

## **Counsellors' Religion and Multicultural Competencies as Predictors of Counselling Process Outcomes**

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The present study aims to examine the relationship between counsellors' multicultural competencies and counselling process outcomes. Seventy-five counsellors and 270 clients participated in the study using a purposive sampling technique. The statistical analysis presents that counsellors' multicultural competencies were partially correlated with the counselling process outcomes. To find out the determinants of the process outcomes, a stepwise regression analysis was performed. Multicultural counselling relationship, social justice activism, culturally diverse friendship, racial/ethnic identity development, and counsellors' religion appeared to have predicted the counselling process outcomes. Amongst these variables, religion, social justice activism, and racial/ethnic identity development tend to have negatively impacted the process outcomes, whereas multicultural counselling relationship and culturally diverse friendship have positive impact on the same. The study's findings are discussed in light of counsellors' religious values/attitudes, the need for targeted training and supervision, and the emphasis on culturally appropriate, relevant, and socially just interventions for improved process outcomes.

**Keywords:** multicultural counselling competencies, religion, evidence-based research, process-outcome study

Religion is a structured system of faith, worship, traditions, and rituals (Worthington, 1989). Psychotherapists need to explore each individual's view on religion and spirituality to avoid assumptions and better understand their beliefs, recognizing religion as part of spirituality (Savage & Armstrong, 2021). Abernethy and Lancia (1998) noted that religion's influence on culture often goes unaddressed in psychotherapy. Religious themes may arise through conflicts, transference, or God's presence, shaped by cultural backgrounds. Knox et al. (2005) found that clients found therapy discussions about religion and spirituality helpful when initiated by the client and therapists were accepting, but less helpful when initiated by therapists. Plumb (2011) observed that counsellors value spirituality more than religion and prefer discussing it within a biopsychosocial-spiritual framework. Assessing

clients' definitions of spirituality and religion through historical and tool-based approaches is important. Friedrich-Killinger (2020) and Evans and Nelson (2021) found that religion-centred therapy improves well-being, especially for highly religious clients, emphasising the need for clinician training on spiritual issues. Hansen et al. (2025) suggested addressing clients' confusion about beliefs, as it hampers progress. Therapists can support clients by discussing religion and spirituality's impact on mental health and collaborating with religious leaders when appropriate (Hansen et al., 2025).

### **Multicultural and social justice counselling competencies**

The rise of immigration, ageing populations, foreign students, language barriers, monocultural training, and diverse

sociopolitical realities faced by counsellors and foreign students/workers in the USA and Western countries led to the development of multicultural counselling and therapy (Sue, Arredondo & McDavis, 1992). Sue and colleagues (1992) outlined a framework requiring (i) culturally skilled counsellors aware of their biases and limitations; (ii) attempt to understand diverse client worldviews without judgment; and (iii) development of relevant, sensitive intervention strategies. These are categorised into beliefs, knowledge, and skills (Sue et al., 1992). Based on these frameworks, scholars developed tools to assess multicultural counselling competencies (Ponterotto et al., 1996). The American Psychological Association (APA) (2017) endorsed these competencies (2002, 2017), integrating intersectionality and identities for training, research, and practice. Extensive research has explored counsellors' perceptions (Constantine et al., 2004; Jaladin, 2013), anthropological views (Gerstein, Rountree & Ordonez, 2007), critical analyses (Moodley, 2007; Collins & Arthur, 2007), and development of core competencies in trainees (Roysircar, Dobbins & Malloy, 2009; Roysircar, 2004; Koch et al., 2018; Hazel, 2023). Studies on clients' perceptions (Pope-Davis et al., 2002) and the application of cultural competency in counselling (Gonzalez, Barden & Sharp, 2017; Noah, Bakar & Nasir, 2022) further advance the field.

The multicultural and social justice counselling competencies (MSJCC), developed by Ratts et al. (2015) and endorsed by the Association for Multicultural Counselling and Development, revise earlier multicultural counselling frameworks. These competencies include intersections of identities and power dynamics impacting counselling, emphasising systemic intervention strategies. Organized into quadrants representing counsellor and client

privilege or marginalization, MSJCC promotes self-awareness, cultural understanding, and appropriate interventions. This reflects a shift from individualistic views toward systemic, holistic approaches emphasising cultural considerations (Ratts et al., 2015). Definitions of social justice highlight collaboration, empowerment, and the addressing of social inequalities, fostering community engagement and respecting Indigenous healing practices (Torres-Harding et al., 2012). Various studies have been conducted with trainee psychologists (Zhai & Prescod, 2025) to develop and improve their competencies, and with practitioners to examine their experiences of social justice advocacy (Goodman et al., 2018; Sinclair et al., 2024). Multicultural competencies go beyond traditional skills, awareness, and knowledge to include specific, measurable personality traits needed in multicultural interactions. Ramirez III (1995) describes the 'multicultural personality' as traits of individuals who are successfully adapting to their host country and managing their academic and personal lives. These individuals exhibit cognitive flexibility, strive for self-actualisation, and learn through travel, study, and multicultural interactions. They are also creative and flexible in resolving conflicts (Ponterotto et al., 2013). Based on models by van der Zee and van Oudenhoven (2000) and Ponterotto (2010), many studies have explored the link between multicultural counselling competencies and personality traits among students, expatriates, refugees, migrants, and counsellors working with diverse clients (Figueroa & Hofhuis, 2024; van der Zee et al., 2012; Ponterotto, 2010; Ponterotto et al., 2013; Gawali & Khattar, 2016; Hofhuis, Schilderman & Verdooren, 2020).

### **Indian context and multiculturalism**

India is a diverse country with many groups coexisting. The idea of a multicultural society, based on 'pluralism,' fosters a sense of

'belonging' through culture and inter-group relationships (Gautam, 2013). Despite this diversity, mental health professionals haven't fully explored factors affecting individuals' mental health and well-being. Limited accreditation and literature, especially in counselling psychology, hinder knowledge development and the field's recognition. Sriram (2016) notes that most counselling in India relies on Western models based on individualism, which often clash with Indian cultural values emphasising relationships. Therapists need to adapt these models rather than applying them directly. Though some research has examined counsellors' roles (Duggal & Sriram, 2021; Karkare & Dutt, 2018), few studies focus on clients' perspectives beyond psychiatric research (Selvapandiyan, Das & Singh, 2024). This highlights gaps in evidence-based studies of counselling process and outcomes and in understanding how cultural competencies may affect them.

### **Aim and Objectives**

The study aims to examine the relationships among counsellors' multicultural counselling competencies and counselling process outcomes. To achieve the aim, there are three objectives of the present study (i) to assess the relationship between counsellors' multicultural counselling competencies, multicultural personality, and counselling process outcomes; (ii) to predict the determinants of the counselling process outcomes (iii) to determine the exact change that takes place throughout the counselling process.

### **Hypotheses**

The null (H<sub>0</sub>) hypothesis is that there is no significant relationship between counsellors' multicultural counselling competencies, multicultural personality, and counselling process outcomes. Alternate hypotheses are (H<sub>1</sub>) There will likely be a significant positive association between

counsellors' multicultural counselling competencies and multicultural personality; (H<sub>2</sub>) There will likely be a significant positive relationship between multicultural counselling competencies, multicultural personality, and counselling process outcomes; (H<sub>3</sub>) Counsellors' multicultural competencies will likely predict the counselling process outcomes.

## **Method**

### **Participants**

*Counsellor Participants*- A total of 150 practising psychologists from Pune and Mumbai (metro cities), having diverse populations due to cities' educational, financial, and IT sector-based livelihoods, were randomly contacted using their presence online, offline, and/or through the snowball technique. After listening to the information shared by the researchers, 110 responded that they wanted to participate. After receiving their responses to the questionnaires, 35 were excluded for incomplete responses. A total of 75 participants completed the questionnaires willingly and consented to participate in the study who were informed about the study and given their oral and written consent before participation. The inclusion criteria for counsellor participants were having at least a postgraduate degree in either clinical or counselling psychology, proficiency in English, Hindi, and at least one regional language, and being in practice as a counsellor or psychotherapist for at least 1 year. Each counsellor has an average of 3.6 clients who also participated in the study.

*Client participants* - The inclusion criteria for client participants were that an individual above 18 years, who have been seeking counselling or psychotherapy, have completed at least 2 counselling sessions before participating, and be able to provide both oral and written consent to participate in the study. Of the 300 approached client

participants, 270 agreed to participate and provided both oral and written consent. To assess counselling process outcomes, each client was given a questionnaire three times (on three consecutive sessions). For the first and second times, 270 clients participated; however, for the third time, five of those 270 were unable to participate because they had either completed their counselling sessions or left the counselling centre, resulting in a total of 265 participants. The mean response session was 7.63.

### **Measures/Tools**

*Multicultural Counseling Inventory (MCI)* - It was developed by Roysircar-Sodowsky, Taffe, Gutkin, and Wise (1994). The inventory consists of 40 items scored on a 4-point Likert scale, ranging from very accurate to very inaccurate. The inventory comprises four domains: multicultural counselling skills, multicultural counselling awareness, multicultural counselling relationship, and multicultural counselling knowledge. The author's permission was sought to use the inventory in the present study, and some items were modified by the researchers to suit the Indian population; the author authorised this. The copyrighted inventory's Cronbach alpha was .87, whereas the split-half reliability was .77. The inventory was administered to counsellors to assess their multicultural counselling competencies. The inventory is a paper-pencil test with all the items in the English language.

*Multicultural Personality Inventory (MPI-SF)* - It was developed by Ponterotto, Fietzer, Black, Magaldi, Lipari, Dillon Jr., and Pratt (2020) to assess multicultural personality traits. The inventory comprises 34 items across seven domains: racial/ethnic identity development, psychological health, social justice activism, connectedness and spirituality, humour, diverse sexual orientation affinity, and culturally diverse friendship. A 5-point Likert scale is used, ranging from

strongly agree to strongly disagree. Authors' permission was sought before using the inventory in the Indian context. The Cronbach alpha was found to be .84, and the split-half reliability was found to be .88 for the present study. This inventory was given to the counsellors to assess their multicultural competencies. The inventory was a paper-pencil test with all the items in the English language.

*Outcome Questionnaire (OQ-45.2)* - It was developed by Lambert, Lunnen, Umphress, Hansen, Burlingame (1994). The questionnaire has 45 items divided into three domains namely symptom distress, interpersonal relationships, and social roles. For use in the Indian context, English and Hindi versions of the questionnaire were purchased from the authors. Written permission for the paper-pencil version of the questionnaire was obtained through a licensing procedure from the questionnaire's authors. The Cronbach alpha for the present study was .93 across all three response-taking times. The outcome questionnaire was administered to the client participants before or after their counselling session (s).

### **Procedure**

The study was presented before the Institutional Research Ethics Committee, where all ethical concerns regarding human participation were addressed. It follows the Helsinki Declaration (1964) and complies with the ethical standards of the American Psychological Association (APA) and the American Counseling Association (ACA). The study respects participants' rights to voluntary participation and withdrawal, maintains confidentiality, and clarifies that responses will be used only for research purpose. After receiving approval, the researchers contacted potential counsellor participants and counselling centres via websites and in-person meetings, employing purposive sampling. Client participants were recruited

from the same centres. The researchers addressed centres' concerns about the safety and confidentiality of questionnaires and how responses would be processed by presenting sample questionnaires and clarifying procedures. Once centres granted permission, the researchers explained the study to prospective counsellors and clients and obtained their oral consent; whereas participants signed the written consent forms, after which they were officially enrolled. Counsellors completed English MCI and MPI assessments for multicultural competencies, while clients received the OQ45.2 in Hindi or English, based on their language preference. Data collection took place from November

2022 to July 2023, following approval for test use.

### Results

Since the questionnaires were paper-and-pencil tests, the data were transferred to MS Excel. Before any statistical analysis, the data were cleaned, missing links identified, and outliers detected by calculating z-scores in SPSS. Values over  $\pm 3.00$  were removed. From the clients' data ( $n=270$ ), 2 outliers were removed at first observation ( $n=268$ ), 4 at second ( $n=266$ ), and 4 at third ( $n=261$ ). No outliers were found in the counsellors' data. Descriptive statistics were calculated with SPSS.

Table (1a). shows means, standard deviation, and correlational coefficients of the counsellors' demographic details, multicultural competencies, and counselling process outcomes.

	N	M	Sd	MS	MA	MR	MK	MCI(T)	RE	SJA	PH	CS	HMR	DSOA	CDF	GMP	IPCO	T1	T2	T3	
MS	75	36.83	4.66	1																	
MA	75	29.73	4.12	.53**	1																
MR	75	26.13	3.94	.43**	.33**	1															
MK	75	33.97	5.33	.61**	.53**	.38**	1														
MCIT	75	126.67	14.15	.84**	.76**	.66**	.84**	1													
RE	75	3.29	.66	.22	.16	.02	.08	.16	1												
SJA	75	3.62	.80	.29**	.38**	.13	.41**	.40**	.23*	1											
PH	75	3.86	.64	.39**	.18	.29*	.22	.35**	.18	.05	1										
CS	75	3.43	.99	.34**	.43**	.36**	.40**	.49**	.19	.05	.03	1									
HMR	75	3.68	.75	.40**	.34**	.25*	.26*	.40**	.17	-.03	.22	.32**	1								
DSOA	75	3.80	.57	.34**	.52**	.49**	.40**	.55**	-.04	.41**	.16	.25**	.27*	1							
CDF	75	3.51	.59	.24	.44**	.19	.35**	.36**	.37**	.41**	.06	.32**	.21	.33**	1						
GMP	75	3.56	.45	.53**	.52**	.37**	.50**	.62**	.64**	.56**	.46**	.64**	.28*	.35**	.51**	1					
IPCO	75	3.63	.48	.27*	.58**	.39**	.45**	.54**	.23*	.50**	.13	.36**	.30**	.76**	.86**	.54**	1				
T1	268	45.30	24.36	.09	.07	.25*	.10	.16	-.12	-.23*	.02	.20	.19	.11	.25*	-.03	.23*	1			
T2	266	37.91	22.88	.15	.09	.26*	.14	.21	-.08	-.11	.10	.23*	.17	.22	.13	.07	.21	.77**	1		
T3	261	31.83	20.92	.01	.005	.17	.10	.09	-.12	-.09	.01	.104	.09	.12	.10	-.02	.13	.51**	.52**	1	

Note-  $p < .05^*$ ,  $p < .01^*$  MS-multicultural skills, MA-multicultural awareness, MR-multicultural counselling relationship, MK-multicultural knowledge, MCT-multicultural counselling inventory total, RE- racial/ethnic identity development, SJA-social justice activism, PH-psychological health, CS-connectedness & spirituality, HMR-humour, DSOA-diverse sexual orientation affinity, CDF-culturally diverse friendship, GMP-general multicultural personality, IPCO-interpersonal cultural openness, T1,2,3-total 1,2,3.

Table 1(b) shows the mean, standard deviation and correlation coefficients of counsellors' demographic details and total observations.

	N	Mean	Sd	Age	Gender	Religion	Curnt Lctn	Edu.Qlfctn	Total 1	Total 2	Total 3
Age	75	36.35	10.54	1							
Gender	75	1.24	.43	.18	1						
Religion	75	1.23	.42	-.15	-.006	1					
Curnt Lctn	75	1.20	.40	.05	-.12	.04	1				
Edu.Qlfctn	75	1.81	.99	.14	-.17	-.02	.26*	1			
Total 1	268	45.30	24.36	.09	.07	-.36**	-.12	.02	1		
Total 2	266	37.91	22.88	.02	-.06	-.31**	-.05	.14	.77**	1	
Total 3	261	31.83	20.92	-.06	-.05	-.32**	-.03	.13	.51**	.52**	1

Note-  $p < .05^*$ ,  $p < .01^{**}$  Curnt Lctn- current location, Edu.Qlfctn- educational qualification.

The table indicates a strong positive correlation between counsellors' multicultural counselling competencies, multicultural personality, and process outcomes. A regression analysis in SPSS was performed to see if variables determine process outcomes. The Enter method failed to produce predictors from MCI and MPI for the third observations. Demographic variables were added, and stepwise regression was used to identify predictors. Multicollinearity among related MCI and MPI constructs led to excluding closely related variables. A stepwise regression analysis for first observation (Total 1) found five predictors (religion, multicultural counselling relationship, social justice activism, culturally diverse friendship, and racial/ethnic identity development),  $F(5,68) = 9.525$ ,  $p < .001$ ,  $R^2 = .412$ . All five variables were added statistically significantly to the prediction,  $p < .05$ . For the second observation (Total 2), two variables (religion and multicultural counselling relationship) were found to be strong predictors,  $F(2,70) = 6.924$ ,  $p < .002$ ,  $R^2 = .165$ . These variables were added statistically significantly to the prediction,  $p < .05$ . For the third observation (Total 3), only one variable (religion) was found to have predicted  $F(1,73) = 8.593$ ,  $p < .005$ ,  $R^2 = .105$ . The variable was added to the prediction model statistically significantly,  $p < .05$ . Additionally, it was important to determine whether clients' overall responses changed across three sessions, which was analysed using a one-way ANOVA with repeated measures, as the same individuals were observed across sessions.

Table 2 shows a pairwise comparison of one-way ANOVA with repeated measures of counselling process outcomes.

(I)Factor1	(J) Factor1	Mean Differences (I-J)	Std. Error	Sig. <sup>b</sup>	95% Confidence Interval for Difference	
					LB	UB
1	2	7.180*	.986	<.001	4.80	9.55
	3	13.388*	1.422	<.001	9.96	16.81
2	1	-7.180*	.986	<.001	-9.55	-4.80
	3	6.208*	1.332	<.001	2.99	9.41
3	1	-13.388*	1.422	<.001	-16.81	-9.96
	2	-6.208*	1.332	<.001	-9.41	-2.99

*Note-* mean differences are significant at  $p < .05^*$  level and are based on estimated marginal means.

### **Discussion**

The analysis of multicultural counselling competencies and their connection to counselling process outcomes shows that all areas of the multicultural counselling inventory such as skills, awareness, relationships, and knowledge are positively linked to these outcomes. Specifically, the multicultural counselling relationship (MCIR) shows a significant positive correlation with both the first (Total 1) and second (Total 2) observations, indicating that building strong rapport with clients from diverse backgrounds is essential for better counselling outcomes. Furthermore, the study finds that multicultural personality traits like interpersonal cultural openness (IPCO), connectedness and spirituality (CS), and culturally diverse friendship (CDF) are significantly positively correlated across all observations (Total 1, 2, 3). It also notes a significant positive relationship between multicultural counselling competencies and multicultural personality, supporting Ponterotto's (2010) hygiology model linking these constructs. However, the research indicates that pursuing social justice activism (SJA) may sometimes be inappropriate or counterproductive, as it showed an inverse relationship with all observations. Overall, the results suggest that a culturally competent counsellor needs to possess knowledge about clients from diverse backgrounds, build a therapeutic relationship rooted in trust, authenticity, and openness to different worldviews, and stay connected with diverse clients to enhance therapy outcomes.

The relationship between counsellors' demographic details and counselling process outcomes revealed that gender, religion, and current location of counsellors are negatively correlated with the total observations.

Notably, a significant negative relationship was found between a counsellor's religion and all observations. This suggests that being religious during counselling may not lead to desired outcomes; either excessive religiosity or neglecting clients' religious concerns might hinder success. Literature indicates that when discussions originate from clients and counsellors recognize their importance in the clients' overall issues, outcomes tend to be positive. Conversely, the opposite approach may not be as effective. Additionally, higher age and educational qualifications of counsellors correlate positively with the total observations, implying that greater experience and education improve understanding of diverse client concerns.

The regression analysis indicates that counsellors' multicultural counselling relationship, and culturally diverse friendship positively influenced the process outcomes, whereas social justice activism, religion, and racial/ethnic identity development negatively affected them. When working with culturally diverse clients in India, a culturally competent counsellor needs to consider the influence of religion, including their own biases and those towards clients' religious beliefs or behaviours. India's interdependent social fabric (Varma, 1982) leads individuals to prefer interactions that foster trust and safety in counselling, thereby improving outcomes. However, strong religious or social justice attitudes in counsellors can hinder these. Clients may want to discuss oppression or injustice, but counsellors often struggle to address these issues effectively, possibly due to limited social justice training. Sinclair et al. (2024) note that counsellors lack proper training and supervision in advocacy, confronting discrimination, managing demanding clients, collaborating, handling discomfort, and preventing advocacy fatigue.

This study shows that religion can negatively influence counselling, so

practitioners need to consider clients' religious beliefs. Gawali and Khattar (2016) found that open-mindedness and flexibility predict positive attitudes toward religious diversity among Mumbai students, unlike empathy and emotional stability, highlighting individual traits in promoting religious harmony. Evans and Nelson (2021) mention that religion and spirituality are often overlooked in therapy, possibly due to discomfort or lack of training. Bouwhuis-Van Keulen et al. (2023) found that religious patients benefit more from treatments including these aspects, improving symptoms and well-being. Hunt (2024) states that practitioners' knowledge depends on background and training, and they may feel unprepared with clients holding negative religious beliefs.

Findings from the one-way ANOVA with repeated measures showed a steady decline in symptom severity from the first to the third observation, based on the mean differences across these points. This indicates that clients' overall functioning improved over the three observations. The results indicate that counsellors' multicultural counselling relationship and interpersonal cultural openness have a positive effect on reducing symptom distress, improving interpersonal relationships, and increasing social roles among clients. Bedi and Kaur (2022) note that counselling psychologists' training is inadequate, often within psychiatric frameworks, leading to confusion and inconsistent practice, and counselling is often viewed as a last resort, aimed at immediate relief.

The research emphasizes training Indian counsellors in religion, spirituality, and social justice, as clients face disparities based on socio-economic, religious, caste, and gender identities. Beyond 'person-centred' or 'cognitive-behavioural' approaches, incorporating multicultural views is crucial. Cultural openness improves the counselling

relationship and outcomes. A shared spiritual connection is linked to reduced distress and better social functioning. In India, integrating spirituality into counselling complements Western therapy models, potentially shifting focus to indigenous healing methods and multicultural, social justice principles in training. The study's limitations include being conducted in two Indian cities with few practitioner participants, using only the OQ-45.2 after three sessions to measure counselling outcomes, and not exploring factors like the working alliance, clients' perceptions of counsellors' competencies, or more sessions. Addressing these would strengthen the study, which is limited by the scarcity of empirical research on counselling process outcomes in India.

### **Conclusion**

The study concludes that counsellors' multicultural competencies partially positively influence the counselling process outcomes. However, counsellors' religion and social justice activism were found to negatively impact these outcomes. These findings contribute to the existing literature on multicultural and social justice counselling and highlight the need for further evidence-based research in this field. Moreover, the study underscores the importance of skill-based training, supervision of counsellors, and more process-outcome studies to enhance the evaluation of counselling and psychotherapy within the Indian context.

### **References**

- Abernethy, A., & Lancia, J. (1998). Religion and Psychotherapeutic Relationship Transferential and Countertransferential Dimensions. *Journal of Psychotherapy Practice and Research*, 7(4), 281-289. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3330516/>
- American Psychological Association (2002). *Guidelines on Multicultural Education, Training, Research, Practice and*

- Organizational Change for Psychologists. Retrieved from: <https://www.apa.org/about/policy/multicultural-guidelines-archived.pdf>
- American Psychological Association (2017). Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. Retrieved from: <https://www.apa.org/about/policy/multicultural-guidelines.pdf>
- Bedi, S., & Kaur, R. (2022). Counselling Psychology: The Role Recognition in India. *Journal of Positive School Psychology*, 6(10), 1887-1899. <https://journalppw.com/index.php/jpsp/article/view/13539/8772>
- Bouwhuis-Van Keulen, A. J., Koelen, J., Eurelings-Bontekoe, L., Hoekstra-Oomen, C., & Glas, G. (2023). The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of randomized controlled trials. *Psychotherapy Research*, 34(3), 339-352. <https://doi.org/10.1080/10503307.2023.2241626>
- Collins, S., & Arthur, N. (2010). Culture-infused counselling: A fresh look at a classic framework of multicultural counselling competencies. *Counseling Psychology Quarterly*, 23(2), 203-216. <https://doi.org/10.1080/09515071003798204>
- Constantine, M. G., Melincoff, D. S., Barakett, M. D., Torino, G. C., & Warren, A. K. (2004). Experiences and perceptions of multicultural counseling scholars: a qualitative examination. *Counseling Psychology Quarterly*, 17(4), 375-393. <https://doi.org/10.1080/09515070412331331228>
- Duggal, C. & Sriram, S. (2021). Confluence of therapist personal and professional values: How therapist values become signposts for therapeutic trails. *Psychological Studies*, 66(2), 167-180. <https://psycnet.apa.org/doi/10.1007/s12646-021-00599-7>
- Evans, A., & Nelson, J. K. (2021). The Value of Adapting Counseling to Client's Spirituality and Religion: Evidence-Based Relationship Factors. *Religions*, 12(11), 951. <https://doi.org/10.3390/rel12110951>
- Figueroa, M., & Hofhuis, J. (2024). Are some Individuals more susceptible to intercultural education than others? Multicultural Personality predicts the effects of an intercultural training on cultural intelligence. *International Journal of Intercultural Relations*, 98, <https://doi.org/10.1016/j.ijintrel.2023.101927>
- Friedrich-Killinger, S. (2020). Centrality of Religiosity as a Resource for Therapy Outcome? *Religions*, 11(4), 155. <https://doi.org/10.3390/rel11040155>
- Gautam, M. K. (2013). Indian diaspora: ethnicity and diasporic identity. Technical Report, Migration Policy Centre, CARIM-India Research Report. *European University Institute*, <https://cadmus.eui.eu/handle/1814/29491>
- Gawali, G., & Khattar, T. (2016). The Influence of Multicultural Personality on Attitude Towards Religious Diversity Among Youth. *Journal of the Indian Academy of Applied Psychology*, 42(1), 114-123. <https://psycnet.apa.org/record/2016-10256-011>
- Gerstein, L. H., Rountree, C., & Ordonez, A. (2007). An Anthropological perspective on multicultural counselling. *Counseling Psychology Quarterly*, 20(4), 375-400. <https://doi.org/10.1080/09515070701567788>
- Goodman, L. A., Wilson, J. M., Helms, J. E., Greenstein, M., & Medzhitova, J. (2018). Becoming an Advocate: Processes and Outcomes of a Relationship-Centered Advocacy Training Model. *The Counseling Psychologist*, 46(2), 122-153. <https://doi.org/10.1177/0011000018757168>
- Gonzalez, J., Barden, S. M., & Sharp, J. (2018). Multicultural Competence and the Working Alliance as Predictors of Client Outcomes. *The Professional Counselor*, 8(4), 314-327. <http://dx.doi.org/10.15241/jg.8.4.314>
- Hansen, K. L., Nielsen, S. L., Erikson, D. M., Fischer, L., Pedersen, T. R., and Smith,

- T. (2025). Effects of Religious and Spiritual Struggles on Psychotherapy Process and Outcome. *Spirituality in Clinical Practice*, 12(1), 124-135. Advance Online Publication. <https://dx.doi.org/10.1037/scp0000343>
- Hazel, C. (2023). Multicultural Counseling Course Instructors' Cultural Background and Diversity Teaching Approaches. *Journal of Counselor Preparation and Supervision*, 17(4). Retrieved From: <https://research.library.kutztown.edu/jcps/vol17/iss4/4/>
- Hofhuis, J., Schilderman, M. F., Verdooren, A. (2020). Multicultural personality and effectiveness in an intercultural training simulation: The role of stress and proactive communication. *International Journal of Psychology*, 55(5), 812-821. <https://doi.org/10.1002/ijop.12647>
- Hunt, J. (2024). Religion and spirituality in therapeutic training in the UK: A survey of current and recent trainees. *Counselling and Psychotherapy Research*, 24(4), 1600-1611. <https://doi.org/10.1002/capr.12807>
- Jaladin, R.A.M. (2013). Barriers and challenges in the practice of multicultural counselling in Malaysia: A qualitative interview study. *Counselling Psychology Quarterly*, 26(2), 174-189. <https://doi.org/10.1080/09515070.2013.793046>
- Karkare, R. & Dutt, S. (2018). Exploring the Effective Counselling Practices being followed in India by Mental Health Professionals. *Indian Journal of Mental Health*, 5(2), 183-191. [https://indianmentalhealth.com/pdf/2019/vol6-issue2/Original\\_Research\\_Paper\\_9.pdf](https://indianmentalhealth.com/pdf/2019/vol6-issue2/Original_Research_Paper_9.pdf)
- Knox, S., Catlin, L., Casper, M., Schlosser, L. Z. (2005). Addressing religion and spirituality in psychotherapy: clients' perspectives. *Psychotherapy Research*, 15(3), 287-303. <https://doi.org/10.1080/10503300500090894>
- Lambert, M., Lunnen, K., Umphress, V., Hansen, N., & Burlingame, G. M. (1994). Outcome Questionnaire 45.2 (OQ45). <https://psycnet.apa.org/doi/10.1037/t00830-000>
- Moodley, R. (2007). (Re)placing multiculturalism in counselling and psychotherapy. *British Journal of Guidance & Counselling*, 35(1), 1-22. <https://doi.org/10.1080/03069880601106740>
- Noah, N. M., Bakar, A. Y. A., Nasir, M. K. M. (2022). Relationship between Multicultural Counseling Competency Level with Length of Service and Gender. *International Journal of Academic Research in Business and Social Sciences*, 12(7), 224-236. <http://dx.doi.org/10.6007/IJARBS/v12-i7/14251>
- Plumb, A. M. (2011). Spirituality and Counselling: Are Counsellors Prepared to Integrate Religion and Spirituality into Therapeutic Work with Clients? *Canadian Journal of Counselling and Psychotherapy*, 45(1), 1-16. <https://cjc-rcc.ucalgary.ca/article/view/59300>
- Ponterotto, J. G., Rieger, B. P., Barrett, A., Harris, G., Sparks, R., Sanchez, C. M., Debbi, M. (1996). Development and Initial Validation of The Multicultural Counseling Awareness Scale. *Multicultural Assessment in Counseling and Clinical Psychology*, 247-282 <https://core.ac.uk/download/pdf/17269892.pdf>
- Ponterotto, J. G. (2010). Multicultural Personality: An Evolving Theory of Optimal Functioning in Culturally Heterogeneous Societies. *The Counseling Psychologist*, 38(5), 714-758. <https://psycnet.apa.org/doi/10.1177/0011000009359203>
- Ponterotto, J. G., Fietzer, A. W., Fingerhut, E. C., Woerner, S., Stack, L., Magaldi-Dopman, D., Rust, J., Nakao, G., Tsai, N. T., Black, N., Alba, R., Desai, M., Frazier, C., LaRue, A., & Liao, P. W. (2013). Development and Initial Validation of the Multicultural Personality Inventory (MPI). *Journal of Personality Assessment*, 96(5), 544-558. <https://doi.org/10.1080/00223891.2013.843181>
- Ramirez, M. (1995). Historical Development of the Concept of the Multicultural

- Personality: A Mixed Ethnic Heritage Perspective. <https://files.eric.ed.gov/fulltext/ED395252.pdf>
- Ratts, M. J., Singh, A. A., Nassar-McMillon, S., Butler, S. K., & McCullough, J. R. (2015). Multicultural and Social Justice Counseling Competencies. Endorsed by Association for Multicultural Counseling and Development Executive Council, American Counseling Association Governing Council. <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>
- Roysircar-Sodowsky, G., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology*, 41(2), 137-148.
- Roysircar, G. (2004). Cultural self-awareness assessment: Practice examples from psychology training. *Professional Psychology Research and Practice*, 35(6), 658-666. <https://psycnet.apa.org/doi/10.1037/0735-7028.35.6.658>
- Roysircar, G., Dobbins, J. E., & Malloy, K. (2009). Diversity competence in training and clinical practice. In M. Kenkel & R. Peterson (Eds). *Competency based education for professional psychology* (179-197). American Psychological Association. <https://psycnet.apa.org/doi/10.1037/12068-010>
- Savage, J., & Armstrong, S. (2021). *Developing competency in spiritual and religious aspects of counseling*, (Chapter 13), In Erickson-Cornish, J. A., Schreier, B. A., Nadkarni, L. I., Metzger, L. H., and Rodolfa, E. R. (Eds). *Handbook of Multicultural Counseling Competencies*, (p.380). John Wiley & Sons.
- Selvapandiyani, J., Das, A., Singh, G.P. (2024). Research on psychotherapy in India: A systematic review. *Indian Journal of Psychiatry*, 66(2), 123-134. [https://journals.lww.com/indianjpsychiatry/fulltext/2024/66020/research\\_on\\_psychotherapy\\_in\\_india\\_\\_a\\_systematic.1.aspx](https://journals.lww.com/indianjpsychiatry/fulltext/2024/66020/research_on_psychotherapy_in_india__a_systematic.1.aspx)
- Sinclair, V. M., LaGuardia, A. C., Saunders, R. M., Tichavakunda, A. A. (2024). Counselors as Social Justice Advocates: Experiences Addressing Systemic Marginalization. *Journal for Social Action in Counseling and Psychology*, 16(1), 19-42. <https://doi.org/10.33043/y6594b8924>
- Sriram, S. (2016). Counselling in India: An Introduction to the Volume. In *Counselling in India Reflections on the Process* [Ed. Sriram], Springer. <https://link.springer.com/book/10.1007/978-981-10-0584-8>
- Sue, D. W., Arredondo, P., & McDavis, R. (1992). Multicultural Counseling Competencies and Standards: A Call to the Profession. *Journal of Counseling and Development*, 70(4), 477-486. <https://doi.org/10.1002/j.1556-6676.1992.tb01642.x>
- Torres-Harding, S. R., Siers, B., & Olson, B. (2012). Development and Psychometric Evaluation of the Social Justice Scale (SJS). *American Journal of Community Psychology*, 50(1-2), 77-88. <https://doi.org/10.1007/s10464-011-9478-2>
- Varma, V. K. (1982). Present State of Psychotherapy in India. *Indian Journal of Psychiatry*, 24(3), 209-226. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3012809/>
- van der Zee, K., van Oudenhoven, J. P., Ponterotto, J. G., Fietzer, A. W. (2012). Multicultural Personality Questionnaire: Development of a Short Form. *Journal of Personality Assessment*, 95(1), 118-124. <https://psycnet.apa.org/doi/10.1080/00223891.2012.718302>
- Worthington, E. L. Jr. (1989). Religious faith across the life-span: Implications for counseling and research. *The Counseling Psychologist*, 17, 515-612. In Erickson-Cornish, J. A., Schreier, B. A., Nadkarni, L. I., Metzger, L. H., and Rodolfa, E. R.

- (Eds). Handbook of Multicultural Counseling Competencies (pp. 379-413). John Wiley & Sons.
- Zhai, Y. & Prescod, D. (2025). Promoting multicultural and social justice counselling competency of international counselling students. *Counselling & Psychotherapy Research*, 25(1), 1-14. <https://doi.org/10.1002/capr.12803>

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