

Psychometric Properties of the Multicultural Counselling Competence Training Survey-Revised (MCCTS-R): Application for Counsellor Trainees in Malaysia

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ABSTRACT

The purpose of this study is to examine the reliability and validity of the translated and adapted Multicultural Counselling Competence and Training Survey-Revised (MCCTS-R) for its use in measuring perceived multicultural counselling competence among counsellor trainees in Malaysia. This descriptive-correlational study was conducted on 208 counsellor trainees from local universities. They were chosen through cluster random sampling. The drawing procedure was done using a fishbowl method. At the time of data collection, the counsellor trainees were at the end of their counselling internship in various organisations around Klang Valley and East Malaysia during the study. Based on the factor analysis, the three-factor structure, which was the same as the original version, was confirmed with 20 items retained. For reliability, internal consistency and construct reliability were evaluated and confirmed. The finding showed that internal consistency was $\alpha = .952$ and construct

reliability was .882. In addition, MCCTS-R was found to have good construct validity based on the corrected item-total correlation value, which varied from $r = .533 - .756$. The convergent validity value obtained from the confirmatory factor analysis was .714. Overall, the factor structure, reliability, and validity of the adapted MCCTS-R were all confirmed in this study. The high reliability and good validity indicate that MCCTS-R can successfully be used by counsellor trainees across gender and

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ethnicity. The findings can be a starting point for multicultural counselling to gain greater focus from the counselling academia and professionals as it gives a mere reflection of counsellor trainees perceived multicultural counselling competence.

Keywords: Counsellor trainees, multicultural counselling, perceived multicultural counselling competence, psychometric properties

INTRODUCTION

Based on the current population estimates, the Malaysian population has grown stably by 1.1% with an increase from 29.4 million in 2019 to 29.7 million in 2020. The population in Malaysia is currently estimated at 32.7 million with 30 million being citizens and 3 million (one tenth of the population) being non-citizens (Department of Statistics Malaysia, 2020). Among the 30 million citizens, there are three major ethnicities: Malay, Chinese, and Indian, followed by Orang Asli (Malaysian Indigenous) as well as more than 80 minor ethnics groups (i.e. Punjabi, Iban, Kadazan). Multi-ethnic groups in Malaysia are free to practise their mother tongue and dialects, religious beliefs and practices, and customary traditions while at the same time using Bahasa Malaysia as the official language and respecting Islam as the main religion of Malaysia.

Despite ethnicities, religions, and citizenship, humans are all a cultural species that respond and react to emerging stressors associated with the COVID-19 pandemic (Guan et al., 2020). Guan et al. (2020) proposed that identifying an

individual's cultural orientation would help us to understand his or her personal evaluations of stressors and choices in coping strategies. Counsellors are expected to be competent to assist clients without tempering with their cultural orientations. Thus, counsellors need to acquire sufficient culturally related knowledge and awareness.

Multicultural Counselling Competence

A counsellor's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic democratic society, and on an organisational/societal level refers to multicultural counselling competence (Sue & Sue, 2015). From the definition, there are three widely known components of multicultural counselling competence, namely awareness, knowledge, and skills. These three components were proposed by Sue et al. (1982) and then endorsed by the Association for Multicultural Counselling and Development (AMCD) as stated in Sue et al. (1992). They were introduced as the components of the Tripartite Model of Multicultural Counselling Competency, which was proposed to provide understanding of multiculturally competent practices as well as a standard in defining counsellors' competency in multicultural counselling (Sue et al., 1992).

A multiculturally-competent counsellor practises counselling ethically (Arredondo & Toporek, 2004). Correspondingly, Subarimaniam et al. (2020) maintained that mastery of multicultural knowledge, awareness, and skills facilitated counsellor

trainees to deal with legal and ethical issues in counselling confidently. Sue and Sue (2015) and Sue et al. (1992) stated the multicultural competent counsellor characteristics: (i) actively inculcate the awareness related to his or her assumption towards human behaviour, value, bias, early notion, and personal limitation; (ii) actively try to understand culturally different clients' worldview without any judgment; and (iii) actively build and practise relevant and sensitive strategies and skills when working with culturally diverse clients. Sue et al. (2007) also mentioned that multicultural competence was aspirational rather than achieved in which it is an active, developmental, and continuous process.

It was then known as the Multidimensional Multicultural Counselling Competence Model after Sue re-proposed the Tripartite Model in 2001. The model was improved for two reasons. The first is to cater with the differences in defining cultural competence (Ridley, et al., 2000). The second is due to the lack of a conceptual framework for organising its multifaceted dimensions (Sue, 2001). Therefore, the improvised model with a more thorough build-up that includes the 3 x 4 x 5 cubic design model, is expected to organise all the dimensions into a meaningful whole, and provide dimensions for practice, education and training, and research.

Ratts et al. (2015) proposed an updated competency model that was referred to as the Multicultural and Social Justice Counselling Competencies (MSJCC). The model was then endorsed by AMCD

and American Counselling Association (ACA) in 2015 (Ratts et al., 2016). The update on the earlier Multicultural Counselling Competencies model by Sue et al. (1992) was done to "...reflect a more inclusive and broader understanding of culture and diversity that encompasses the intersection of identities and to better address the expanding role of professional counsellors to include counselling and social justice advocacy" (Ratts et al., 2016, p. 29). Hook et al. (2013) mentioned that improving understanding and commitment to multicultural counselling and social justice competence was a lifelong process, where MSJCC could be an aspiration for counsellors to practise cultural humility in their work. The MSJCC is expected to facilitate counsellors' overall understanding on their clients as individuals in the context of their environment, especially in working with marginalised clients. The notable models reflect that multicultural counselling competence is such an important tool for counsellors to master in order to benefit the clients to its best.

Importance of Acquiring and Measuring Multicultural Counselling Competence

Multicultural counselling competence has become the focus in multicultural counselling research and is one of the important variables in counsellor preparation programmes. Research on multicultural counselling competence is one of the measures to reflect the impact or effectiveness of multicultural training in counsellor

education programmes (Chappell, 2014; Lee & Khawaja, 2013). In fact, since decades ago, multicultural counselling competence had been emphasised and nurtured to reduce racial and ethnic disparities in mental health treatment (Sue & Sue, 2015; Tao et al., 2015). For instance, in the Malaysian context, Malay counsellor from Peninsular Malaysia needs to take into consideration on the influence of unique sociocultural factors such as weakness in marriage customary law and “bejalai” culture (Panting et al., 2019) when working on teenage pregnancy case in Sarawak, in which the client is a native Sarawak people. If the counsellor is not equipped with proper knowledge, awareness, and skills, the client may prematurely end the counselling session.

In fact, a multiculturally competent counsellor will be able to practice counselling with a lower risk of iatrogenic harm to the clients (Wendt et al., 2015). In another perspective, multiculturally competent counsellors may be able to bridge the service gap as mentioned by Foo et al. (2017) that individual who is in need are less likely to reach out for help. This may be possible by identifying how culture influences the clients help-seeking attitude and customizing the culturally appropriate strategies for the clients (Foo et al., 2017). Therefore, multicultural counselling competence is important for counsellors to work efficiently in societies with multiple representations of cultural groups.

Multiple representations of cultural groups in an organisational or societal

level are due to the visible (i.e. gender and race) and invisible (sexual orientation and value) attributes of culture. Kwan (2008) maintained that social power and privilege statuses of the groups were differentiated based on visible and invisible attributes. Besides, diversity in people with disabilities is also acknowledged as part of multiculturalism (Karim & Hassan, 2019), is an attribute that needs to be considered by counsellors to achieve the unequivocal purpose of multicultural counselling competence. Thus, counsellor trainees and counsellors need to empower multicultural counselling competence to avoid bias when working with clients that are not young, attractive, verbal, intelligent, and successful (YAVIS) (Schofield, 1964).

In addition, acquiring multicultural counselling competence will assist counsellor trainees and counsellors to be careful in applying theories that mostly build up on the samples from the Western, educated, industrialised, rich, and democratic (WEIRD) population of Western industrialised nations such as Europe, North America, Australia, and Israel (Rad et al., 2018). Similarly, counsellor trainees, counsellors, and counselling researchers need to make sure they take into account the importance of culture and context in the way the psychometric instruments are used in their session and research as most instruments in counselling (generally) and multicultural counselling (specifically) research are developed and tested on the WEIRD community.

Furthermore, multicultural counselling competence needs to be studied further

as an effort to clarify and reinforce the precise term used to represent constructs. 'Multicultural counselling competence' and 'perceived multicultural counselling competence' are few of the terms used in multicultural counselling research. Both terms may be used interchangeably; however, each of them encompasses different components of the Tripartite Model of Multicultural Counselling Competence. As stated earlier, Sue et al. (1992) referred to multicultural counselling competence as the three components that included beliefs and attitudes, knowledge, and skills of multicultural counselling. Nevertheless, Constantine and Ladany (2001) reconceptualised multicultural counselling competence into six dimensions of multicultural competence. They maintained that only awareness and knowledge components were measured by self-report multicultural counselling competence measures. Therefore, the 'self-perceived multicultural counselling competence' was introduced. The multicultural skill component is attributed to self-efficacy (Sheu & Lent, 2007), where Worthington et al. (2007) claimed that the skill component should be measured through observer-rated measurement.

Existing Instruments

Based on quite a number of existing instruments from the previous literature, they can be categorised into three categories such as self-report, observer-rated, and portfolio. The outcome of self-report instruments is the perceived multicultural

counselling competence. There are two different outcomes of observer-rated instruments based on the type of measurement administered. If supervisors or clients rating on a questionnaire or checklist is utilized, the outcome refers to the observed multicultural counselling competence. Meanwhile, the supervisors or expert's assessment on multicultural case conceptualisation ability refers to demonstrated multicultural counselling competence. Portfolio is a collection of works that explicate an individual's efforts, progress, and achievements in multicultural counselling competence (Constantine & Ladany, 2001). The outcome of assessment through portfolio is also known as the demonstrated multicultural counselling competence.

The well-developed instruments are the self-report forms. The self-report instruments are the most used assessment format in measuring multicultural counselling competence. This category of instruments is used by the subject (e.g. counsellor trainees, counsellors) to assess their own competence. There are a number of self-report formats of multicultural counselling competence assessment instruments, such as: (a) Multicultural Awareness, Knowledge, and Skills Survey (MAKSS) (D'Andrea et al., 1991); (b) Multicultural Counselling Inventory (MCI) (Sodowsky et al., 1994); (c) Multicultural Counselling Knowledge and Awareness Scale (MCKAS) (Ponterotto et al., 2000); and (d) Multicultural Counselling Competence Survey and Training-Revised (MCCTS-R) (Holcomb-McCoy & Day-Vines, 2004).

In a period of ten years, MCCTS-R is the most frequent instrument used by researchers to measure perceived multicultural counselling competence. For instance, MCCTS-R was used by Williams (2010), Guzman et al. (2013), Barden and Greene (2015), and Rodgers and Furcron (2019). This is due to its high reliability where Holcomb-McCoy and Day-Vines (2004) reported Cronbach's alpha of .97, .95, and .85 for multicultural terminology, multicultural knowledge, and multicultural awareness. In more recent literature, Guzman et al. (2013) reported a high value of Cronbach's alpha of .97. This is followed by Barden and Greene (2015) who also reported high Cronbach's alpha of .95 for the full scale and adequate coefficients for the subscales, which ranged between .63 and .96 (multicultural terminology = .96, multicultural knowledge = .95, and multicultural awareness = .63).

Literature Review of Multicultural Counselling Competence in Malaysia

A theoretical approach based on the Malaysian culture and traditions is needed so that effective counselling practices can be provided to suit the various needs of Malaysian clients (Suradi, 2004; Karim & Hassan 2019). This is in line with Mansor (2010) and Abdul Malek et al. (2013) who mentioned that to address counselling approaches and practices in Malaysia, its culture and tradition needed to be understood. See and Ng (2010) maintained that multicultural approaches needed to be incorporated together with

other approaches such as family therapy and developmental approaches into counsellors' practice techniques. They believed that counselling in Malaysia would continuously grow by incorporating various therapeutic approaches where multicultural counselling training is assumed to be a greater focus in the country. These are due to what they observed from the lack of a coherent theoretical framework for the practice of school counselling that culturally fits the clients' needs. Malaysia's cultural diversity is represented by the diversity of schools where this might reflect the Malaysian counsellors' counselling situation as a whole.

Since the aim of multicultural training is to develop awareness, knowledge, and skills for counsellors to work efficiently with diverse clients, scholars suggested that the effectiveness of the training can be done through measuring the multicultural counselling competence level of counsellor trainees. Therefore, several attempts had been executed by Dagang et al. (2013), Aga Mohd Jaladin (2017), and Harun et al. (2017). The findings showed that their respondents perceived themselves as having a moderate level of multicultural counselling competence. In fact, Aga Mohd Jaladin (2017) found that they perceived themselves as having a low level of multicultural skills. She argued that perhaps the multicultural training provided still faced inadequacy issues.

In terms of instruments, MCI is one of the instruments that are usually used by local researchers to measure perceived

multicultural counselling competence. Most researchers translated and adapted the preferred existing instruments before reporting their reliability in the Malaysian context. For instance, Dagang et al. (2013) reported the Cronbach's alpha values for MCI full scale and its subscales, where the Cronbach's alpha for full scale was .89 and ranged between .72 and .84 for the subscales. Harun et al. (2017) used MCCTS-R that was translated through a team translation method by a team of researchers and reported a Cronbach's alpha value of .95.

Other than translating and adapting the existing instruments, there are also initiatives to produce Malaysian designated instruments to measure multicultural counselling competence. For instance, Amat et al. (2013) developed an instrument to measure school counselling teachers' multicultural counselling competence. Three dimensions of multicultural counselling competencies with 28 items were formed where they were validated by experts and counsellors. The three dimensions reflected Sue, Arredondo, and McDavis (1992) model components. However, the reliability and validity of the instrument were not mentioned.

This study chose MCCTS-R to undergo back-to-back translation and expert validation process because the constructs in MCCTS-R, which are multicultural terminology, multicultural knowledge, and multicultural awareness, precisely reflect the conceptual and operational definitions of 'perceived multicultural counselling competence' as the term used

in the actual study. Moreover, considering the counsellor trainees as the respondents, MCCTS-R is the right choice as it is a revised version of MCCT that aims to measure counsellor trainees' self-perceived multicultural counselling competence and the effectiveness of the multicultural training they had received. Nevertheless, MCCTS-R was developed and previously tested on the WEIRD populations. Therefore, to make sure that MCCTS-R will be able to be used in a non-WEIRD context and to provide precise findings of Malaysian counsellor trainees' multicultural counselling competence level, the translated and adapted MCCTS-R's psychometric properties such as factor structure, reliability, and validity need to be examined.

METHODS

Participants

This descriptive-correlational study was conducted among counsellor trainees from 6 local universities which had undergraduate counselling programs. They were at the end of their counselling internship training in various organisations such as secondary schools, higher education institutions, and government agencies. The counsellor trainees had enrolled in a single multicultural counselling course during their preparation program. The course syllabus on multicultural counselling at the selected university is standardized according to counsellor training's standard and qualification endorsed by the Malaysian Board of Counsellor. The 208 counsellor trainees were chosen through cluster random

sampling. At the end, a number of 200 responses were eligible for data analysis. Table 1 presents the distribution of 200 counsellor trainees. In terms of age, gender, ethnicity, and religion, a majority of the

counsellor trainees were between 22 to 24 years old (n= 159, 79.5%), female (n= 159, 79.5%), Malay (n= 154, 77.0%), and Muslim (= 167, 83.5%).

Table 1
Distribution of respondent's demographic

Demographic variables	Categories	Frequency	Percentage
Age	22-24	159	79.5
	25-27	36	18.0
	28-30	5	2.5
Gender	Male	41	20.5
	Female	159	79.5
Ethnicity	Malay	154	77.0
	Non-Malay	46	33.0
	Muslim	167	83.5
Religion	Non - Muslim	32	16.0
	No Religion	1	0.5

Instruments

Data were collected using the Malay-translated and adapted version of the Multicultural Counselling Competence and Training Survey-Revised (MCCTS-R). The original MCCTS-R is a revised version of Multicultural Counselling Competence and Training Survey (MCCTS). The MCCTS was developed by Holcomb-McCoy and Myers in 1999 to assess counsellors perceived multicultural counselling competence based on the AMCD multicultural competencies. However, Holcomb-McCoy and Day-Vines (2004) had revised MCCTS so that it would measure counselling teachers' multicultural

counselling competence. For reference, Appendix 1 contains the sample items of English and Malay translated MCCTS-R's confirmed items.

MCCTS-R consists of three components: i) multicultural terminology (4 items); ii) multicultural knowledge (20 items); and iii) multicultural awareness (8 items), totalling to 32 items (Holcomb-McCoy & Day-Vines, 2004). A four-point Likert scale was applied in rating each item (1 = Not Competent, 2 = Somewhat Competent, 3 = Competent, and 4 = Very Competent). Approximately, the respondents would gain a score between the ranges of 32 to 128. The total score of

MCCTS-R gained from the summation of every item rating explained the respondents' level of perceived multicultural counselling competence. All of the items were positively stated.

Barden and Greene (2015) reported the validity of MCCTS-R resulted from intercorrelations between the subscales (.43 – .59) and between the subscales and full scale (.62 – .95). Holcomb-McCoy and Day-Vines (2004) reported the reliability of .97 for multicultural terminology, .95 for multicultural knowledge, and .85 for multicultural awareness. In addition, there was a reliability of .95 for full MCCTS-R. Based on the reported values, MCCTS-R reflected the characters as a prominent instrument in measuring perceived multicultural counselling competence for this study.

Data on the respondents' age, gender, ethnicity, and religion were obtained through a demographic sheet that was attached at the last page of the questionnaire.

Procedure

First of all, the researcher was granted permission by the original author to adapt and adopt MCCTS-R. The back-to-back translation method was done according to Noah's (2005) suggestion. He suggested for the translators to be appointed based on their expertise in counselling and high proficiency in English. MCCTS-R was also pre-tested by a number of counsellor trainees before it was validated by five expert panels. Expert validation is needed in order to guarantee content clarity (Kline,

2011). Lee Abdullah and Leow (2017) also maintained that validation by experts would aid to ensure content suitability and consistency with the aim of the study.

The validated MCCTS-R then underwent the exploratory factor analysis (EFA), which is a process where data are explored to produce information about the numbers of factors that are required to represent the data. EFA is usually used during the early stages of research to gather information about the interrelationships among a set of variables (Gan et al. 2012; Nasab et al., 2015; Sahranavard & Hassan, 2015). In the pilot study, EFA was conducted using the principal component analysis (PCA). Table 2 presents the result of the Kaiser Meyer Olkin (KMO) test and Bartlett's Test of Sphericity. It can be concluded that MCCTS-R met the requirements for the implementation of PCA, in which $KMO = .804$, exceeding the recommended value of .60 (Kaiser, 1974). Meanwhile, the Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance ($sig. = .000$), supporting the factorability of the correlation matrix.

PCA determines the factors accounting for the total variance of the specific construct. The factor analysis revealed a three-factor with eigenvalues above 1.0, which accounted for 61.68% of the total variance. Tabachnick and Fidell (2014) recommended a factor loading greater than .30 as acceptable. The results indicated that the factor loadings ranged from .457 to .870, which were acceptable and sufficient. Based on the results, factor 1 consisted of

17 items, factor 2 comprised 11 items, and factor 3 included 4 items. Table 3 presents the distribution of the 32 items.

As explained earlier, 208 counsellor trainees were recruited through cluster random sampling. The instruments were mailed to the respondents who were at the

end of their counselling internship training. This study consumed a five-week duration to be accomplished and a total of 205 questionnaires were returned where the final 200 responses were eligible for data analysis.

Table 2

KMO and bartlett's test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.804
	Approx. Chi-Square
	1538.928
Bartlett's Test of Sphericity	df
	496
	Sig.
	.000

Table 3

The 3-factor structure and distribution of 32 items

Items	Factor		
	1	2	3
mcc1		.457	
mcc2		.519	
mcc3		.522	
mcc4	.556		
mcc5		.667	
mcc6		.679	
mcc7		.711	
mcc8	.533		
mcc9			.564
mcc10			.845
mcc11			.857
mcc12			.870
mcc13		.546	
mcc14		.586	
mcc15		.648	
mcc16		.648	

Items	Factor		
	1	2	3
mcc17		.606	
mcc18	.615		
mcc19	.749		
mcc20	.614		
mcc21	.633		
mcc22	.668		
mcc23	.702		
mcc24	.767		
mcc25	.601		
mcc26	.760		
mcc27	.720		
mcc28	.542		
mcc29	.688		
mcc30	.690		
mcc31	.529		
mcc32	.644		

Note. Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.^a

Data Analysis

The specific aims of this study were: (1) to confirm the factor structure of the translated MCCTS-R; (2) to evaluate the reliability of the translated MCCTS-R; (3) to investigate the validity of MCCTS-R; and (4) to identify the descriptive statistics of MCCTS-R. The data were analysed using SPSS 25 and AMOS 23 computer programmes based on the 200 usable responses. The significance level of .05 was set for all the analyses.

The hypothesised factor structure model was tested by the confirmatory factor analysis (CFA) using AMOS 23. The goodness-of-fit index (GFI), the comparative fit index (CFI), the incremental fit index (IFI), and the Root Mean Square Error of Approximation (RMSEA) are the four common fit indices used to determine model fit (Gan et al., 2012; McDonald & Ho, 2002; Nasab et al., 2015; Sahranavard & Hassan, 2015). To provide adequate evidence of model fit, a model shall fulfil the requirement of at least three fit indices (Gan et al., 2012; Hair et al., 2006; Nasab et al., 2015; Sahranavard & Hassan, 2015). In addition, Hair et al. (2006) and Iacobucci (2010) suggested that the Chi Square value must be reported together with at least one absolute index (i.e. RMSEA) and one incremental index (i.e. CFI). Therefore, the Chi-Square/df, CFI, Tucker–Lewis index (TLI), and RMSEA were selected for this study with the word of caution from Hu and Bentler (1998), where a model may still fit the data, although a couple of the fit indices presented a bad fit.

The Cronbach's Alpha with 95% confidence interval, together with the corrected item-total correlation, and the Cronbach's Alpha if the item was deleted for each of the items were analysed in order to evaluate reliability (internal consistency). Descriptive statistics (percentage, skewness, kurtosis, mean, and standard deviation) were calculated for all MCCTS-R factors.

Then, the convergent validity was measured through factor loading and Average Variance Extracted (AVE). For a measurement to be valid, the cut-off value for factor loading should be .50 or higher, where at a minimum, all factors should be statistically significant (Gan et al., 2012; Hair et al., 2006; Nasab et al., 2015; Sahranavard & Hassan, 2015).

FINDINGS

The Three-Factor Structure

A confirmatory factor analysis (CFA) was performed using a hypothetical model with three factors as generated from EFA. As shown in Figure 1 the fit index was [$\chi^2(461) = 1283.265, p = .000, \chi^2/df = 2.784, CFI = .834, TLI = .821, RMSEA = .095$]. None of the fit indices achieved at least .85 and RMSEA was smaller than the cut-off point of .100 (Awang, Hui, & Zainuddin, 2018). CFA proposes links or correlations between the observed indicator variables and the underlying latent variables that they are designed to measure; then, it tests them against the data to 'confirm' the proposed factorial structure (Wang & Wang, 2012). In this procedure, CFA eliminates the need

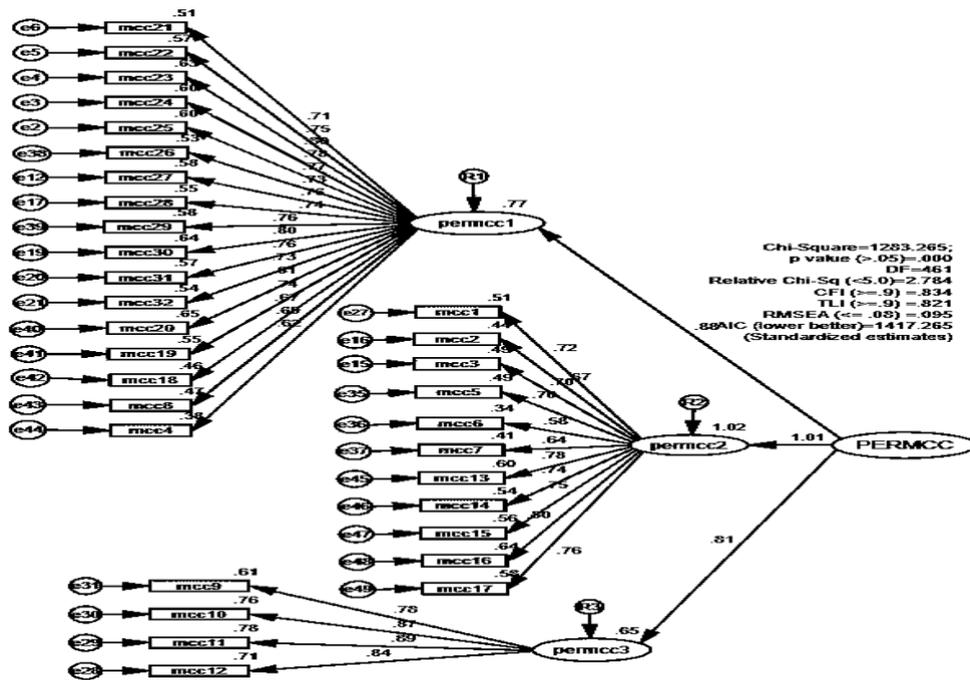


Figure 1. CFA model of original MCCTS-R for total sample

to summate scales and allows relationships between the constructs to be automatically corrected for the amount of error variance that exists in the constructs' measures.

As a result, Figure 2 presents the second order CFA model, which indicated that 20 items of three factors were retained because of their satisfactory factor loading that ranged from .628 to .888. The other 12 items were eliminated from the construct due to large Modification Indices (MI). The result showed that the fit index was [$\chi^2(167) = 378.479, p = .000, \chi^2/df = 2.266, CFI = .923, TLI = .912, RMSEA = .080$]. Based on the result, all fit indices achieved .85 and RMSEA was smaller than the cut-off point of .100 (Awang et al., 2018). The values obtained were generally within a permissible range where these reflected the

same three factors as in the original version. Therefore, the first hypothesised model achieved a good overall fit.

The second model resulted in fair fit indices and statistically significant factor loadings, both for the total sample and for the sub-samples divided by the variables of gender and ethnicity. Testing the gender invariance of the adapted model by multigroup analysis across gender with freely estimated factor loadings demonstrated a good fit to the data [$\chi^2(334) = 671.472, p = .000, \chi^2/df = 2.010, CFI = .880, RMSEA = .070$]. The same can be said for model invariance regarding ethnicity, freely estimated factor loadings also demonstrated an excellent fit to the data [$\chi^2(334) = 756.442, p = .000, \chi^2/df = 2.265, CFI = .859, RMSEA = .080$].

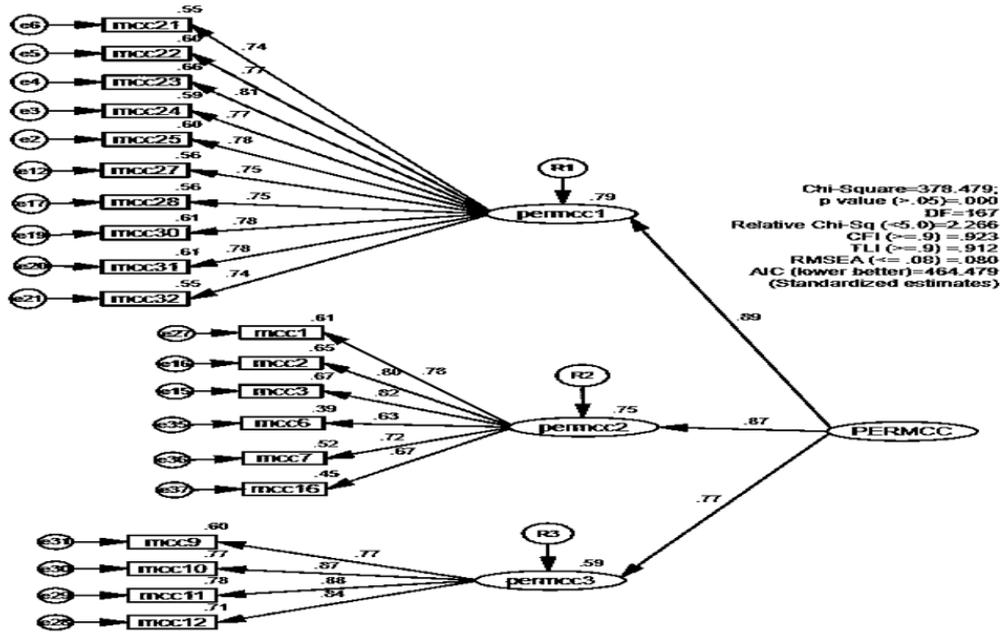


Figure 2. CFA model of revised MCCTS-R for total sample

Reliability

Internal Consistency Reliability. The finding showed that the total MCCTS-R instrument had high internal consistency with Cronbach’s alpha coefficient value, $\alpha = .952$ (Table 4). Internal consistency values of all factors were relatively high where they ranged from .874 to .935.

Construct Reliability. Construct reliability refers to the extent to which the indicator presents the measured latent construct (Hair et al., 2006). It is gained by computing the squared sum of factor loadings for each construct and the sum of the error variance terms for a construct. The reliability with a value of .70 or higher is considered as a good reliability. MCCTS-R gained a satisfactory

Table 4
Internal consistency of MCCTS-R

Factor	No. of Item after CFA	Alpha Cronbach (α)
1	10	.935
2	6	.874
3	4	.907
Total	20	.952

reliability with CR = .882, which meant it demonstrated a highly significant correlation between items of the constructs. High construct reliability indicates that the measures consistently represent the same latent (Hair et al. 2006).

Validity

Construct Validity. Construct validity is gained from the corrected item-total correlation as shown in Table 5 which varied

from $r = .533 - .756$. According to Pallant (2020), only the items with a value more than .30 should be retained. Therefore, all items were retained.

Convergent Validity. Convergent validity refers to the items of indicators of a specific construct that should converge or share a high proportion of variance in common (Hair et al., 2006). Besides construct reliability, CFA also allows for convergent validity testing. It can be measured through

Table 5
Corrected item-total correlation and alpha cronbach if item deleted of 20 items

Item	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
mcc1	.685	.949
mcc2	.637	.950
mcc3	.683	.949
mcc6	.533	.951
mcc7	.613	.950
mcc16	.720	.948
mcc9	.689	.949
mcc10	.679	.949
mcc11	.673	.949
mcc12	.660	.949
mcc21	.709	.948
mcc22	.723	.948
mcc23	.756	.948
mcc24	.701	.949
mcc25	.717	.948
mcc27	.707	.949
mcc28	.663	.949
mcc30	.723	.948
mcc31	.748	.948
mcc32	.697	.949

factor loading and AVE. For a measurement to be valid, the cut-off value for factor loading should be above .40 (Douka et al., 2009). However, the standardised loading estimates should be .50 or higher where at a minimum, all factors should be statistically significant (Hair et al., 2006). The results of CFA showed that the factor loadings for each observed item was higher than .50 and AVE met the criterion of .50 (AVE = .714). Therefore, convergent validity was achieved for MCCTS-R.

Descriptive Statistics

Based on skewness and kurtosis reported in Table 6, the items were normally distributed

as the values of skewness and kurtosis were within ± 2.00 and ± 7.00 . The mean ranged from 2.425 to 2.719 and standard deviation ranged from .499 to .724. The mean that cumulated self-perceived multicultural competence scores was computed as a mean score from 1 to 4 (the scale used a 4-point response format). The computed means were categorized into three levels which are low (1.00 – 1.99), moderate (2.00 – 2.99), and high (3.00 – 4.00). Thus, the counsellor trainees' overall level of self-perceived multicultural competence was at a moderate level.

Table 6

Descriptive statistics of MCCTS-R

Item/Factor	Mean	Std. Deviation	Skewness	Kurtosis
mcc21	2.595	.724	-.015	-.264
mcc22	2.580	.683	.090	-.252
mcc23	2.425	.705	.139	-.171
mcc24	2.442	.734	.009	-.265
mcc25	2.500	.680	.339	-.199
mcc27	2.485	.657	.270	-.178
mcc28	2.520	.694	.246	-.238
mcc30	2.425	.740	.186	-.221
mcc31	2.540	.693	-.008	-.208
mcc32	2.460	.715	-.025	-.244
1	2.497	.558	.088	.176
mcc1	2.555	.735	.000	-.280
mcc2	2.680	.671	.177	-.427
mcc3	2.690	.719	-.116	-.203

Table 6 (Continued)

Item/Factor	Mean	Std. Deviation	Skewness	Kurtosis
mcc6	2.495	.763	-.086	-.343
mcc7	2.719	.619	.146	-.428
mcc16	2.530	.701	.069	-.229
2	2.611	.549	.234	-.242
mcc9	2.470	.708	.236	-.186
mcc10	2.583	.674	.340	-.362
mcc11	2.620	.646	.221	-.385
3	2.563	.591	.276	-.060
Total	2.557	.499	.346	-.101

DISCUSSION

This study aimed to examine the psychometric properties of MCCTS-R in terms of its factor structure, reliability, and validity within the cultural context of Malaysia. There are two justifications of this examination. Firstly, since MCCTS-R was developed on the WEIRD context, this new adapted MCCTS-R can be more useful to be used in other contexts, where in this study, it is the non-WEIRD context. Secondly, MCCTS-R was developed in 2004 and was previously used in 2019 (still used in the Western context). Therefore, through the examination of this scale, the more time-relevant MCCTS-R is available to be used by contemporary researchers. The findings showed that the hypothesised structure of MCCTS-R was confirmed through CFA with satisfactory factor loading and good fit. This finding supports the original paper, which Holcomb-McCoy and Day-Vines (2004) reported a three-factor structure of MCCTS-R. There were limited published

evidences regarding the MCCTS-R factor structure on the sample of counsellor trainees, except from the original paper by Holcomb-McCoy (2004).

Besides the focused-on evaluation of the hypothesised structure of MCCTS-R, this study also examined the invariance of the adapted model across gender and ethnicity on a sample of Malaysian counsellor trainees. Based on the result, the tested three-factor structure of MCCTS-R was confirmed by CFA on the total sample and two sub-samples (e.g. gender and ethnicity). This meant that MCCTS-R was invariant across gender and ethnic groups. The MCCTS-R was conceptualised similarly by both male and female as well Malay and non-Malay counsellor trainees. Consequently, this study has confirmed MCCTS-R's factor structure in the context of Malaysia and this may be the beginning for MCCTS-R to be used confidently with local counsellor trainees.

Hassan et al. (2008) maintained that "A psychometrically sound instrument is the one that provides evidence of high

reliability and validity (p.103)". Thus, evaluating the reliability and validity of MCCTS-R to be used by counsellor trainees in Malaysia has been an important purpose of the study. This study found that the adapted and translated MCCTS-R produced high internal consistency reliability with a Cronbach's alpha value of .952. The internal consistency reliability for each factor ranged from .874 to .935. Based on the Cronbach's alpha values obtained, it proved that the MCCTS-R instrument had high internal consistency. Pallant (2020) stated that if the reliability coefficient of an instrument was above .7, then it had a good reliability. Good reliability indicate that the instrument shows high consistency of the scores obtained from one administration of an instrument to another (Fraenkel et al., 2015). Reliability of an instrument is often evaluated by its internal consistency value, which is based on the coefficient alpha.

In addition, this study investigated the construct reliability in making sure the revised MCCTS-R had stable consistency. According to Hair et al. (2006), construct reliability refers to the degree to which the construct indicators represent the latent construct. Hair et al. (2006) also maintained that high construct reliability reflected good internal consistency. The value between .60 and .70 may be acceptable. Meanwhile, the value of .70 or higher suggests good reliability. In this study, findings from CFA showed that the construct reliability was high with CR = .882. This implicated that MCCTS-R's items were all consistently representing the same latent construct.

Validity refers to the extent to which a concept is accurately measured (Heale & Twycross, 2015). In educational and social research, construct validity is commonly used for instrument validity measurement (Noah, 2005). Construct validity is reflected by the corrected item-total correlation where the correlation coefficient is an indication of the degree to which each item correlates with the total scores. The correlation coefficient that fits the expected pattern contributes evidence of construct validity (Kimberlin & Winterstein, 2008). In this study, MCCTS-R exhibited high construct validity where all items of the MCCTS-R instrument had high values that were at least and more than .300 (Pallant, 2020). The high construct validity reflected MCCTS-R's ability to measure the theoretical construct that it is intended to measure.

Another form of validity measured in this study is the convergent validity. The convergent validity was represented by the factor loading and AVE. A significant loading could still be fairly weak in strength. Thus, based on a good rule of thumb, the standardised loading estimates should be .50 or higher. However, for a measurement to be valid, the cut-off value for factor loading should not be less than .40. (Douka et al., 2009). Another indicator for convergent validity is AVE. AVE is computed as the total of all standardised factor loadings (squared multiple correlations) divided by the number of items. In other words, it is the average squared factor loading. According to Fornell and Lacker (1981), $AVE > 0.5$ reflects high convergent validity. As in this

study, the convergent validity was .714, which indicated uni-dimensionality of the MCCTS-R model.

In total, the descriptive analysis showed that counsellor trainees perceived themselves as acquiring a moderate level of self-perceived multicultural counselling competence. This finding was consistent with the findings from previous studies even though the instrument and the samples were different (Aga Mohd Jaladin, 2017; Dagang et al., 2013; Harun, Kadir, & Noah, 2017). Dagang et al. (2013) used MCI and conducted her study on professional counsellors, whereby it was found that professional counsellors perceived themselves as moderately competent in multicultural counselling. Aga Mohd Jaladin (2017) who used a specifically designated instrument, also conducted her study involving professional counsellors. Findings from her study showed that professional counsellors perceived themselves to possess a moderate level of multicultural counselling competence. Harun et al. (2017) who also used MCCTS-R reported a similar level of multicultural counselling competence for the sample of school counsellors.

Regardless of the instrument used and sample involved, all studies reported a similar level of self-perceived multicultural counselling competence. Ideally and logically, professional counsellors and school counsellors should score higher as they have more experience working with diverse clients. This situation intrigues the question of how can two different samples with different instruments possibly

scored themselves a similar level of self-perceived multicultural counselling competence. Is it related to the psychometric properties of the instruments? Or is it due to the lack of multicultural training in the continuous professional development program? Nevertheless, the similar level of self-perceived multicultural counselling competence between counsellor trainees and experienced counsellors may be due to the aspirational nature of multicultural counselling competence which it is an active, developmental, and on-going process (Hook et al., 2013; Sue et al., 2007). However, a longitudinal study would be a great work for future researchers to contribute more information regarding this matter. All in all, these findings revealed that the items in MCCTS-R are able to capture perceived multicultural counselling competence in the realm of Malaysia's multicultural training syllabus as well as valid to be answered by counsellor trainees.

CONCLUSION

The effort to reinforce multicultural counselling competence in multicultural training either in counsellor preparation programmes or continuous professional development activities could be strengthened. The right and maximum exposure and training need to be infused and structured carefully so that multicultural counselling competence can be enhanced. This study has provided evidence of MCCTS-R's usability to measure perceived multicultural counselling competence for counsellor trainees in Malaysia by confirming its factor

structure, reliability, and validity. Based on these results, MCCTS-R is appropriate to be used in related research later. For further exploration on MCCTS-R's psychometric properties, future studies may be conducted by involving different samples and contexts.

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Appendix: Sample Items

Item	Statement
mcc1	Discuss my ethnic/cultural heritage. <i>Berbincang tentang warisan etnik saya.</i>
mcc2	Realize how my cultural background and experience had influenced my attitude on the psychological process. <i>Sedar tentang latar belakang dan pengalaman budaya mempengaruhi sikap terhadap proses psikologikal.</i>
mcc3	Discuss how my culture has influenced the way I think. <i>Berbincang tentang pengaruh budaya ke atas cara saya berfikir.</i>
mcc6	Express my acceptance nonverbally to the client who is of a different culture. <i>Mempamerkan penerimaan bukan lisan terhadap klien berbeza budaya.</i>
mcc7	Discuss my family views on codes-of-conduct. <i>Berbincang tentang pandangan keluarga saya berkaitan tatakelakuan.</i>
mcc9	Defining racism. <i>Mentakrif istilah perkauman.</i>
mcc10	Defining prejudice. <i>Mentakrif istilah prejudis.</i>
mcc11	Defining discrimination. <i>Mentakrif istilah diskriminasi.</i>
mcc12	Defining stereotype. <i>Mentakrif istilah stereotaip.</i>
mcc16	Giving examples of how stereotypical beliefs impact the counselling relationship. <i>Memberi contoh berkaitan impak kepercayaan stereotaip ke atas hubungan kaunseling.</i>
mcc21	Discuss how culture affects a client's vocational choices. <i>Berbincang tentang kesan budaya ke atas pilihan kerjaya klien.</i>
mcc22	Discuss how culture affects the clients' help-seeking behaviours. <i>Berbincang tentang kesan budaya ke atas tingkah laku klien dalam mendapatkan bantuan.</i>
mcc23	Discuss how culture affects the manifestations of psychological disorders. <i>Berbincang tentang kesan budaya ke atas simptom kecelaruan psikologi.</i>

mcc24	<p>Explain the appropriateness of a counselling approach for a specific group of people.</p> <p><i>Menghuraikan kesesuaian suatu pendekatan kaunseling bagi suatu kelompok individu yang spesifik.</i></p>
mcc25	<p>Explain how factors such as poverty and powerlessness have influenced the current conditions of at least two ethnic groups.</p> <p><i>Menerangkan pengaruh faktor seperti kemiskinan dan ketiadaan kuasa ke atas keadaan semasa sekurang-kurangnya bagi dua kelompok etnik.</i></p>
mcc27	<p>Discuss how the counselling process may conflict with cultural values of at least two ethnic groups.</p> <p><i>Berbincang tentang percanggahan antara proses kaunseling dengan nilai budaya sekurang-kurangnya bagi dua kelompok etnik.</i></p>
mcc28	<p>List at least three barriers that prevent ethnic minority clients from using counselling services.</p> <p><i>Menyenaraikan sekurang-kurangnya tiga halangan yang membatasi klien dari menggunakan perkhidmatan kaunseling.</i></p>
mcc30	<p>Discuss family counselling from a cultural/ethnic perspective.</p> <p><i>Berbincang tentang kaunseling keluarga dari perspektif budaya.</i></p>
mcc31	<p>Anticipate when my helping style is inappropriate for a culturally different client.</p> <p><i>Menjangkakan ketidaksesuaian gaya menolong saya bagi klien berbeza budaya.</i></p>
mcc32	<p>Assist clients determine whether a problem stems from racism or biases in others.</p> <p><i>Membantu klien menentukan samada suatu masalah berpunca dari sifat perkauman atau ketidakadilan.</i></p>

