individuals know one another well.
31. I always advocate for the mental health needs of rural individuals.
32. In my opinion, rural individuals have jobs that require hard, physical labor.*
33. I know all I need to know about the cultural characteristics of rural individuals.
34. I work to eliminate discrimination toward rural individuals.
35. My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).
36. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.*
37. I believe rural individuals should acclimate to mainstream society.*
38. I never miss an opportunity to consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.
39. It can be difficult to avoid dual relationships when providing counseling services in rural areas.
40. I know how discrimination affects all rural individuals.
41. In my opinion, farming is a common occupation in rural areas.
42. In my opinion, rural individuals are prone to violence.*
43. I believe that rural individuals have a conservative worldview.*
44. I believe rural individuals are portrayed negatively in the media (i.e., television and movies).
45. I believe rural individuals are intolerant of diversity.*
46. In my opinion, rural individuals supplement store bought food with food from the land.*
47. It is important that I monitor my own assumptions about rural individuals.
48. In my opinion, rural individuals do NOT value hard work.*
49. It is important that I understand client issues in surrounding rural communities.
50. I have unexplored stereotypes about rural individuals.
51. I believe that all rural individuals are White.*
52. It is important for me to be familiar with the availability of resources in rural areas.
53. In my opinion, rural individuals have access to college.*
54. In my opinion, rural individuals are aware of the counseling services available to them.*

55. It is important that I learn ways to effectively work with rural individuals.
56. I respect the non-traditional helping networks in rural communities.
57. I believe rural individuals have a strong sense of community.
58. I am well aware of the resources available in rural communities.
59. What I believe about rural individuals could impact the counseling relationship and process.
60. In my opinion, rural individuals believe they should be able to handle problems on their own.
61. I advocate for the mental health needs of rural clients.
62. In my opinion, rural individuals are only willing to open up to someone they trust.
63. I know all the mental health needs of rural individuals.
64. I seek out relevant research about the mental health needs of rural individuals.
65. I believe rural individuals have a Christian worldview.*
66. I am confident that I am culturally competent when working with all rural clients.
67. I believe rural individuals feel a sense of safety in their hometowns (i.e., people and surroundings).
68. In my opinion, rural communities are less populated.
69. I believe rural individuals have close family ties.
70. I am capable of appropriately dealing with all ethical concerns that may arise when counseling rural clients.
71. I believe rural individuals are uneducated.*
72. I can tell by looking at someone whether or not they are from a rural area.*
73. I believe that different rural dialects can negatively impact the counseling relationship and process.*
74. In my opinion, rural areas are geographically remote.
75. I am always aware of the cultural differences between rural individuals and myself.
76. I always seek out educational opportunities to learn more about rural individuals.
77. I believe rural individuals do NOT stay in their hometowns.*
78. I have knowledge of the institutional barriers (i.e., inflexibility with appointment times and payment and location of counseling services) to rural individuals receiving counseling services.
79. When working with rural individuals, I consult with rural experts (i.e., scholars of rural studies, community members) when appropriate.
80. I believe rural individuals trust individuals from outside the area.*
81. I would consider the cultural characteristics of rural clients when administering any type of assessment or testing.
82. In my opinion, rural individuals encounter barriers that limit their access to higher education.
83. The cultural characteristics of rural individuals were discussed in my multicultural counseling class.
84. I would change my counseling approach (both verbally and nonverbally) based on the cultural characteristics of my rural clients.
85. I am involved in non-academic activities (i.e., community events) in rural communities.

86. In my opinion, students in rural school systems have limited access to a school counselor.
87. I am always aware of my own biases and assumptions when working with rural individuals.
88. I believe rural individuals are resistant to seeking counseling within their communities.
89. I have no assumptions or biases about rural individuals.
90. In my opinion, rural individuals do NOT experience discrimination specific to their culture.*
91. I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.
92. In my opinion, rural individuals have limited access to mental health services.

Note. *=reverse-scored items

APPENDIX I

CONSENT COVER LETTER

PROJECT TITLE: *The Initial Development and Validation of the Rural Competency Scale (RCS)*

INTRODUCTION

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research and to record the consent of those who say YES. *The Initial Development and Validation of the Rural Competency Scale (RCS)* research is being conducted at Old Dominion University.

RESEARCHERS

PRINCIPAL INVESTIGATOR: Dr. Danica Hays, Darden College of Education, Department of Human Services and Counseling

INVESTIGATOR: Cassandra G. Pusateri, Doctoral Student, Darden College of Education, Department of Human Services and Counseling

DESCRIPTION OF RESEARCH STUDY

While there are instruments available to assess multicultural counseling competence (MAKSS; D'Andrea, Daniels, & Heck, 1991; CCCI-R; LaFromboise, Coleman, & Hernandez, 1991; MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), none of these instruments address competency levels for providing counseling services to rural individuals. Considering that 19.3% of the total population is from rural areas (U.S. Census Bureau, 2010), the provision of appropriate services to rural individuals is imperative. The purpose of this study is the initial development and validation of the Rural Competency Scale (RCS). The RCS is a scale designed to assess counselors' competency levels for providing mental health services to rural individuals. If you say YES, then your participation will include completion of the RCS, the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002), and a demographic information form.

EXCLUSIONARY CRITERIA

This research is limited to counseling graduate students (both master's and doctoral level) and professionals (both licensed and non-licensed) across all counseling specialties (i.e., addiction; career; clinical mental health; marriage, couple, and family; school; and student affairs and college counseling; CACREP, 2012).

RISKS AND BENEFITS

RISKS: If you decide to participate in this study, then you may face a risk of discomfort responding to some of the survey items. The researcher tried to reduce this risk by allowing the participant the freedom to withdraw from the research at anytime. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: The main benefit to you for participating in this study is involvement in research that will help the counseling profession better understand counselors' competency levels for providing mental health services to rural individuals.

COSTS AND PAYMENTS

At the conclusion of the research and if you indicate interest, you will entered to win one of four \$25.00 gift cards to a popular retail store.

NEW INFORMATION

If the researcher finds new information during this study that would reasonably change your decision about participating, then she will give it to you.

CONFIDENTIALITY

The researcher will follow the requirements for ethically sound research outlined in the *2005 ACA Code of Ethics* (ACA, 2005). In an attempt to preserve the anonymity of all participants, the researcher will assign participant ID numbers to each participant and will use a consent cover letter as the only record linking participants to their responses would be the consent document. When reporting findings, any demographic data that might compromise a participants' identity will be removed or will be reported in aggregate. In an attempt to ensure the privacy of all participants, the researcher will continually emphasize the voluntary nature of participation and intentionally inform participants of their right to withdraw from the research at anytime. The data will be stored on a password protected computer in a folder that is also password protected. After completing the analyses, the data will be permanently deleted from the computer's hard drive. Participants interested in being entered for a chance to win one of the four gift cards will be provided with the researcher's email address at the end of the survey. These participants will then be instructed to email the researcher asking to be entered into the drawing. This process will ensure that the confidentiality of the participants is maintained by keeping the participant demographics separate from participant responses.

WITHDRAWAL PRIVILEGE

It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study -- at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled. The researcher reserves the right to withdraw your participation in this study, at any time, if she observes potential problems with your continued participation.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in the research project, you may contact Dr. Danica Hays at (757) 683-6692 or Cassandra G. Pusateri at (423) 956-1192 or Dr. Nina Brown,

Chair of the DCOE Human Subjects Review Committee, at (757) 683-3245 at Old Dominion University, who will be glad to review the matter with you.

VOLUNTARY CONSENT

By clicking “Yes”, you are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. If you have any questions later on, then the researchers should be able to answer them: Dr. Danica Hays at (757) 683-6692 or Cassandra G. Pusateri at (423) 956-1192. If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. Nina Brown, Chair of the DCOE Human Subjects Review Committee, at (757) 683-3245, or the Old Dominion University Office of Research at (757) 683-3460.

APPENDIX J

MULTICULTURAL COUNSELING KNOWLEDGE AND AWARENESS SCALE

Copyrighted © by Joseph G. Ponterotto, 1997

A Revision of the Multicultural Counseling Awareness Scale (MCKAS)

Copyrighted © by Joseph G. Ponterotto, 1991

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

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

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

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

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

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

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

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

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

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

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

APPENDIX K**DEMOGRAPHIC INFORMATION FORM**

Age: _____

Gender:

- ☐ Male
☐ Female
☐ Transgender

Race/Ethnicity:

- ☐ African/Black American
☐ Asian American & Pacific Islander
☐ Hispanic/Latino/Latina American
☐ Native American
☐ White/European/Caucasian American
☐ Multiracial
☐ International
☐ Other, please specify:

Sexual Orientation:

- ☐ Heterosexual
☐ Gay or Lesbian
☐ Bisexual
☐ Other, please specify:

What is your primary professional identity?

- ☐ M.A./M.S.Ed. Student
☐ Ed.S./Ph.D. Student
☐ Counselor Educator
☐ Counseling Professional
☐ Other, please specify:

Do you hold a valid counseling license or certification?

- ☐ No
☐ Yes, please specify:

How would you classify the regional demographics of the university you currently attend or last attended?

- ☐ Urban
☐ Suburban
☐ Rural

Is/Was your counseling program CACREP accredited?

- ☐ Yes
☐ No

Have you completed a class on multicultural counseling issues?

- ☐ Yes
☐ No
☐ Currently in a Multicultural Counseling Class

What is your specialty track?

- ☐ Addiction Counseling
☐ Career Counseling
☐ Clinical Mental Health Counseling
☐ Marriage, Couple, and Family Counseling
☐ School Counseling
☐ Student Affairs and College Counseling
☐ Other, please specify:

How would you classify the regional demographics of your current residence?

- ☐ Urban
☐ Suburban
☐ Rural

How would you classify the regional demographics of the areas you spent most of your time in as a child?

- ☐ Urban
☐ Suburban
☐ Rural

APPENDIX L

RURAL COMPETENCY SCALE (RCS) - REVISED

Instructions: The following scale assesses respondents' competency levels for providing mental health services to rural individuals. The RCS refers to rural individuals and areas within the United States. When responding, please avoid comparing the rural experience to other experiences (i.e., urban and suburban). Using the 6-point Likert scale, please rate your agreement with each statement. Please be honest when responding as the results of this assessment will be confidential.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. In my opinion, rural individuals have jobs that require hard, physical labor.*
2. I am confident that I am culturally competent when working with all rural clients.
3. In my opinion, rural individuals do NOT experience discrimination specific to their culture.*
4. When working with rural individuals, I consult with rural experts (i.e., scholars of rural studies, community members) when appropriate.
5. I believe rural individuals are uneducated.*
6. I am always comfortable with the cultural differences between rural individuals and myself.
7. It is important that I understand client issues in surrounding rural communities.
8. I seek out educational opportunities to expand my knowledge of the cultural characteristics of rural individuals.
9. I believe rural individuals are less sophisticated than individuals from other areas.*
10. In my opinion, rural individuals are prone to violence.*
11. I know all of the barriers that could prevent rural individuals from seeking mental health services.
12. I would consider the cultural characteristics of rural clients when administering any type of assessment or testing.
13. I seek out relevant research about the mental health needs of rural individuals.
14. In my opinion, rural individuals do NOT value technological advancement.*
15. I believe rural individuals have a Christian worldview.*
16. I know all the mental health needs of rural individuals.
17. It is important that I learn ways to effectively work with rural individuals.
18. I consult with non-traditional helpers (i.e., religious or spiritual leaders, community members) to ensure that I am providing the best counseling services possible to rural clients.
19. I can tell by looking at someone whether or not they are from a rural area.*
20. I believe rural individuals are more likely to abuse substances.*
21. I know all the ethical dilemmas that could arise when providing counseling services to rural individuals.

22. In my opinion, rural individuals have limited access to mental health services.
23. I advocate for the mental health needs of rural clients.
24. I can tell by hearing someone speak whether or not she/he is from a rural area.*
25. I believe rural individuals are intolerant of diversity.*
26. In my opinion, rural individuals are economically disadvantaged.*
27. My counseling approach is appropriate for all individuals from different geographical locations (i.e., rural, urban, and suburban).
28. It is important for me to be familiar with the availability of resources in rural areas.
29. I work to eliminate discrimination toward rural individuals.
30. In my opinion, sexually deviant behaviors are common among rural individuals.*
31. In my opinion, rural areas do NOT have individuals from many different cultural backgrounds.*
32. I am always aware of my own biases and assumptions when working with rural individuals.
33. It is important that I build strong relationships with rural clients.
34. In my opinion, rural individuals supplement store bought food with food from the land.*
35. I believe rural individuals should acclimate to mainstream society.*
36. In my opinion, rural individuals prefer to live off of government aid (i.e., food stamps, WIC).*
37. I am always respectful of the beliefs and values of rural individuals.
38. I believe the cultural characteristics of rural individuals influence whether or not they seek counseling services.

Note. *=reverse-scored items

APPENDIX M
SCORING DIRECTIONS FOR THE
RURAL COMPETENCY SCALE (RCS)-REVISED

Higher scores indicate greater levels of competency when providing counseling services to rural individuals and/or in rural areas.

Scoring the total RCS: Calculate the sum of responses on each of the items and divide the sum by the number of item (32).

Scoring the RCS subscales: Calculate the sum of the responses on each of the items in the subscale and divide by the number of items in that subscale.

Reverse-scoring: To reverse-score these items, use the following conversion table:
 1 = 6, 2 = 5, 3 = 4, 4 = 3, 5 = 2, 6 = 1

Factor One: Rural Awareness (16 items)

1*, 5*, 9*, 10*, 14*, 15*, 19*, 20*, 24*, 25*, 26*, 30*, 31*, 34*, 35*, 36*

Factor Two: Social Desirability (8 items)

2, 6, 11, 16, 21, 27, 32, 37

Factor Three: Rural Knowledge (8 items)

3*, 7, 12, 17, 22, 28, 33, 38

Factor Four: Rural Skills (6 items)

4, 8, 13, 18, 23, 29

Note. *=reverse-scored items

VITA

Cassandra G. Pusateri began the Ph.D. Counseling Program in the Department of Counseling and Human Services (110 Darden College of Education Building, Norfolk, VA 23529) at Old Dominion University during the Fall 2010 semester. She earned a Bachelor of Arts degree in Psychology in 2004 from the University of Tennessee, Knoxville. In 2008, she completed a Master of Arts degree in Community Agency Counseling from East Tennessee State University. Ms. Pusateri is a Nationally Certified Counselor (NCC) with experience providing mental health counseling services to adults, adolescents, and children in agency settings. Ms. Pusateri also has experience providing supervision to students in the clinical mental health and school counseling specialties.

Ms. Pusateri taught, co-taught, and assisted with numerous undergraduate and graduate courses in the Department of Counseling and Human Services at Old Dominion University, including human services methods, basic and advanced counseling and psychotherapy techniques, and qualitative research methodology. Additionally, Ms. Pusateri was the primary instructor for an undergraduate cultural diversity course in the Department of Counseling and Human Services at East Tennessee State University.

Ms. Pusateri's scholarship interests include research methodology and assessment, rural issues and Appalachian cultural identities, geographic location and counseling competence, gender issues, clinical mental health counseling, and the use of Person-Centered and Feminist therapeutic approaches. Ms. Pusateri has co-authored three peer-refereed journal articles and presented at international, national, and state conferences. Ms. Pusateri is an active member of several professional associations with involvement in service at the program, community, and national levels.