

**Caught Between a Rock of Competency and a Hard Place of Race:
An Examination of the Relationship Between Multicultural Counseling Competency and
Racial Identity Development in White Mental Health Practitioners**

by

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Abstract

The purpose of this study was to examine the relationship between multicultural counseling competency and racial identity development of White mental health practitioners. The author sought to gain knowledge about possible relationships that existed between White mental health practitioner's responses to self-report measures of their multicultural counseling competency and their own racial identity development. It was hoped that inferences and new, more effective methods for multicultural training of mental health practitioners could be established.

The current study included a national sample of 402 self-identified White mental health practitioners. Participants completed three assessments: *White Racial Identity Attitudes Scale (WRIAS)*, *Multicultural Counseling Inventory (MCI)* and a *Demographic Questionnaire*. Confirmatory factor analyses were utilized both to compare the measures to their corresponding theories and to ensure the items corresponded to the factors the measures claimed to assess. A bivariate correlation was conducted to examine the relationship between the statuses of white racial identity development and the domains of multicultural counseling competencies. Also, a simple regression was used to determine relationships between the individual items of the assessments to both the domains of multicultural counseling competency and the statuses of White racial identity development.

The study explored validity and reliability of the White Racial Identity Scale and the Multicultural Counseling Inventory. Results indicate that a relationship exists between the racial identity development and the multicultural counseling competency of White mental health practitioners. Furthermore, the current study provides evidence that an appreciation of both the

White person's own culture and the culture of people of color was a significant predictor of one's level of racial information processing. The current study also demonstrates that White practitioners did not endorse Relationship as a significant competency while highly endorsing mostly Knowledge and Skills. Evidence demonstrates that Contact status supports no relationship to any of the multicultural competencies, while a significant relationship is identified between Autonomy status and the Awareness competency. Finally, results indicate that only one of the demographic variables was significant in relation to multicultural counseling competency. Implications for these findings are discussed along with recommendations for both counseling professionals and training future practitioners.

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List of Abbreviations

MCC	Multicultural Counseling Competency
MCI	Multicultural Counseling Inventory
MHP	Mental Health Practitioner
RID	Racial Identity Development
WRIAS	White Racial Identity Attitudes Scale
WRID	White Racial Identity Development

CHAPTER 1

INTRODUCTION

The current study was designed to assess the relationship between multicultural counseling competency and the racial identity development of White mental health practitioners. This chapter presents the problems to be addressed by this study, including the more predominant level of racial-information processing that mental health practitioners operate within to assess racial information; the predominant levels of multicultural counseling competency that mental health practitioners possess; the identification of areas required to increase levels of racial information processing and multicultural competency; and the means through which a mental health practitioner can be helped to create a more synergistic therapeutic relationship when multicultural issues are prevalent. The significance of this problem to the counseling profession is outlined in this chapter as well. Finally, the purposes of the study and the research questions are presented.

Statement of the Problem

The problem this study addresses centers on the need for improving upon the services delivered by mental health practitioners. Specifically, the problem addressed focuses on delivery of services in the specific form of multicultural counseling. This problem impacts at least three primary groups: mental health practitioners and their educators as well as clients of diverse backgrounds creating cross-cultural situations between themselves and their mental health provider.

The problem for mental health practitioners. In today's growing society, mental health practitioners nationwide have responsibility for serving a wide array of clientele, varying greatly in race, gender/gender expression, sexual orientations, religiosity and socioeconomic status. Traditionally, mental health professionals are White, and even now in our consistently changing world, white mental health professionals continue to form the largest segment of the psychology workforce (American Psychological Association, 2003). In general, the mental health workforce is overwhelmingly White at a time when U.S. demographics are continuing to dramatically change (U. S. Census Bureau, 2009) and disparities in services abound (Atdjian & Vega, 2005; U.S. Department of Health and Human Services, 2001).

Accepted by the American Psychological Association in 2002, Guideline 6 of the *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* states that "psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices" (APA, 2003, p. 392). This guideline challenges and charges psychologists to act as change agents in the field. This is essential to the development and integration of more culturally-appropriate theories and interventions.

Pope-Davis and Ottavi (1994b) administered the Multicultural Counseling Inventory to 220 counselors affiliated with university counseling centers nationwide to determine the extent to which demographic variables were associated with self-reported multicultural counseling competencies. Results indicated that African American, Asian American and Latino counselors all reported more perceived competence in multicultural awareness and relationships than their White counterparts; however, no significant effects were found when other demographic variables such as gender, age and years of training were analyzed. The study provides evidence

of the importance of increasing the multicultural competency of white mental health practitioners and to ensure they are better equipped to work with diverse clients. There is a discrepancy in the self-perception of White mental health practitioners' multicultural competence to that of their counterparts of other racial and/or ethnic groups. However, there were no effects found for the demographic variables. Such findings raise important questions about the role of racial identity and the self-perceived multicultural counseling competencies of practicing counselors and psychologists (Burkard, Ponterotto, Reynolds & Alfonso, 1999; Carter, 1990).

The problem for educators of counselors and psychologists. The changing demographics of the clients entering therapy has prompted appropriate action, specifically when considering the training of new professionals. It is evident that graduate programs in counseling and psychology are responding to this change through the development of professional standards (APA, 2002; Council for the Accreditation of Counseling and Related Educational Programs, 2001). Guideline 3 of the *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* states that “as educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education” (APA, 2003, p. 386). Fouad (2006) accepts that this guideline delineates a foundation and justification for need to address the challenges facing students in practice, particularly related to inserting cross-cultural interactions. She asserts that faculty are charged with “creating safe learning environments, being knowledgeable about different learning models and infusing the entire curriculum from a culture-centered perspective” (2006, p. 6). For instance, in creating more culturally appropriate practices, there are intergroup differences as it relates to the ability to process communication regarding racial content or cues. Considerable attention to this matter has focused on racial identity development as key to this ability; this

should be a matter of which supervisors should be cognizant when working to enhance the effectiveness of their student counselors and psychologists.

Vereen, Hill and McNeal (2008) investigated graduate programs and their training curricula. Results indicated that mental health practitioner trainees are best able to increase their “awareness, knowledge and opportunity for skill development” within multicultural counseling through two means: classroom experiences and supervision experiences. Employing the Multicultural Awareness-Knowledge-Skills Survey, their national sample of students provided evidence of the importance of integrating multicultural training for mental health practitioners. Students who reported “zero” non-White clients during their practicum tested lower on Knowledge and Skills than their counterparts who had reported having at least one or more such interactions (Vereen, Hill & McNeal, 2008). These results highlight the need for more effective and meaningful multicultural counseling education in graduate programs of counseling and psychology; moreover this information emphasizes the impact that cross-cultural experiences can have upon the multicultural competency development of a mental health professional-in-training.

Currently, meeting the requirements for graduate-level multicultural education for APA accreditation can exist in the form of a course, an outreach project or an “integration” into the majority of core courses. Persons who teach these classes need not have special training or knowledge in the area. Very often the teacher may be *the* faculty person of color. Multicultural education courses have not been outlined or received any direction from the accrediting bodies; currently, courses often just require rote memorization of stereotypical cultural knowledge to apply towards clients of particular groups. There is some dissention in the literature that addresses the lack of substantive multicultural knowledge requirements of students exiting graduate programs in psychology. When not offering such a course, the students are charged to

increase their multicultural knowledge, awareness and skills in a more autonomous manner. Not expected or the “norm” in other areas of knowledge within their graduate programs, students are being put in charge of their learning and growth in multicultural education. This method is faulty in that students are not engaging in the material and are expected to be autonomous and insightful enough to challenge themselves. With this autonomous learning only occurring in one area of their training, students do not have such a skill developed that could constitute them being in charge of their multicultural education.

The problem for clients of diverse backgrounds. Due to a complicated historical relationship between people of color and helping professions (e.g., Tuskegee experiments), there is a high degree of cultural mistrust evident in the attitudes held by many people of color towards professional psychological services as well (Bailey, 1987; Nickerson, Helms, & Terrell, 1994). The disconnect between university counseling centers to their students of color population is even more riveting when the numbers are examined; less than three percent of students of color at predominantly white universities utilized the student counseling centers (Davidson, Yakushka, & Sandford-Martens, 2004). Even when they arrive to seek services, the number of sessions they attended on average was three sessions, lower than the average of their White peers. It may be especially important for counselors who work with ethnic and racial minorities to address these clients’ mental health issues in a culturally sensitive and relevant manner (Constantine, 2002a). In a study of more than one hundred minority students of color who utilized mental health services of professional counselors and/or psychologists, clients were surveyed about their perception of their mental health practitioner’s multicultural counseling competence. After accounting for the students’ attitudes towards counseling, the profession and the general competence of the mental health practitioner, Constantine found that clients who reported being

most satisfied with the counseling therapeutic relationship reported higher levels of satisfaction with the services they received, which may indicate high levels of perceived multicultural counseling competency for their counselors.

Pate (2001) reports that among new doctoral students in 2002-2003, 82% identified as White. Only 18% identified as racially/ethnically diverse (7% African American/Black, 5% Hispanic/Latino, 6% Asian/Pacific Islander, and less than 1% for Native American). Minority professionals represented 11% of universities and colleges full-time faculty. Further, the employment of psychologists and counselors is expected to grow by more than 36% through 2012 (Occupational Outlook Handbook, 2004). It becomes increasingly important to examine both the racial identity development and the multicultural counseling competence among White mental health professionals, as they continue to represent a significant majority of professionals working in the field and likely to be delivering services to racial and/or ethnic minority clients.

Minority clients report higher levels of perceived multicultural counseling competency when there is a healthy and fulfilled therapeutic relationship between themselves and their mental health practitioner. Mental health practitioners need to possess the knowledge, attitudes and skills to ensure this type of satisfactory relationship.

Significance of the Problem

The significance of the problem outlined above to counseling professionals is threefold. First, the changing elevating numbers of people of color in the United States presents a considerable challenge to the overwhelming number of mental health professionals who identify as White. This challenge presents a need for mental health professionals to be equipped with knowledge and skills to work with racially and/or ethnically diverse clientele. With the United States of America's number of non-Whites topping over 100 million (U.S. Census Bureau, 2009)

and expected to exceed the number of White Americans in the year 2050 (Piggott, 2009), it is important that White professionals are able to serve clients of different backgrounds and presentations.

Many clients of color will often request or state a preference to receive services from a therapist or counselor of similar or minority background. “Most therapists understand the concerns of minority [clients], but they also face a demographic reality: There are relatively few minority psychologists and psychiatrists, so demand outstrips supply” (Feibel, 2001). The American Psychological Association reports that racial and ethnic minority students represented approximately 18% of first-year enrollments but only 13% of degrees awarded to doctoral students. This recognizable difference between the availability of minority counselors and psychologists to the changing client population in the United States of America is staggering. Clients of color may not have the opportunity to receive services only from counselors and psychologists of color at all facilities; additionally, if a professional of color is available the rising number of people of color in the US decreases the likelihood that the profession can accommodate every client of color. Therefore, it is imperative that White professionals become equipped, prepared and show a desire to work with clients of color. Another problem to be addressed is instituting training that provides attainable, more concrete and attainable goals, which may help to alleviate some of the White professionals discomfort with increasing their multicultural counseling competence, which was evidenced by their lower self-report confidence scores.

Finally, the current problem is relevant to mental health practitioners because of the profession’s and the professional’s commitment to advocacy. “The Surgeon General has determined that disparities in mental health services exist for racial and ethnic minorities, and

thus, mental illnesses exact a greater toll on their overall health and productivity” (U.S. Department of Health and Human Services, 2001, p. 3). Arguably, within the American Psychological Association there are a few divisions within the organization that have been noted as placing advocacy as a priority within their work and profession. Among those divisions, Division 17 of Counseling Psychology has definitely been placed among one of the leading divisions in the realm of advocacy for persons and clients of color, even boasting a separate membership within its division entitled the Section on Ethnic and Racial Diversity. As noted earlier, there are some guidelines that encourage and motivate psychologists to be involved in the overall well-being of their clients through different avenues, such as advocacy. The questions to be addressed in the current research study also demonstrate a way in which mental health practitioners can act on behalf of the betterment of their clients and their profession by investigating and highlighting ways that clients of diverse backgrounds can be better served by the profession and its professionals.

Purpose of the Study

There are three main purposes of the current study. There is some research devoted to the psychometric characteristics of both white racial identity development and multicultural counseling competency, however these studies have all focused on students and pre-professional mental health practitioners. To date, no studies have utilized both measures of racial identity development and multicultural competency in the same study when using a sample of current mental health practitioners. The first purpose of this study was to confirm the reliability and validity findings that have been presented in the literature concerning the White Racial Identity Attitudes Scale (Helms & Carter, 1990) and the Multicultural Counseling Inventory (Sodowsky,

Taffe, Gutkin, & Wise, 1994) using a sample consisting of current professionals practicing in the field.

The second purpose of the study was to investigate the relationship between the statuses that identify higher levels of racial information processing to higher scores on a multicultural counseling measure. Currently, mental health practitioners are provided with guidelines and competencies toward which they are expected to work; however, there is little training that provides an assessment of a professional's current multicultural competence or presents a set of specific and identifiable attitudes and behaviors endorsed by people who obtain a higher competency score and higher level of racial identity development. Pseudo-Independence, Immersion-Emersion and Autonomy statuses are all considered higher levels of racial information processing. Again, this type of research had not been done with current mental health practitioners; in addition, the directionality of these relationships has not been investigated however is a demand for it within the field of study (Middleton, et al., 2005; Parker, Bingham & Fukuyama, 1985).

The final purpose of the study was to examine the factors of the multicultural counseling/competency as related to the different white racial identity statuses. Multiple studies that have examined these two measures together have not done so with current practicing mental health professionals, nor have they linked the factors to the statuses. Therefore, it is uncertain whether any of the statuses of White racial identity development are related to the factors of multicultural counseling competency.

An understanding the relationship between the racial identity development of the White mental health practitioner to their multicultural counseling competency has not yet been established. Outputs will be used to guide discussions about developing more productive and

purposeful delivery of mental health services to ethnic and racial minorities through better predictors of the high levels of competency and higher levels of racial content processing.

Research Questions

Four main research questions guided the present study.

1. Will the data of the present study confirm the factors of the White Racial Identity Attitudes Scale (WRIAS; Helms, & Carter, 1990)?
2. Will the data of the present study confirm the factors of the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994)?
3. What are the relationships between the White Racial Identity Attitudes Scale and the Multicultural Counseling Inventory?
4. Which multicultural counseling competency factors are strongly related to the different statuses of White Racial Identity Development?

Description of Terms

- *Multicultural counseling* focuses on counseling practice between or among individuals from different backgrounds based on race, ethnicity, and culture (Arredondo et al., 1996). “The preparation and practices that integrate multicultural and culture-specific awareness, knowledge and skills into counseling interactions” (Arredondo, et al., 1996, p. 1).
- *Race* is a biological category that comprises specific characteristics that include one’s physical features, genetic make-up, and character qualities (Spickard, 1992). Casas (1984) mentioned biology in defining race, with subgroups possessing specific physical and genetic qualities that distinguish them from other subgroups.
- *Racial identity* refers to the psychological response to one’s race not only in relation to interactions with one’s own racial or cultural group but also of that group’s place in the

wider social setting (Rosenthal, 1987). As a psychological construct, racial identity reflects the extent to which identification with one's own racial group influences thinking, perceptions, emotions, and behaviors toward persons from other groups (Carter, 1995). A sense of group or collective identity based on one's perception that he or she shares a common racial heritage with a particular racial group (Helms, 1990).

- *Multicultural counseling competency* (MCC) takes into the account the worldview of the practitioner and its influence or impact on the client and includes factors such as attitudes/beliefs, knowledge, skills, and relationships (Sue, Arredondo & McDavis, 1992).
- *White* refers to the participants' psychological identification with a culture or group of people of which they conceptualize as a representation of their idea of White culture.
- *Mental health practitioner* (MHP) refers to Masters level counseling professionals or counseling or clinical psychologists that have received a doctorate in their respective areas. All professionals included in this study were practicing in the field at the time of data collection.
- *White Racial Identity Development* (WRID), for the purposes of this study, refers to the model presented by Helms (1990) that describes six statuses that begin with a description of people who have great difficulty processing racial content and cues and then progressively moves toward those that manage this type of processing well. Progression from a racist frame of reference to a nonracist White identity. The process, according to Helms (1995), is more of how Whites perceive, feel, and behave toward people of color rather than a conscious developmental process.

CHAPTER 2

REVIEW OF THE LITERATURE

There is a great need for current and aspiring mental health practitioners to enhance their multicultural counseling competencies to better serve clients of various backgrounds and presentations. Among many other milestones, the 1973 Vail Conference addressed the ethics pertaining to conducting therapy across cultures and included some of the first commentary on the necessity to develop such skills in order to maintain ethical standards of practice. Nearly four decades ago, Korman (1974) noted that one of the main Vail Conference recommendations was that psychologists need to know about the differences among cultural groups while building a repertoire of skills to work with culturally different clients. As the clientele of counseling and therapeutic settings has expanded over the years, more attention has been given to the development of multicultural counseling and the development of multicultural counseling competencies, as is evident through the development of professional standards (APA, 2003, CACREP, 2001), and through various critiques of traditional theories and scholarly literature within the field of counseling.

Abreu, Gim Chung and Atkinson (2000) believe that the 1960s and the 1970s “civil rights movement and the increase of racial and ethnic diversity among counselors and psychologists began to make the helping professions more responsive to minority populations” (p. 642). A push from these new professionals to have their interests observed helped to form organizing bodies such as the Association of Black Psychologists (1968), the Association for Psychologists Por La Raza (1970), the Asian American Psychological Association (1972) and

the Society of Indian Psychologists (1975). Abreu, Gim Chung and Atkinson (2000) also reported that after continued pressure to have their interests and needs addressed by the profession, the American Psychological Association formed the Office of Ethnic Minority Affairs (OEMA) in 1979, the Board of Ethnic Minority Affairs (BEMA) in 1981, and finally the Division of Ethnic Minority Affairs (Division 45) in 1986.

Later in 1990, the American Psychological Association published the *Guidelines for Providers of Psychological Services to Ethnic, Linguistic and Culturally Diverse Populations* (APA, 1990). Two years later, the 1992 revision of the Ethics Code included Principle D: Respect of People's Rights and Dignity, which states in part that psychologists are to be "aware of cultural, individual and role differences, including those related to age, gender, race, ethnicity, and national origin" (APA, 1992, p. 1598). The Ethics Code also contained standards related to cultural diversity competence (Standard 1.08; Standard 2.06), assessment (Standard 2.04; Standard 9.06), and research (Standard 6.07 and Standard 6.11; Standard 8.02) in both the 1992 and 2002 Ethics Code, respectively. In accordance, the 2002 Ethics Code calls for "respect[ing] the dignity and worth of all people, and the rights of individuals to privacy, confidentiality and self-determination" (APA, 2002, p. 1063). The following year in 2003, the American Psychological Association provided a more up-to-date and comprehensive set of guidelines for psychologists to adhere to (within practice, training and research with a multicultural clientele) entitled the *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* (APA, 2003).

Multiculturalism Emerging. Used in many different contexts and conversations, "multiculturalism is broad...although the ideal of the harmonious coexistence of differing cultural, ethnic, national or indigenous groups within a complex society" (Cashmore, 2004, p.

289). And although labeled a fourth force (Pedersen, 1991) in the profession, it has been noted that the term multiculturalism is still lacking a concrete definition (Arredondo, et al., 1996). Multiculturalism focuses on ethnicity, race, and culture (Arredondo et al., 1996); however, the term is qualitative in nature (Middleton, Rollins & Harley, 1999). Utilized in the proposed study because it is arguably one of the dominant identifiers of multiculturalism in the clinical setting, the definition employed for *multiculturalism* exerts that there is an existence of an established and stimulating environment that originates from both effective intra- and intercultural exchanges. The exchanges include individuals who respect, value, and learn from one another, creating a synergistic environment that is both dynamic and productive (Middleton et al., 1999; Middleton & Flowers, 1996).

According to Middleton, Rollins and Harley (1999), an *intercultural exchange* is an interaction between individuals with different cultural backgrounds. Each participant maintains autonomous involvement in their traditional culture within the confines of the society in which they live. Exchanges may be verbal or nonverbal, intentional, or unintentional. *Intracultural exchanges* are based on conversations with oneself and are ongoing attempts by counselors to understand, examine, and reexamine their own thoughts, feelings, and behaviors as they relate to the multiculturally-diverse client. The combined effect of intra- and intercultural exchanges between individuals is greater than the sum of their parts. When the influence of multiculturalism prevails, no one has been dehumanized or devalued, creating a forceful sense of energy which can be ever changing and evolving. This provides motivation to constantly move toward attaining multiculturalism.

Multicultural Counseling Competency (MCC). The history of multicultural counseling competency has been traced back to five articles published in the 1950s in the Personnel and

Guidance Journal (Jackson, 1995; Worthington, Soth-McNett & Moreno, 2007); these articles primarily addressed the therapeutic needs of Black Americans. A culturally sensitive counselor does not allow race to break down the counseling process (Wilson & Stith, 1991) and recognizes that the history and socialization of Blacks and other people of color are issues that may need to be addressed, should the client present with these issues (Poston, Craine, & Atkinson, 1991; Terrell & Terrell, 1984). *Multicultural counseling* focuses on counseling practice between or among individuals from different backgrounds based on race, ethnicity, and culture (Arredondo et al., 1996; Coleman, 2004). Jackson (1995) defined multicultural counseling as “counseling that takes place between or among individuals from different cultural backgrounds” (p. 3). The definition and emergence of the competencies provided some structure and rudimentary system of measurement for counselors to monitor themselves and their colleagues.

Statistics show that minority populations not only underuse mental health services but those that enter therapy tend to drop out prematurely (Sue & Sue, 2003). Korman (1974) stated that cultural competence is a matter of ethical practice. Recent research has attempted to demonstrate the need for more effective treatment strategies and counselor training that includes multicultural competence. Geller (1988) suggested that cognitive bias (i.e., stereotyping) is one contributing factor to cultural incompetence in the practice of counseling. Most often, White counselors tend to use the method of illusory correlation when counseling minority clients (Hamilton, 1981). That is, the White counselor believes that he or she knows something about the client, when in fact the information is based on a stereotype. Wampold, Casas, and Atkinson (1982) found evidence that illusory correlations are prevalent among White counselors when processing information about minority clients (Gushue & Carter, 2000).

Multiculturalism is vital to maintenance of multicultural counseling competency because it is central to creating and establishing a synergy between the client and practitioner, which in turn is essential to the therapeutic relationship (Ponterotto, 1999). Each of the four dimensions of multicultural counseling competency (Attitudes/Beliefs, Knowledge, Skills, and Relationship) has an orientation toward the value of multiculturalism. Multicultural counseling competency has been portrayed across three factors, attitudes/beliefs, knowledge and skills, now widely accepted in the field of counseling (Arredondo & Perez, 2006; Sue et al., 1992).

The first factor, Awareness, speaks to the ability to examine personal biases and stereotypes and an awareness of how the mental health practitioner's preconceptions may negatively impair effective service delivery. According to the competency standards, becoming aware of one's own values, assumptions and biases is paramount to becoming multiculturally competent. Although most people of color are aware of themselves as racial beings and have a somewhat distinct concept of cultural differentness, White Americans may not be aware of themselves in such a manner and often find it difficult to think of themselves in racial terms (Carter, 1995; Helms, 1990, 1995). According to Sue and Torino (2005) "gaining an awareness and understanding of Whiteness and White privilege is perhaps the greatest challenge for White trainees and professionals" (p. 9).

The second, Knowledge, refers to mental health practitioner's understanding of their own worldview, the historical and current sociopolitical influences that may impact their clientele, and specific knowledge of the cultural groups they serve. It is imperative that the counselor have specific information about the client and their cultural heritage as it can impact the clients' actions and attitudes; however, just having facts about the cultural group is not sufficient. Sue and Torino (2005) argue that effective multicultural competent counseling requires "the ability to

interpret and translate such knowledge into sociological and psychological consequences” (p.10) for the clients. This belief endorses the active application of knowledge as opposed to merely the passive acquisition of it.

The third factor, Skills, relates to interventions and strategies that have proven helpful in working with specific groups. Arredondo and her colleagues (1996) proposed that culturally skilled counselors need to be able to engage in a multitude of both culturally and clinically appropriate interventions that proved to the strengths and benefits of their clients. They purported that culturally skilled counselors, for example, could engage in a variety of verbal and nonverbal helping responses and would not be “tied down” to only one method or approach to helping. Rather, they believe that such counselors would recognize that helping styles and approaches may be culture-bound and when they sense that their helping style is limited and potentially inappropriate, they can anticipate such shortcomings and modify it.

A fourth aspect not studied as often is Relationship, the mental health practitioner’s interaction process with minority clients (e.g., comfort level, worldview, and counselor’s trustworthiness). Researchers have argued that a major problem in cross-racial relationships in counseling is that many counselors tend to impose their own values on their clients (Ridley, 1995). How race influences the counseling relationship depends on the counselor–client contact. Of all the factors, however, relationship has not been endorsed by the APA or ACA; it also maintains the lowest reliability scores on different measures of such competency. However, there is evidence to demonstrate that the relationship between the client of color and his or her mental health practitioner is important (Constantine, 2002b). Yet, the self-report measures given to the practitioners do not support such findings. In the proposed research design, nonetheless,

all four factors will be considered when using the Multicultural Counseling Inventory (MCI), a 40-item self-report inventory (Sodowsky, Taffe, Gutkin, & Wise, 1994; Green, et al., 2005).

Race and Racial Identity Theory. Two culturally based constructs that have been linked with multicultural counseling are multicultural counseling competency and racial identity development. Ponterotto and Mallinckrodt (2007) elucidate the place of racial identity scholarship within the history of multicultural counseling research. Over the last 45 years, scholars and researchers have studied the importance of multicultural counseling in clinical practice, research, and training as an essential requirement for all psychologists and counselors (Carter & Qureshi, 1995; Nwachuku & Ivey, 1991; Pope-Davis & Ottavi, 1994b; Sue, Arredondo, & McDavis, 1992). Beginning in the 1960s, racial identity development has been theoretically linked with multicultural counseling. Specifically, researchers have examined culturally encapsulated counselors unaware of their own racial biases (Carter & Jones, 1996; Helms, 1990; Wrenn, 1962). Psychologists and counselors of color questioned the applicability and effectiveness of traditional Eurocentric theories and practices of psychotherapy with culturally diverse populations (Pope-Davis & Ottavi, 1994a; Sue et al., 1992; Vontress, 1967, 1971).

The definition of race that most aptly describes its use and meaning in this research study is race as a sociopolitical designation that assigns individuals to a particular group based on presumed visible characteristics, such as skin color, physical features, and, in some cases, language (Carter, 1995; Harris, 1995; Helms, 1993; Smedley, 1999). Essential to counseling practice is the understanding that when matters of race enter into the dialogue either directly or indirectly, the quality of the interactions is influenced by the existing racial identity status of each person within the dyad (Thompson & Carter, 1997). This aspect affects the quality of the

interaction even in racially parallel relationships in which both the client and the practitioner may be White and operating at the same status of racial identity. Depending on their circumstances, each may have markedly different experiences of their race and its inherent privilege in U.S. society, an influential finding to both same-race and cross-race dyadic interactions of White mental health practitioners.

The contemporary movement to examine racial identity development began in the 1990s as researchers and scholars started to examine the impact of mental health practitioners' cultural and racial attitudes on counselor-client interactions. Sabnani, Ponterotto, and Borodovsky (1991) believed that understanding the racial identity development of White counselors and clients was perhaps the single most significant advancement in multicultural counseling — setting a new course for training, research, and practice. Sabnani and colleagues (1991) integrated the work of multicultural counseling competency, racial identity theory, and multicultural training to present a comprehensive model to increase multicultural counseling sensitivity and competency. As empirical research on minority-identity models advanced, this model enhanced previous work to include an intentional focus on White Racial Identity Development .

A fundamental premise examined here is that racial identity theory and racial identity development are basic and essential to the framework of multicultural counseling competency. Racial identity refers to the psychological response to one's race (Carter, 1995; Rotheram & Phinney, 1987) not only in relation to interactions with one's own racial or cultural group but also of that group's place in the wider social setting (Rosenthal, 1987). According to Helms (1990), the term *racial identity* refers to “a sense of group or collective identity based on one's perception that he or she shares a common racial heritage with a particular racial group” (p. 3). As a psychological construct, racial identity reflects the extent to which identification with one's

own racial group influences thinking, perceptions, emotions, and behaviors toward persons from other groups (Carter, 1995).

The concept of racial identity development has gained more prominent attention over the last 25 years with the pioneering work of many racial identity theorists (Burlew & Smith, 1991; Cross, 1971; Hardiman, 1982; Helms, 1984) providing a major impetus to research in this field. More recently, there has been an acknowledgment among researchers and racial identity theorists that there is a need to provide clarity in counseling about central constructs emanating from racial identity, its measurement and operationalization (Behrens, 1997a; Ponterotto & Mallinckrodt, 2007). The work of Helms (1984, 1990), arguably the most influential White identity development theorist to date, has undergone more empirical scrutiny than any other multicultural research theorist in the psychology and counseling literature (Behrens & Rowe, 1997b; Sue & Sue, 2003) and as such has been selected as the theory for measurement of racial identity status in the present study. Racial identity is a personal aspect of the individual that can affect professional disposition or practice. The White psychologist who is more progressive in his or her racial identity is likely to experience more positive outcomes in cross-racial dyads. Therefore, existing literature offers little information on how to address racism in training White counselors, which creates dissension between White mental health professionals and their non-White clients. Such dissension often leads these clients to terminate counseling services or not seek counseling services at all. Although there has been an emergence of empirical research focusing on racial identity development relative to multicultural counseling competency, the current research proposal, while promising, is different in its focus on practitioners currently operating within the field.

White Racial Identity Development (WRID). Interestingly, Peterson, West, and Pincus (1996) report that the number of clinically trained mental health personnel in the United States is 433, 519, including counselors, marriage and family therapists, psychiatrists, psychologists and social workers. Of that number, 95.4% are White! While many counselors attempt to understand their diverse clients and how their own core values, biases, and beliefs influence the therapeutic process, others may not be meeting the needs of *all* their clients because counselor training is primarily based on White theory and research in White institutions (Kim & Lyons, 2003). Perception and outcome research has begun to focus on the role of White racial identity attitudes in understanding the dynamics of racism (Carter & Jones, 1996; Utsey & Gernat, 2002). Helms (1990) contended that Whites must accept their *whiteness* and acknowledge the ways in which they benefit from racism in order to move toward a nonracist identity. Hence, culturally encapsulated White counselors adhere to the racist attitudes and behaviors of society and are unaware of their own behaviors and worldviews. Ponterotto (1988) indicated that Whites must assess their racial identity development as the first step in the process of self-exploration and in facilitating a change in their race-related attitudes. White counselors must be knowledgeable and aware of racism, and on a personal level must comprehend how their own socialization can influence their experiences and perceptions of themselves and minorities (D'Andrea, 1999).

Helms' (1990) theory of White racial identity development (WRID) identifies six specific racial identity ego statues: Contact, Disintegration, Reintegration, Pseudo-Independence, Immersion-Emersion, and Autonomy. Helms' model offers a means of exploring the factors that contribute to racially biased attitudes and behaviors (Rogers-Sirin, 2003). The model demonstrates the result of one's socio-racial socialization. Socio-racial socialization influences attitudes toward one's own racial group and other racial groups. Thus, Helms' White racial

identity development model provides a framework with which to consider how White counselors' attitudes and beliefs contribute to the presence or absence of racism in their work as counselors (Rogers-Sirin, 2003). A strength of Helms' model is that statuses are used instead of stages. Stages tend to be a limiting concept primarily because people can be in more than one stage at a time. Helms' first three statuses detail how a White person progresses from a racist frame of reference before moving to the next three statuses where the person discovers a nonracist frame (Helms, 1995). Helms uses the term *statuses* rather than stages to indicate that individuals are not likely to function exclusively within a certain status. It is more likely that persons express several statuses or blends of statuses simultaneously, one of which is probably dominant.

In Contact status, individuals do not acknowledge that differences exist between themselves and persons of color. They are oblivious to and unaware of racism, believing that everyone has an equal chance for success. They lack an understanding of prejudice and discrimination, having minimal experiences with persons of color. Although persons of color may be seen as different, there is little or no acknowledgment of the White individual's race-related characteristics or differences. Jones (1997) suggests that White counselors who project an image of colorblindness fail to confront racial differences that may impact the counseling process, thereby stalling the relationship. Pomales, Claiborn and LaFromboise (1986) documented support that Blacks view colorblindness as negative. Therefore, counselors must be sensitive and put into practice the multicultural and self-reflective skills that suggest the counselor's effectiveness and sincerity (Chavez, Guido-DiBrito, & Mallory, 1999).

Disintegration is marked by conflict over irresolvable racial moral dilemmas and a conscious acknowledgment of one's Whiteness. There is conflict over loyalty to one's group and

recognition that Whites and White institutions ignore and suppress the reality of racial inequality to maintain a status of privilege. While a healthy resolution might rationally and reasonably be found in confronting the “myth of meritocracy”, the breakdown of the denial system is painful and anxiety provoking (Sue & Sue, 2003). Thus the individual may avoid contact with persons of color, so as not think about race, and seek reassurance from others that racism is not the fault of Whites (Helms, 1990). Helms (1995) suggested that the coping method for Whites in the disintegration status, when there is inner turmoil, might be to suppress the information. For instance, the confusion and uncertainty of disintegration may cause increased sensitivity to racial cues and increased stereotype-based expectations.

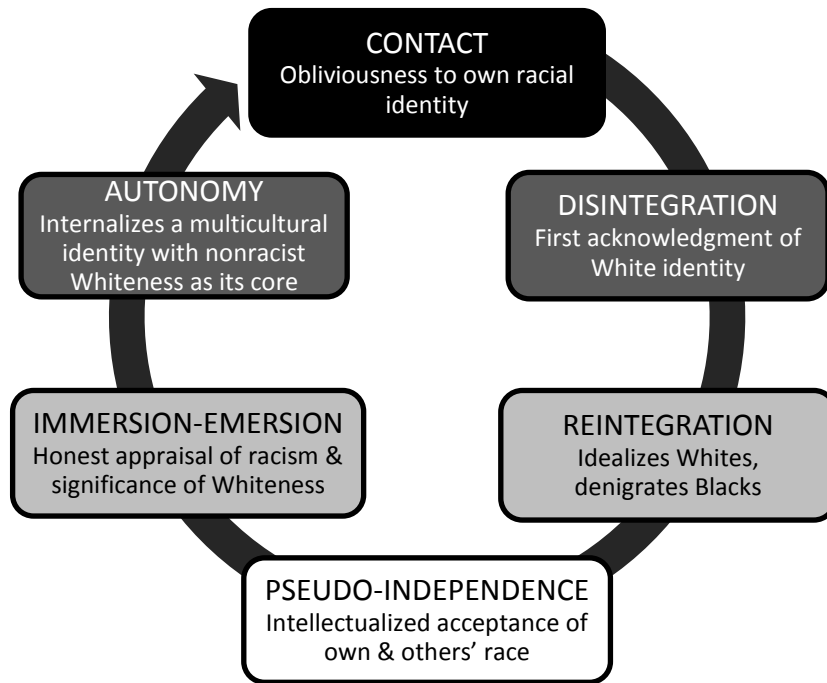
Whites in the Reintegration status begin to learn that they benefit from their associations with other White people, swinging the pendulum back to a firmer and more conscious belief in White superiority. The person consciously acknowledges that he or she is White. Thompson and Carter (1997) assert that persons at this status may express their beliefs and feelings passively by deliberately avoiding any contact or encounters with persons of color. However, exceptions to this avoidance may occur, for example, if they encounter Black people who share a similar anti-Black and pro-White worldview. Associations with anti-Black people allow Whites at this status to rationalize that they are not racist because they have a Black friend or they have shared their views with some Blacks or people of color who agree with them. Active expression may include violence or exclusion of individuals who break the rules of appropriate interactions (avoidance and exclusion) between the races. Thus, the reintegration status, characterized by dichotomous attitudes, may distort information that tends to favor Whites (Gushue & Carter, 2000).

The process of establishing a non-racist White identity begins in the Pseudo-Independent status. However, for the most part, understanding White privilege and issues of bias, prejudice,

and discrimination tend to be more of an intellectual exercise. Progression toward the pseudo-independent status is marked by a set of beliefs that leans toward the politically correct stance regarding racial groups. The White person in this status is characterized further by reshaping and adapting to a more liberal framework (Helms, 1995). Typically, during this stage, there is a shift in beliefs and how the individual relates race-based schemas in cognitive processing. For example, the socially acquired stereotypes about Blacks have less influence and are further removed from the White individual's racist identity while moving toward a new, more positive White identity. People at this status struggle to internalize nonracist beliefs, generally after a painful event or encounter they cannot ignore. They often are seen as socially conscious or as advocates for Blacks and other people of color. There is recognition that Blacks or people of color are not inferior to Whites. However, an expectation remains that Blacks mimic Whites to be considered equals, thus unconsciously or unintentionally perpetuating racism.

Immersion-Emersion is characterized by the need to understand what it means to be White. Often the person in this stage is seeking answers about self and may immerse him or herself in biographies pertaining to White individuals who have gone through the White identity process (Helms, 1990). In this status, individuals become invested in understanding racism and the ways they have benefited from White privilege. This status is marked by a shift in focus from trying to change Black people to trying to change White people. Additionally, the immersion-emersion person searches primarily for the meaning of racism and recognizes that he or she benefits from being White (Vinson & Neimeyer, 2003). A successful resolution of this status requires one to relive or re-experience previous emotions that were denied or distorted (Helms, 1990).

Figure 1. Helms (1990) White Identity Development Theory: Statuses and Marked Distinctions Associated with Each Status



Autonomy is marked by emergence from previous statuses, resulting in comfort with one's Whiteness. There is an acceptance of one's role in perpetuating racism and a renewed determination to abandon White entitlement. This is an ongoing process; however, the person no longer feels threatened by race. Therefore, there is no longer a need to discriminate, oppress, or disparage people on the basis of characteristics such as race. Autonomy is characterized by an analysis and response to racial material (Gushue & Carter, 2000). The person in this status is aware of racial schemas but does not identify with them, thereby having little impact on how the individual responds (Helms, 1984). Individuals at this status actively value and seek out interracial experiences.

WRID and its Interplay with Demographic Variables. Some attention has been paid by researchers to the personal attributes of those described by the WRID schemas. For example, Pack-Brown (1999) has noted that women in counselor training programs more often endorse characteristics of pseudo-independence and autonomy schemas. Others have found that undergraduate women also endorse these characteristics; conversely, undergraduate men are found more often in the disintegration and reintegration schemas (Carter 1990; Pope-Davis & Ottavi, 1994a). Carter, Helms and Juby (2004), using a different method of schema analysis, did not find gender differences in WRID profiles.

The WRID model does not posit an age progression, however there has been some investigation of the relationships between age and WRID schemas. Several studies have reported that persons age 20 and younger endorse the characteristics of the disintegration and reintegration schemas and persons age 21 and older the independence and autonomy schemas (Evans & Foster, 2000; Pope-Davis & Ottavi, 1994a). Interestingly, all of what a White counselor discusses and perceives with his or her client in the cross-racial counseling dyad goes back to the notion that White counselors must effectively address their own biases, stereotypes, values and assumptions (Sue & Sue, 2003). The counselor must make additional efforts to become culturally aware of their clients' different worldviews. Until most White counselors come to realize they are socialized to have racist attitudes, whether knowingly or unknowingly, they will continue to have difficulty in establishing effective relationships within cross-racial dyads.

A relationship has been found between racial identity development and level of training such that formal training, defined as graduate coursework, participation in workshops, or clinical supervision (Abreu, Gim Chung, & Atkinson, 2000; Carter & Qureshi, 1995; D'Andrea, Daniels,

& Heck, 1991; Sodowsky, Kuo-Jackson, Richardson & Corey, 1998), tends to positively influence racial identity development in paraprofessionals (Evans & Foster, 2000). In fact, Evans and Foster (2000) examined the relationship between formal multicultural training and racial identity development and found that individuals with more formal training had higher levels of Autonomy on the White Racial Identity Attitude Scale (WRIAS). Another study, examining the relationship between a cross-cultural training course and racial identity attitudes in a sample of counselors in training, resulted in higher scores of Pseudo- independence and Autonomy in participants on the WRIAS after the completion of the semester (Brown, Parham & Yonker, 1996). Neville, Heppner, Louie, Thompson, Brooks and Baker (1996) and Parker, Moore and Neimeyer (1998) conducted similar studies with like results, where higher levels of Autonomy and Pseudo-independence were found in participants after the completion of a multicultural course. The previous studies all found a similar relationship between formal training and racial identity development.

Constantine (2002b) administered the WRIAS and other instruments to measure racist attitudes and multicultural counseling competency to a group of nearly one hundred school counselor trainees. Within this group, she found that scores of trainees' who endorsed the higher levels of racial information processing (Pseudo-Independence and Autonomy) were more positively correlated to higher levels of multicultural counseling competency (.35 and .32 respectively). Scores of trainee's who endorsed the lower levels of racial information processing (Contact, Disintegration and Reintegration) were more negatively or unrelated to higher levels of multicultural counseling competency (.05, -.39 and -.42 respectively). This study provides more evidence to Helms' (1990) theory that there is a difference between the means in which persons who endorse the first three levels are likely to process racialized information to persons

endorsing or operating more firmly within the other statuses. In other words, little investigation thus far does seem to give evidence to existence of a positively directional relationship between racial identity development and multicultural counseling competency (Carter & Helms, 1990).

Further examination of the attributes of persons described by the WRID schemas will add much to the knowledge base regarding racial identity with corresponding implications for an understanding of the White US mental health workforce.

Research with RID and MCC. Ottavi, Pope-Davis, and Dings (1994) sought to test the multicultural training model and hypothesis developed by Sabnani et al. (1991), who conjectured that higher levels of racial identity development are related to higher levels of multicultural counseling competency. White racial identity development was thought to strongly influence multicultural counseling competency. In the study by Ottavi et al. (1994), 128 White counseling graduate students completed the White Racial Identity Attitude Scale (WRIAS: Helms & Carter, 1990) and the Multicultural Counseling Inventory (MCI: Sadowsky, Taffe, Gutkin, & Wise, 1994). Analyses indicated that racial identity attitudes explained variability in competencies beyond that accounted for by demographic, educational, and clinical variables. These results support the contention that students' attitudes and beliefs about racial issues are integral to understanding and fostering multicultural counseling competencies (Ponterotto, 1988; Sabnani et al., 1991; Sue & Sue, 2003).

Neville and colleagues (1996) explored the relationship between multicultural counseling competency and white racial identity development. Giving special consideration to the recommendations of the previous researchers (Ottavi et al., 1994; Sabnani et al., 1991), they used both quantitative and qualitative data to assess the impact of a multicultural counseling course on racial attitudes using the WRIAS. The study included a one-year follow-up of participants to

determine possible long-term effects of the training. Results indicated that completion of a diversity-related course increased trainees' multicultural counseling competency and facilitated the adoption of more sophisticated White racial identity ego statues; these changes remained stable a year later. This study contends that a multicultural education course can act as a catalyst for White trainees' development of a more sophisticated means in which to think of themselves and other as racial beings while simultaneously increasing their ability for sensitivity and effectiveness in therapeutic interactions with diverse clientele. Parker, Moore, and Neimeyer (1998) examined the impact of multicultural training on students' racial identity development and interracial comfort. White students who had participated in multicultural training had a significantly higher level of both White racial consciousness and interracial comfort. Similar results were obtained by Constantine (2002b) among a sample of 99 school counselor trainees. The development of a more sophisticated racial identity ego status is consistent with Helms model identifying that particular events, in this particular case a diversity-related course, can propel a person into developing a more sophisticated schema about race and possibly a better conceptualization of the effects of power and privilege in society (Ancis & Szymanski, 2001).

Finally, the work of Vinson and Neimeyer (2000) supports previous research demonstrating the effectiveness of training in increasing multicultural counseling competency and in promoting more sophisticated racial identity attitudes. In an examination of 87 incoming doctoral students, advanced levels of racial identity development were generally correlated with higher levels of multicultural counseling competency and greater amounts of prior multicultural training. Vinson and Neimeyer (2003) conducted a two-year follow-up with participants originally sampled in 1997 (Vinson & Neimeyer, 2000). They expected that members of the original sample would have participated in additional multicultural training that would increase

multicultural counseling competency and racial identity development over time. Significant increases were found in multicultural counseling competency but not in levels of racial identity development.

These findings continue to raise relevant questions regarding the relationship of racial identity development to multicultural counseling competency. If racial identity is indeed fundamental to the framework of multicultural counseling competency among practitioners in training, it is important to determine if this relationship is seen among mental health practitioners. Experts of multicultural counseling support the view that more attention should be devoted to examination of the racial identity development of White mental health practitioners (Carter, 1995; Helms, 1984; Ponterotto, 1988; Ponterotto & Mallinckrodt, 2007; Sue & Sue, 2003).

Racial identity development and multicultural counseling competency have evolved to occupy a position of significance in psychology and counseling. Further, counseling accrediting bodies (e.g., the American Psychological Association [APA] and its Committee on Accreditation, as well as the Council for the Accreditation of Counseling and Related Educational Programs [CACREP]) have supported investigating the extent to which racial identity should be viewed as one of many ethical imperatives in the delivery of multiculturally competent counseling services (APA, 2003; CACREP, 2001). APA guidelines address the need to be aware of factors that influence psychologists both personally and professionally, including “ethnic and racial identity, gender socialization, socioeconomic experiences, and other dimensions of identity” (APA, 2003, p. 382).

The mental health needs of clients who live in a pluralistic society have been discussed frequently over the past several decades. As the US society continues its march toward greater

pluralism, the demand for culturally appropriate counseling services escalates as well. Intergroup differences have been posited as a potential deterrent to effective outcomes in multicultural counseling. One such intergroup difference relates to the ability to process communication regarding racial content or cues. Considerable attention to this matter has focused on racial identity development as key to this ability. The work of Helms (1990) has influenced psychological thought with regard to racial identity development including White racial identity development. The model of White Racial Identity Development that she has put forth also allows for the examination of intra-group differences, i.e., the differences among White persons in processing racial content or cues. White racial identity development and racial information processing has implications for White mental health professionals in a pluralistic society.

A relevant feature of Helms' approach to our work here is that persons evidencing certain cognitive schemas are more able to process racial content and cues. She has described five non-linear schemas that have subsequently been measured by the White Racial Identity Attitude Scale [(WRIAS), Helms & Carter, 1990). The schemas begin with a description of those White persons who have great difficulty processing racial content and cues and move toward descriptions of White persons who manage this type of processing well. The schemas include: 1) contact-a schema describing those who abjure race as a meaningful construct in personal or societal affairs; 2) disintegration-a schema characterized by confusion and dissonance regarding race and racial socialization; 3) reintegration- a schema that focuses on investment in attitudes of White (and personal) racial superiority; 4) pseudo-independence- a schema in which White persons undertake an intellectual audit of the privileges associated with being a White person in the US; and 5) autonomy- a schema that describes White persons who have accepted a non racist

position with respect to their own racial identity. Helms' non-linear approach accounts for racial information processing at both the intellectual and emotional levels.

Relevance of Literature to Research Study

The intent of the current research study was to better understand the relationship between racial identity development and multicultural counseling competency, specifically with White mental health service providers who comprise nearly three-fourths of licensed professionals. One could speculate that these professionals are delivering multiculturally competent services and operating within higher levels of racial information processing. Knowing this is extremely important to the identity and perception of counseling to the laymen of society considering the historical relationships between minority communities to their White counterparts; more importantly it may be even more necessary and relevant considering recent events in world news, such as the deployment of numerous White mental health practitioners in times of disaster or crises into neighborhoods predominant of people of color as in 2005 with Hurricane Katrina and New Orleans, LA. The implications of this work could provide better identification of means for which training can be modified to enhance multicultural counseling competency.

There were three main purposes of the current study. Limited research has been devoted to the assessment of reliability and validity of white racial identity development models and multicultural counseling competency models, however, these studies have tended to focus on students and pre-professional mental health practitioners. To date, no studies have utilized both measures of racial identity development and multicultural competency in the same study when using a sample of current mental health practitioners. The first purpose of this study is to confirm the psychometric characteristics and factor structures that have been presented in the literature concerning the White Racial Identity Attitudes Scale (Helms & Carter, 1990) and the

Multicultural Counseling Inventory (Sodowsky, Taffe, Gutkin, & Wise, 1994) using a sample consisting of current professionals practicing in the field.

The second purpose of the study was to investigate the relationship between the statuses that identify higher levels of racial information processing to higher scores on a multicultural counseling measure. Again, this type of research had not been done with current mental health practitioners; in addition, the directionality of these relationships has not been investigated. As Pseudo-Independence, Immersion-Emmersion and Autonomy statuses are all considered higher levels of racial information processing each should be significantly correlated with multicultural counseling competency.

The final purpose of the study was to examine which and how the factors of the multicultural counseling/competency are related to the different white racial identity statuses. Multiple studies that have examined these two measures together have not done so with current practicing mental health professionals as well as not linked the factors to the statuses. Therefore, it is uncertain whether statuses of racial identity development are related to the factors of multicultural counseling/competency.

Understanding the racial identity development of the White mental health practitioner and its relationship to their multicultural counseling competency was unknown. These outputs are used to make discussions about leading to more productive and purposeful delivery of mental health services to ethnic and racial minorities through better predictors of the high levels of competency and higher levels of racial content processing.

CHAPTER 3

METHODOLOGY

The current study was derived from questions the author generated as a member of a university-based Multicultural Research Team, which focused on examining various multicultural counseling issues. As a co-leader of the quantitative analysis group of the Multicultural Research Team, the author of the present study identified the need to develop an additional line of research designed to examine the potentiality of relationships between the subjects' status as obtained through utilizing the White Racial Identity Attitudes Scale and their competency as obtained through utilizing the Multicultural Counseling Inventory. The team's principal investigator noted that she had not considered this avenue of research but encouraged the development and execution of such an investigative study.

Participants in the Original Study

The population of study was comprised of White mental health practitioners working in the field. Participants met the following criteria for inclusion in the original study: (a) master's and/or doctoral degrees, (b) clinical and counseling subfields only, (c) certified or licensed practitioners only, and (d) self-identified as White Americans. Participation in the study was anonymous and voluntary. Volunteers surveyed were obtained from the membership rosters of the American Psychological Association (APA) and the American Counseling Association (ACA). Both organizations released a pool of 3000 geographically distributed and randomly selected names and addresses. Overlap in organizational membership was possible; for data

analysis and interpretation purposes, the professional group identity of the participant was the most critical criterion for inclusion.

The parameters for inclusion in the study were established as follows with APA: (a) licensed practitioners only, (b) all degree levels (master's and doctoral), (c) clinical and counseling subfields only, (d) practitioners only, and (e) White Americans only. Of 3000 potential respondents identified by APA, 2603 (87%) were White Americans; employment characteristics for APA members working in independent practice was 55%, hospital 13%, clinic 6%, university settings 6%, and other human services 20%. Similarly, the parameters for inclusion in the randomly selected pool of ACA participants were as follows: (a) licensed professional counselors only, (b) graduate degree levels, and (c) certified practitioners only. The ACA did not provide workforce data.

Participants in the Current Study

For the current study, the sample consisted of White mental health practitioners working in the field at time of participation. Participants in the original study who completed both the MCI and WRIAS were included in the present sample. It was unknown how many participants would be in the current study because the numbers for the original research study included different instrumentation parameters. The descriptives of this study's population are reported in the Results section.

Instrumentation

Multicultural Counseling Inventory (MCI). This 40-item self-report inventory (Sodowsky et al., 1994) assesses behaviors and attitudes related to four multicultural competencies on a four-point Likert scale from *very inaccurate* (1) to *very accurate* (4). Scale scores are obtained by adding the items specific to each subscale. Higher subscale scores indicate

greater “self-reported” multicultural competence in the respective subscale areas. The four multicultural competency subscales consist of Awareness, Knowledge, Skills and Relationship.

Awareness. Ten items measure multicultural sensitivity, interactions and advocacy in general life experiences, and professional activities. Sample items include “I am involved in advocacy efforts against institutional barriers in mental health services for minority clients” and “When working with international students and immigrants, I understand the importance of the legalities of visas, passports, green cards and naturalization.”

Knowledge. Eleven items measure treatment planning, case conceptualization, and multicultural counseling research. Sample items include “When working with minority clients, I apply the sociopolitical history of the clients respective minority groups to understand them better” and “When working with minority clients, I keep in mind research findings about minority clients’ preferences in counseling.”

Skills. Eleven items measure general counseling and specific multicultural counseling skills. Sample items include “When working with minority clients, I monitor and correct my defensiveness” and “When working with all clients, I am able to be concise and to the point when reflecting, clarifying and probing.”

Relationship. Eight items measure the counselor’s interaction process with minority clients (e.g., comfort level, worldview, and counselor’s trustworthiness). Sample items include “When working with minority individuals, I am confident that my conceptualization of client problems do not consist of stereotypes and biases” and “When working with minority clients, I perceive that my race causes clients to mistrust me.”

Internal consistency reliabilities (Cronbach's coefficient alphas) reported by Sadowsky et al. (1994) were .80 for Multicultural Awareness, .80 for Multicultural Counseling Knowledge, .81 for Multicultural Counseling Skills, .67 for Multicultural Counseling Relationship, and .86 for the full scale. As mentioned previously, the multicultural counseling competencies that are most endorsed by the mental health profession are not Relationship but only Knowledge, Awareness and Skills. While the Relationship subscale reliabilities are modest at best, in some ways the reported reliabilities reflect the less than central aspect of that variable as measured by the Multicultural Counseling Inventory. Constantine (2002a) found that minority clients who reported higher levels of a positive relationship with their counselor also reported that the counselor had a higher level of multicultural counseling competence. Pope-Davis, Reynolds, Dings and Nielson (1995) recorded similar reliability scores of .77, .80, .82 and .68 respectively. Other studies (Constantine & Ladany, 2000; Green, Keirnan-Stern, Bailey, Chambers, Claridge, Jenes, et al., 2005; Pope-Davis & Ottavi, 1994b; Sadowsky et al., 1998) have all achieved similar coefficient alphas with all the scales exceeding .70 except for Relationship. Moreover, as Boyle and Springer (2001) have concluded, the psychometric characteristics of the MCI are stronger than those of the Cross-Cultural Counseling Inventory (LaFromboise, Coleman, & Hernandez, 1991), the Multicultural Awareness-Knowledge-and-Skills Survey (D'Andrea, Daniels & Heck, 1991), and the Multicultural Counseling Awareness Scale-Form B (Ponterotto, Burkard, Reiger, Greiger, & Dubuisson, 1995). Assessing for differences in demographic variables as it relates to multicultural counseling competency, Pope-Davis and Ottavi (2001b) reported that the only demographic variable found to be significantly related to multicultural competency was ethnicity. The other variables of gender, age, years in multicultural training, type of predominant minority population and level of degree did not produce any significant

relationship to the self-reported multicultural counseling competencies on the MCI. However, Pope-Davis, Reynolds, Dings and Nielson (1995) reported that they did find a significant difference in graduate programs. Students who reported being in a counseling psychology program produced significantly higher scores on the subscales Knowledge, Skills and Awareness than their counterparts who reported being enrolled in clinical psychology programs.

Evidence of the MCI's content validity was derived through expert raters' accuracy in being able to categorize items into appropriate subscale categories as well as through expert evaluation of item clarity (Sodowsky, 1996). To assess criterion-related validity, individuals who reported more multicultural training, more professional experience or had been identified as competent when working with culturally diverse populations scored higher on the subscales as well as the overall MCI scale (Constantine & Ladany, 2000). Sodowsky, Kuo-Jackson, Richardson and Corey (1998) administered the MCI along with other instruments and a questionnaire to staff members at APA-approved university counseling centers. Thirty percent of the variance in the multicultural counseling competency scores was positively related to being involved in multicultural research while thirty-two percent of the variance in their scores was related to their current involvement with minority clients.

White Racial Identity Attitude Scale (WRIAS). The 50 self-report items of the WRIAS (Helms & Carter, 1990), were designed to assess the five racial identity attitude statuses proposed by Helms (1984): (a) Contact, (b) Disintegration, (c) Reintegration, (d) Pseudo-Independence (P-I), and (e) Autonomy. Participants use a five-point Likert scale, ranging from *strongly disagree* (1) to *strongly agree* (5), to describe themselves. Each of the five sub-scales consists of 10 items. Thus, total sub-scale scores may range from 10 to 50. Scores are calculated by adding the point values of the responses for each of the sub-scales. To maintain the scale

metric each sub-scale sum was divided by 10. However, to keep results consistent with Helms' model (1990), the scores were not divided by 10 in the present study.

Internal consistency reliability coefficients in an initial investigation of the WRIAS by Helms and Carter (1990) reported coefficient alphas of .55, .77, .80, .71 and .67 for the Contact, Disintegration, Reintegration, Pseudo-Independence and Autonomy scales, respectively. Lemon and Waehler (1996) studied the reliability of the WRIAS by performing a re-test of one hundred participants over a median time period of about 38 days. They reported that the increased reliability of the WRIAS scores may be an artifact of the scales themselves, as each one contains 10 items. However, the internal consistencies found in Lemon and Waehler's (1996) study [Disintegration (alpha = .81), Reintegration (alpha = .88), Pseudo-Independence (alpha = .64) and Autonomy (alpha = .55)] were consistent with Helms and Carter (1990) reportings. Lemon and Waehler (1996) also reported significant relationships between the test and retest of the WRIAS subscales with .64 Contact, .80 Disintegration, .86 Reintegration, .69 Pseudo-Independence and .74 Autonomy. Although alpha coefficients for the five WRIAS subscales were comparable to those of other personality instruments (Anastasi, 1988), the scale intercorrelations indicated that the subscales may not be measuring pure constructs. Helms (1990) argued that, because stages of racial identity development are assumed to be continuous, scores on measures of the statuses (e.g., the WRIAS subscales) are likely to be correlated, so long as the "right" statuses correlate in directions "appropriate" with theory and do not correlate so highly as to suggest redundancy. Notwithstanding, this data further supports Helms and Carter's (1990) assertion in the White Racial Identity Development theory that the statuses are not trait-based but state based and are subject to some change over time.

Studies of the WRIAS's construct validity indicate that the measurement of such racial identity attitudes are differentially related to the quality of one's supervisory relationships (Carter & Helms, 1992), equality in the workplace (Block, Roberson, & Neuger, 1995), and a client's counselor preference (Helms & Carter, 1991). In Tokar and Swanson's (1991) study, they used the Personal Orientation Inventory to examine the validity of the WRIAS. The Personal Orientation Inventory [(POI), Shostrom, 1963] is a multiple sub-scale instrument intended to measure an individual's degree of self-actualization or positive mental health. They found that negative predictors of self-actualization were lower-level White racial identity attitudes (e.g., contact and disintegration), whereas White racial identity attitudes that emerged as positive predictors of self-actualization variables were more developmentally advanced (i.e., pseudo-independence and autonomy). Tokar and Swanson believe that these findings suggest that Whites who may be "experiencing heightened anxiety, confusion, or guilt regarding their racial-group membership (i.e., disintegration)" or even those who "seem to be stuck in their idealized, unreflective views of cross-racial matters (i.e., contact)" are likely to be less able to meaningfully combine past events or future goals with their present state of affairs. Naivete about cross-racial interactions (contact) or hostility and intolerance toward Blacks (reintegration) demonstrated incongruence with the ability to develop close, meaningful relationships with other human beings, regardless of race (capacity for intimate contact). Additionally, a secure appreciation and acceptance of oneself and others (autonomy) appeared to be associated with a liberation from rigid adherence to social pressures and with a strong inner reliance (inner directedness). The WRIAS remains the most widely used reliable and valid instrument measuring White racial identity attitudes from a developmental perspective. Similarly, Brown, Parham and Yonker

(1996) found similar results and even reported that women counselors-in-training were more likely to be influenced by multicultural training than their male colleagues.

Since Helms' introduction of a theory of White racial identity development, additional instruments have been introduced. However, Helms' instrument is the most widely used (Carter, 1996; Ponterotto, Fuertes, & Chen, 2000; Pope-Davis, Vandiver, & Stone, 1999). Of related instruments, Choney and Behrens have developed an instrument entitled the *Oklahoma Racial Attitudes Scale* (1996), known also as the ORAS, that is purported to measure white racial consciousness, similar to Helms's (1990) description of racial identity development. Pope-Davis, Vandiver and Stone (1999) examined these instruments together to look for the positive and negative psychometric characteristics. They assessed both instruments' strengths and agreed that they measure similar constructs. Pope-Davis, Vandiver and Stone (1999) agreed with other authors (Carter, 1996; Ponterotto, Fuertes, & Chen, 2000) who have found that the ORAS measures a similar construct, and that differences were mainly in word usage and construct names. So to date, Helms' theory of White Racial Identity Development is arguably the most utilized and referenced; and the WRIAS is used most often in the counseling and psychology profession than any other instrument of White racial identity attitude development

The inquiries surrounding the differences in demographic/personal variables in conjunction with one's White racial identity development have been examined in different studies producing conflicting results. Of the supportive findings, Pope-Davis and Ottavi (1994a) reported that there was a significant relationship between gender, racist attitudes and White racial identity development. They found that men produced higher levels of Disintegration and Reintegration statuses than women, reporting that 46 percent of the relationship between men's racist attitudes was related to their White racial identity development (Pope-Davis & Ottavi,

1994a). Conversely, women who produced higher levels of Pseudo-Independence were found to have moved beyond the Disintegration and Reintegration, which were found to have the strongest relationship to racist beliefs. It appeared that women are more apt to incorporate new information into their schema of a group; their ability to utilize strategies that resemble higher levels of racial information processing thereby moves them into higher levels of racial identity development.

Demographic questionnaire. The demographic questionnaire developed for the original study elicited participants' gender, years in the profession, professional identity, formal and informal training experiences and racial-ethnic origin. In the present study, only the data related to self-identified White European Americans were analyzed.

Procedures of the Original Study

The original research proposal was reviewed and approved by the University Institutional Review Board for the use of human subjects in research. Mailing labels were obtained in response to telephone and written communication to APA and the ACA explaining the purpose of the study. Once the mailing labels were obtained, a cover letter outlining the purpose and intent of the study was mailed to members on the mailing list. Along with the cover letter and a return envelope, the WRIAS, BRIAS, MCI and the Demographic Questionnaire were mailed to each listed individual with a request to answer anonymously. Three months after the initial mailing, a reminder post-card was sent to each person on the initial mailing list. Participants were asked to contact the principal and co-investigators by e-mail, telephone, or fax if they required an additional survey package. Only those who completed the WRIAS and self-identified as White were included in this phase of the study. A return rate of 11% (low) was obtained for the overall study however the participants included in the current study achieved a return rate of

16%. Due to the somewhat still low rate of return for the assessments in this research study, the full spectrum of experiences gathered and accounted for by the current study may be somewhat limited.

Procedures for the Current Study

The author of this study served as a key member of the Multicultural Research Team, particularly in her role as a co-chair of the quantitative group. The author was a key contributor to the research team within many aspects of the original study, through her involvement in data collection, data analyses, conceptualization of research question and methodology, scholarly writing and editing as well as professional society presentations of research and experience. Although the author was involved in the collection and analyses of the original study, she was not the principal investigator. This study was reviewed by the Auburn University Institutional Review Board and the Office of Human Subjects. The principal investigator of the original study provided a written, formal consent for the author to have access to the data for the present study. Upon approval by the Institutional Review Board and delivery of the database of information to the author, only the information obtained from the demographic questionnaire, MCI and the WRIAS was used to answer the research questions. Based on the preliminary data analyses of the original study, the author designed the current “follow-up” study with the following research questions.

Research Questions

The following set of research questions served as the design for the study:

1. Will the data of the present study confirm the factors of the White Racial Identity Attitudes Scale (WRIAS; Helms, & Carter, 1990)?

2. Will the data of the present study confirm the factors of the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994)?
3. What are the relationships between the White Racial Identity Attitudes Scale and the Multicultural Counseling Inventory?
4. Which multicultural counseling competency factors are strongly related to the different statuses of White Racial Identity Development?

Research Hypotheses

The research questions outlined above are the basis for generating the following hypotheses:

Hypothesis 1a. The factors produced in an analysis of scores on the White Racial Identity Attitudes Scale within the sample of the study will be consistent with the statuses of Helms' (1990) White Racial Identity Development.

Hypothesis 1b. The responses to the White Racial Identity Attitudes Scale within the sample of the study will load with other responses consistent with the items indicative of each status.

Hypothesis 2a. The factors produced in an analysis of the Multicultural Counseling Inventory within the sample of the study will be consistent with the multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992).

Hypothesis 2b. The responses to the Multicultural Counseling Inventory within the sample of the study will load with other responses consistent with the items indicative of each competency.

Hypothesis 3a. The domain of skills on the Multicultural Counseling Inventory will be positively related to lower racial-information processing level statuses on the White Racial Identity Attitudes Scale.

Hypothesis 3b. The domain of awareness on the Multicultural Counseling Inventory will be positively related to higher racial-information processing level statuses on the White Racial Identity Attitudes Scale.

Hypothesis 3c. The domain of knowledge on the Multicultural Counseling Inventory will be positively related to lower racial-information processing level statuses on the White Racial Identity Attitudes Scale.

Hypothesis 3d. The domain of relationship on the Multicultural Counseling Inventory will be positively related to higher racial-information processing level statuses on the White Racial Identity Attitudes Scale.

Hypothesis 4a. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Contact status.

Hypothesis 4b. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Disintegration status.

Hypothesis 4c. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Reintegration status.

Hypothesis 4d. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Pseudo-Independence status.

Hypothesis 4e. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Autonomy status.

Statistical Analysis

The research hypotheses outlined above are also listed and accompanied below with their method of analyses, including the method and the variables assessed. To determine if the factors of the White Racial Identity Attitudes Scale and Multicultural Counseling Inventory are

consistent with the statuses of Helms' (1990) White Racial Identity Development theory and the multicultural counseling competencies, respectively, a confirmatory factor analysis was employed (Hypothesis 1a; Hypothesis 2a). Consistent with Cohen's (1988) suggestion for factor analyses "cut-offs," no factor deriving a correlational output below .30 was considered a part of a factor. To determine if the responses received on the White Racial Identity Attitudes Scale and the Multicultural Counseling Inventory produced consistent factors equivalent to the factors produced on each instrument's initial analyses a confirmatory factor analysis was employed (Hypothesis 1b; Hypothesis 2b).

Factor analyses is one of the most used analyses behind simple correlational designs (Heppner, Kivlighan, Jr. & Wampold, 1999). This method of analyses was chosen as a statistical means to verify the conceptualization of the construct of interest.

There are four basic steps to conducting a factor analysis: There are four basic factor analysis steps. The first step involves data collection and generation of the correlation matrix. For the current study, the means in which the data was obtained and inputted accounted for the execution of this step. Secondly, factor analysis requires extraction of an initial factor solution however because the construct being examined provides a theoretical number of factors this step need not be considered in the following analyses. Next, a rotation and interpretation of the scores is required. This step aides in the making the results easier to examine and the outcomes more decipherable to the researcher; hence the factors become orthogonal to one another, i.e. uncorrelated. In this study, the researcher used the Varimax Rotation method. This method accounts for the idea that most items used in the same assessment may be related in one way hence their utilization in the same instance. This method considers the one common factor of all the items and extracts this to create "stand alone" factors allowing for separate conceptualization.

Lastly the fourth step involves the construction of scales or factor scores to use in further analyses. This is usually dependent upon the discretion of the researcher and their conceptualization or belief of what is the important piece of each factor and what makes them isolated from each other. As a general rule of thumb, researchers often try to describe their identified differences in one or two words. In this research, the theory of White Racial Identity Development and the Multicultural Counseling Competencies provide names for the factorial constructs. In this study, the researcher chose to examine the factors previously identified by the original theorists. Therefore each of the factor analyses utilized are considered confirmatory factor analyses because the researcher specified for the statistical package to produce a particular number of factors for both the exploration of the WRIAS and MCI (Holcomb-McCoy, 2000).

Next, the regression analysis of a correlational design was used to investigate the relationship between the four domains of the Multicultural Counseling Inventory to the (high, low both or neither) levels of statuses on the White Racial Identity Attitudes Scale (Hypothesis 3a; Hypothesis 3b; Hypothesis 3c; Hypothesis 3d). Finally, a hierarchical regression of analysis was used interchangeably in order to determine which items on the Multicultural Counseling Inventory are higher predictors of the different statuses of the White Racial Identity Attitudes Scale (Hypothesis 4a; Hypothesis 4b; Hypothesis 4c; Hypothesis 4d; Hypothesis 4e).

CHAPTER 4

RESULTS

Research related to the multicultural counseling competency and racial identity development of White mental health professionals has been expansive, though an assumption of a positive relationship between the two constructs appears to be central to the majority of these studies. Yet too few studies have added any empirical data relative to the assumption. The academic writings concerning this relationship elude and certainly suggest that there is a relationship, however the paucity of the research to support this relationship needs to be addressed. The present study investigates the empirical nature of the relationship of White racial identity development and multicultural counseling competency of mental health practitioners. Findings related to the four major sets of hypotheses are presented below.

Participants

Demographic characteristics of the sample's age and professional identity are indicated in Figures 2 and 3. A total of 402 participants were included in the current study. Participants included in the final analyses (Male, N = 138, 34.3%; Female, N = 262, 65.2%) were 19 years or older, and identified themselves as either a counseling psychologist (N = 66, 16.4%), a clinical psychologist (N = 174, 43.4%) or a counselor (N = 162, 40.3%). The age of the professionals in this sample varied from persons between the ages of 20 – 39 (N = 86, 21.4%), 40 - 59 (N = 271, 67.4%) and 60 – 80 (N = 41, 10.2%). Similarly, the number of years participants reported having been in the profession ranged greatly and, for purposes of presentation, have been grouped into four: zero to seven years (N = 87, 24.7%), eight to fifteen years (N = 112, 28.3%),

sixteen to thirty years (N = 171, 43.2%) and more than thirty years (N = 15, 2.3%). Within the sample of participants, the degrees obtained ranged from a bachelors degree [i.e. B. S. or B. A. (N = 1, .2%)], a masters degree [i.e. M. S., M. A. or M. Ed. (N = 144, 35.8%)], a doctorate degree [i.e. Ph.D. (N = 246, 61.2%)] and other degrees (N = 10, 2.5%).

Figure 2. Age Descriptives of Sample

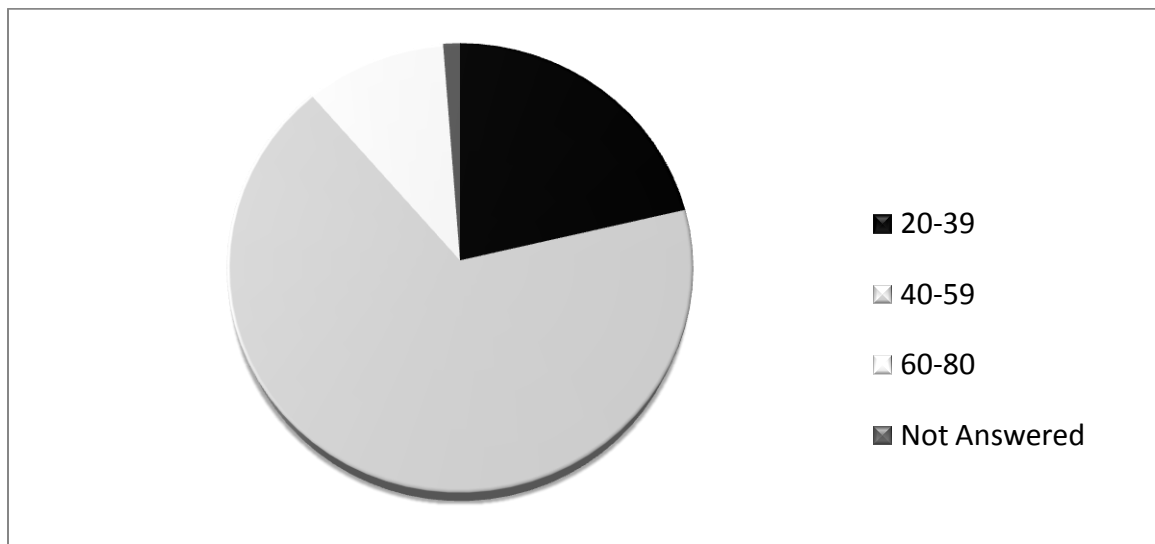
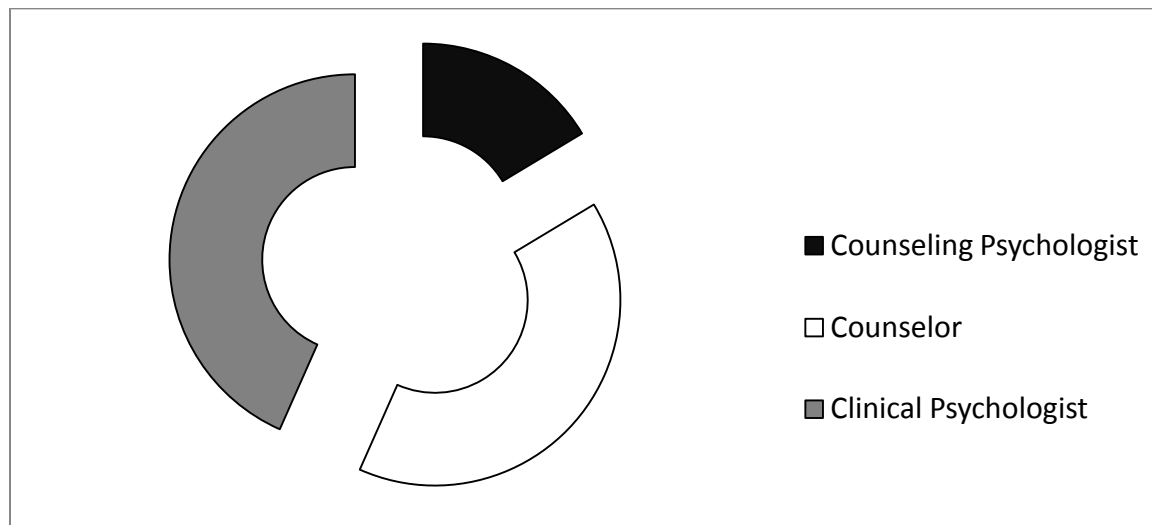


Figure 3. Professional Identity Descriptives of Sample



Reliability

Table 1 and Table 2 compare the coefficient alpha reliabilities of each instrument and each sub-scale used in the present study to the results reported by the authors of the scales in their normative data. Instruments included are the *White Racial Identity Attitudes Scale* [WRIAS (Helms & Carter, 1990)] and *Multicultural Counseling Inventory* [MCI (Sodowsky, Taffe, Gutkin & Wise, 1994)].

Table 1. *Reliability Analysis for WRIAS Overall and Subscales*

	Helms & Carter (1990) Cronbach's Alpha	Current Study's Cronbach's Alpha
WRIAS		
Contact	.55	.60
Disintegration	.77	.77
Reintegration	.80	.74
Pseudo-Independence	.81	.83
Autonomy	.67	.79

Table 2. *Reliability Analysis for MCI Overall and Subscales*

	Sodowsky et al. (1994) Cronbach's Alpha	Current Study's Cronbach's Alpha
MCI	.86	.81
Knowledge	.80	
Skills	.81	
Awareness	.80	

Results Pertaining to the Research Questions

Correlations, regression analyses, and factor analyses results relative to the four research questions are presented in this section. The results are presented in the order of the research questions. The first two data sets present the results on the consistency of the factor domains with the WRIAS and MCI produced by confirmatory factor analyses. The third set of data relates to the question of relationships that exist between the WRIAS and the MCI. Finally, the fourth set is presented to answer the questions pertaining to the relationship between the multicultural counseling competencies and the statuses of White racial identity development. Cohen's (1988) classification was used as the guideline to describe the effect sizes observed. In this classification $r < .3$ is considered a small effect size, r ranging from .3 to .49 is considered a medium effect size, and $r > .5$ is considered large. The same classification was used to determine the size of the effect when reporting r squared.

Research Question 1. Do the factors of the White Racial Identity Attitudes Scale (WRIAS; Helms, & Carter, 1990) confirm the factors that the scale should endorse?

Hypothesis 1a. The factors received from an analysis on the White Racial Identity Attitudes Scale within the sample of the study will be consistent with the statuses of Helms' (1990) White Racial Identity Development theory.

The loadings of this factor analysis produced items both inconsistent and unresponsive of the above hypothesis. All of the loadings reported below, yielded correlations equal to or larger than the absolute value of .30 and are reported only once - within the factor for which the absolute value of the correlation was the largest. The Varimax Rotation Method was utilized

with a Principal Component Analysis extraction method. Items 11 and 36 did not load onto any of the factors within this factor analysis, as such they are not included in any explanations.

Three items loaded onto the Contact status. Item 21 produced a strong relationship, $r = .50$. Item 1 and 2 both produced moderate relationships, $r = .42$ and $.49$ respectively. These items evidenced the Contact status as Item 1 states “I hardly think about what race I am” evidencing little or no acknowledgment of the White individual’s race-related characteristics or differences or even that of other cultural groups. The strong relationship with Item 21 provides further evidence, as it states “For most of my life, I did not think about racial issues.”

Five items loaded onto Disintegration status. Item 40 demonstrated moderate relationship, $r = .37$. Items 26 and Item 6 both produced strong relationships, $r = .51$ and $.58$ respectively. Producing inverse relationships with Factor Two, Item 4 showed a strong relationship, $r = -.50$, while Item 30 demonstrated a moderate relationship, $r = -.39$. These strong positive relationships are consistent with the description of Autonomy in the White Racial Identity theory. Item 26 which states that “I am curious to learn in what ways Black people and White people differ from each other” demonstrates the newfound knowledge that Blacks and Whites do have differences and does evidence the slight progression from Contact toward Disintegration as there is no acknowledgement of difference. Similarly, the negative relationship with Item 4 which states that “I find myself watching Black people to see what they are like” shows that Whites in this status are both unaware and not knowledgeable about cultural practices besides their own and so they become “watchful” of other cultures and how they experience life. Although twenty-nine items loaded on the Immersion-Emersion status throughout the WRIAS, however none of the items together are consistent with this status. This factor loaded the most items of any of the factors and its item loadings are presented in Appendix F. Of the items that

loaded onto the factor, eight of those items reflected a strong relationship, with items such as “I limit myself to White activities” and “I value the friendships that I have with my Black friends.” Due to their contrary nature, the items that loaded into this factor are unable to be categorized as a specific status.

Two items loaded onto Factor Five, resembling the Reintegration status. Item 25 produced a moderate inverse relationship, $r = -.31$. Item 45 produced a strong relationship, $r = .60$. The strong relationship with Item 45, which states “I am not embarrassed to admit that I am White,” evidences one of the staples of Reintegration – the stronger commitment towards Whiteness as a means to deal with new racial information. In conjunction with its inverse relationship with the statement “I understand that White women and men must end racism in this country because White people created it,” Whites in Reintegration have yet to begun processing racialized information by more intellectual means by evaluating the cultural and institutional prejudices that exist, thus allowing them to determine the origin of their racism.

The Pseudo-Independence status loaded two items. Item 19 produced a moderate inverse relationship, $r = -.48$. Item 46 produced a strong relationship as well, $r = .54$. The strong relationship with Item 46 which states “I think White people should become more involved in socializing with Blacks” demonstrates that there is an acknowledgement of difference, however the intellectual state of the White person in Pseudo-Independence still fosters the belief that Whites control the situation and other groups are unable to move forward without White aide.

Theming of the items loaded onto the Autonomy status. Six items loaded onto 3, 15, 18, 23, 28 and 47, all produced moderate relationships, $r = .45, .42, .44, .65, .44,$ and $.54$ respectively. Item 28 states that “I enjoy watching the different ways that Blacks and Whites approach life” demonstrating two important things about the Autonomy status. First it highlights

is the awareness that such persons have of cultural practices different from that of their own. More importantly and showing increased higher level racial information processing, a strong positive relationship with such an item demonstrates the White person's ability to appreciate the differences between cultures.

Table 3. Factor Inter-Correlations of Sample Loaded Items from the WRIAS Factor Analysis

Factors	R
Contact	I hardly ever think about what race I am. .42
	For most of my life, I did not think about racial issues. .50
Disintegration	I am curious to learn in what ways Black people and White people differ from each other. .51
	I feel comfortable around Blacks as I do around Whites. -.50
Reintegration	I understand that White women and men must end racism in this country because White people created it. -.31
	I am not embarrassed to admit that I am White. .60
Pseudo-Independence	In many ways Blacks and Whites are similar, but they are also different in some important ways. -.48
	I think White people should become more involved in socializing. .54
Autonomy	I am becoming aware of the strengths and limitations of my White culture. .54
	I enjoy watching the different ways that Blacks and Whites approach life. .44

Hypothesis 1b. The responses to the White Racial Identity Attitudes Scale within the sample of the study will produce consistent factors equivalent to the factors produced on the initial analysis.

The loadings of the confirmatory factor analysis provided items consistent with an identifiable status of Helms' White Racial Identity Theory. All of the loadings reported below yielded correlations equal to or larger than the absolute value of .30 and are only reported within the factor for which the absolute value of the correlation was the largest. The Varimax Rotation Method was utilized with a Principal Component Analysis extraction method. Items 11, 15, 19 and 36 did not load onto any of the factors within the confirmatory factor analysis, as such they not included in any explanations.

Three items loaded onto the Contact status. Item 21 produced a strong relationship, $r = .50$. Items 1 and 2 both produced moderate relationships, $r = .42$ and $.49$ respectively. These items evidenced the Contact status as Item 1 states "I hardly think about what race I am" evidencing little or no acknowledgment of the White individual's race-related characteristics or differences or even that of other cultural groups. The strong relationship with Item 21 provides further evidence, as it states "For most of my life, I did not think about racial issues."

Disintegration status loaded thirty items throughout the WRIAS; this factor loaded the most items of any of the factors and its item loadings are presented in Appendix G. Of the items that loaded onto the factor, nine of those items reflected a strong relationship. Item 18 states "I'd rather socialize with Whites only." A strong relationship with this item and Item 37, which states "Nowadays, I go out of my way to avoid associating with Blacks," provides strong evidence for the presence of the Disintegration status. Disintegration is marked with Whites' avoidance of contact with persons of color, so as not think about race. As a result of their newly acquired

racial information, they are likely only comfortable with other Whites as they need to create situations where they can be reassured from others that racism is not the fault of Whites.

The Reintegration status only loaded two items. Item 45 produced a strong relationship, $r = .60$. Item 25 produced an inverse moderate relationship, $r = -.31$. Both items relationship evidence the Reintegration status. The strong relationship with Item 45, which states “I am not embarrassed to admit that I am White,” evidences one of the staples of Reintegration – the stronger commitment towards Whiteness as a means to deal with new racial information.

Pseudo-Independence status loaded onto Factor Two. Item 40 demonstrated moderate relationship, $r = .37$. Items 26 and 6 both produced strong relationships, $r = .51$ and $.58$ respectively. Producing inverse relationships with Factor Two, Item 4 produced a strong relationship, $r = -.50$, while Item 30 produced a moderate relationship, $r = -.39$. These items evidence the Pseudo-independence status. Item 30 stating “I am comfortable wherever I am” has an inverse relationship with the Pseudo-independence status. Persons in this status are newly beginning to deny their stereotypes about Blacks and are beginning to integrate racial and prejudicial barriers and such information into their consciousness. As such they may be uncomfortable around people due to the unknown: they may feel they truly know little to nothing about persons of color now and are unsure about what other Whites believe about people of color too. Due to this newfound knowledge that leaves them wondering about people of color, the Pseudo-independence status has a strong relationship with Items 6 (I find myself watching Black people to see what they are like) and Item 26 (I am curious to learn in what ways Black people and White people differ from each other).

Six items loaded onto the Autonomy status. The singular strong relationship with this factor is Item 16, $r = .57$. Items 10, 28, 29, 34 and 39 all produced moderate relationships, $r =$

.46, .44, .48, .45 and .49 respectively. The strong relationship with Item 16, which states “I think it is exciting to discover the little ways in which Black people and White people are different” shows that there is not only an acknowledgement of the differences between cultures but there is a genuine positive emotion of excitement about this discovery.

Question 1 Overall Results. It is very important to note that many of the same items mapped onto similar factors in both factorial analyses. The initial factor analysis of the WRIAS did not produce a sixth consistent factor that would assert the measureable presence of the Immersion-Emersion status; however, the factors that remained consistent in both analyses demonstrated the reliability of the measure.

Table 4. Factor Inter-Correlations of Sample Loaded Items from the WRIAS Factor Analyses
With Consideration of Immersion-Emersion

Factors	<i>r</i>
Contact	I hardly think about what race I am. .42
	For most of my life, I did not think about racial issues. .50
Disintegration	In my family, we never talk about racial issues. .34
	Nowadays, I go out of my way to avoid associating with Blacks. .65
Reintegration	I understand that White women and men must end racism in this country because White people created it. -.31
	I am not embarrassed to admit that I am White. .60
Pseudo-independence	I find myself watching Black people to see what they are like. .58
	I am comfortable wherever I am. -.39
Autonomy	I am knowledgeable about which values Blacks and Whites share. .48
	I enjoy watching the different ways that Blacks and Whites approach life. .46

Research Question 2. Do the factors of the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994) confirm the factors that the scale should endorse?

Hypothesis 2a. The factors produced through an analysis on the Multicultural Counseling Inventory within the sample of the study will be consistent with the multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992).

The loadings of this factor analysis provided items consistent with identifiable domains of the multicultural counseling competencies. All of the loadings reported below yielded correlations equal to or larger than the absolute value of .30 and are only reported within the factor for which the absolute value of the correlation was the largest. The Varimax Rotation Method was utilized with a Principal Component Analysis extraction method. Items 3 and 18 did not load onto any of the factors within this factor analysis, as such they have are not included in any explanations.

Knowledge domain loaded twenty-seven throughout the MCI. Of all the items loaded, seventeen of the items indicated a strong relationship. With Item 32 stating, “I am familiar with nonstandard English” and Item 34 stating, “In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions,” these items all espouse the level of knowledge that these individuals have about work with multiculturalism. They possess information about culture, protocol and personal individual variables likely to come into play during counseling. With these two examples we can also see that it is not just an acquisition of knowledge but their ability to work actively with the information they possess, as Item 34 evidences.

Five items loaded onto Relationship domain. Item 39 produced a strong inverse relationship, $r = -.51$. Item 1 produced a moderate relationship, $r = .45$. The other three items,

35, 37 and 40 all produced a moderate inverse relationship, $r = -.41, -.44$ and $-.43$ respectively. The items evidence the Relationship domain. Item 1 states, “I perceive that my race causes my clients to mistrust me,” demonstrates attention paid to the dynamic between the client and therapist. The recognition of the difference in trust due to the race factor is crucial in work with white professionals and clients of diverse backgrounds. The therapist is able to attend to the relationship between them and the client which in turn may support better work between them.

Five items also loaded onto the Awareness domain. All the items, 2, 4, 10, 15 and 19, all produced a moderate relationship, $r = .39, .35, .39, .33$ and $.37$ respectively. Awareness speaks to the ability to examine personal biases and as in Item 19, which states, “I experience discomfort because of the clients’ different physical appearance, color, dress or socioeconomic status,” the practitioner is aware of their reactions to their client due to demographic variables rather than therapeutic work or content. Additionally Item 15, “I feel my confidence is shaken by the self-examination of my personal limitations,” further evidences the Awareness domain with the practitioner’s ability to undertake the difficult tasks of introspectively exploring self and contending with thoughts of themselves in racial terms, often for the first time.

The Skills domain only loaded one item. Item 16 produced a moderate inverse relationship, $r = -.31$. The one item’s inverse relationship demonstrates the domain of Skills. Item 16 states, “I monitor and correct my defensiveness (e.g., anxiety, denial, fear, minimizing or overconfidence).” This item is concerning one of skill but the inverse relationship comes from the use of skill to disguise and monitor one’s self. Accompanying the feelings of anxiety, denial or fear towards clients of diverse populations, there needs to be an understanding or a questioning of the source of these reactions. Also there is little acknowledgement that skill could

be used to explore these reactions with client and attend the role that it may play within the therapeutic dynamic.

Table 5. Factor Inter-Correlations of Sample of Items from the MCI Factor Analyses With Consideration of Relationship

Factors	<i>r</i>
Knowledge	.48
I consider the range of behaviors, values, and individual differences within a cultural group.	
Relationship	.64
I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students).	
Relationship	.45
I perceive that my race causes the client to mistrust me.	
Relationship	-.44
I am skilled at getting a client to be specific in defining and clarifying problems.	
Awareness	.39
I have feelings of overcompensation, oversolicitation, and guilt that I do not have when working with majority clients.	
Awareness	.33
I feel my confidence is shaken by the self-examination of my personal limitations.	
Skills	.31
I monitor and correct my defensiveness (e.g., anxiety, denial, fear, minimizing or overconfidence).	

Hypothesis 2b. The responses received on the Multicultural Counseling Inventory within the sample of the study will produce consistent factors equivalent to the factors produced on the initial analysis.

The loadings of this factor analysis are inconsistent and unresponsive of the above hypothesis. All of the loadings reported below, yielded correlations equal to or larger than the absolute value of .30 and are reported only once - within the factor for which the absolute value of the correlation was the largest. The Varimax Rotation Method was utilized with a Principal Component Analysis extraction method. Items 3, 16 and 18 did not load onto any of the factors within this factor analysis, as such they are not included in any explanations.

Knowledge domain loaded twenty-seven items throughout the WRIAS. This domain loaded the most items of any of the factors and its item loadings are presented in Appendix G. Of the items that loaded onto the factor, thirteen of those items reflected a strong relationship. The items that loaded onto this factor are consistent with the previous statistical results presented in Hypothesis 2a. The loading and therefore explanation of this factor is stable.

Five items loaded onto the Skills domain. Items 37 and 39 produced a strong inverse relationship, $r = -.51$ for both. While the items, 35 and 40 produced moderate inverse relationships, $r = -.44$ and $-.43$ respectively. Item 1 also produced a moderate relationship, $r = .45$. The items with the two strongest relationships were Item 37 and Item 39, which states, "I am able to be concise and to the point when reflecting, clarifying, and probing," "I am skilled at getting a client to be specific in defining and clarifying problems." These items are both related to skill and so rightfully produce strong relationships with the Skill domain. However both of these items have strong inverse relationships to the MCI domain of Skill because they both attest

to using a skill in a particular way that would assume there is only one way for counseling to be conducted or productive. Each item is devoid of the recognition that styles and approaches can be culture-bound. Each item asserts the professionals ability to perform a more Eurocentrically informed style of counseling which no anticipation of the skill's shortcomings or an anticipation to modify if needed.

Five items loaded onto the Awareness domain. All the items, 2, 4, 10, 15 and 19, produced moderate relationships, $r = .39, .35, .39, .33$ and $.37$ respectively. Each one of the items that produced a significant relationship within this statistical procedure was represented within the results for Hypothesis 2a therefore a further explanation will not be given here.

Question 2 Overall Results. It is very important to note that many of the same items mapped onto the same factors in both factorial analyses. The first factor analysis of the MCI did not produce another consistent factor that would assert the measureable presence of the Relationship domain and even made the factors weaker; however, the factors that remained consistent in both analyses demonstrated the reliability of the measure.

Table 6. Factor Inter-Correlations of Sample of Items from the MCI Factor Analyses

Factors	<i>r</i>
	.50
	.64
Knowledge	.45
	-.44
Relationship	.39
	.39
Awareness	-.51
	-.41
Skills	

Research Question 3. Which multicultural counseling competency factors are strongly related to the different statuses of White Racial Identity Development?

Results from a regression analysis evidence that the domains of multicultural counseling competency significantly are related to the statuses of White Racial Identity Development. However, these relationships accounted for only a minimal proportion of the variance with the different statuses.

Table 7. MCI Domains and WRID Statuses: Descriptive Data

	Mean	Std. Deviation
Relationship	1.98	.40
Skills	3.48	.45
Awareness	2.70	.64
Knowledge	3.16	.47
Contact	3.10	.40
Disintegration	1.91	.45
Reintegration	1.81	.45
Pseudo-Independence	3.86	.41
Autonomy	3.86	.37

Hypothesis 3a. The domain of Skills on the Multicultural Counseling Inventory will be positively related to lower racial-information processing statuses on the White Racial Identity Attitudes Scale.

In regards to the domain of Skills, the proportion of variance with Contact status was 11.3% ($R^2 = .012$, Adjusted $R^2 = .008$), ($B = .128$, $SE B = .056$, $\beta = .113$, $p < .05$). The inverse proportion of variance with Disintegration status was 15.5% ($R^2 = .024$, Adjusted $R^2 = .018$), ($B = -.176$, $SE B = .050$, $\beta = -.175$, $p < .001$). The proportion of variance with Pseudo-Independence status was 27.8% ($R^2 = .049$, Adjusted $R^2 = .036$), ($B = .265$, $SE B = .062$, $\beta = .240$, $p < .001$). The strongest relationship that the multicultural counseling competency of Skills had was to that of the white racial identity development status of Pseudo-Independence, accounting for 27.8%. A marked distinction of the Pseudo-Independence status is its intellectualization of racial issues and processes. The multicultural counseling competency domain of Skills is related to the intellectualized manner of processing racial information.

Hypothesis 3b. The domain of Awareness on the Multicultural Counseling Inventory will be positively related to lower racial-information processing statuses on the White Racial Identity Attitudes Scale.

In regards to the domain of Awareness, the inverse proportion of variance with Disintegration status was 31% ($R^2 = .099$, Adjusted $R^2 = .094$), ($B = -.452$, $SE B = .068$, $\beta = -.318$, $p < .001$). The proportion of variance with Pseudo-Independence status was 38.9% ($R^2 = .177$, Adjusted $R^2 = .169$), ($B = .488$, $SE B = .084$, $\beta = .313$, $p < .001$). Although showing no significant change statistics, 31.2% of the variance in Autonomy can be accounted for by Awareness domain. Both the existence of these particular relationships and the type of relationship is significant and consistent with Helms' theory. The three statuses, Disintegration, Pseudo-Independence and

Autonomy, all require an awareness of people of color and racial information, unlike Contact which acknowledges no difference and Reintegration which does not value anything but “Whiteness.” Furthermore, the inverse relationship that the multicultural counseling competency domain of Awareness has to Disintegration evidences the lack of knowledge that someone in this status would have as they have just become aware of racial information. Also, the moderate relationships with both Pseudo-Independence and Autonomy note that the domain of Awareness is the only multicultural counseling competency domain that has any relationship to both higher levels of racial information processing.

Hypothesis 3c. The domain of Knowledge on the Multicultural Counseling Inventory will be positively related to higher level statuses on the White Racial Identity Attitudes Scale.

In regards to the domain of Knowledge, the inverse proportion of variance with Disintegration status was 15.0% ($R^2 = .033$, Adjusted $R^2 = .028$), ($B = -.175$, $SE B = .053$, $\beta = -.166$, $p < .05$). The proportion of variance with Pseudo-Independence status was 31.8% ($R^2 = .322$, Adjusted $R^2 = .104$), ($B = .356$, $SE B = .065$, $\beta = .308$, $p < .001$). The moderate relationship that the multicultural counseling competency domain of Knowledge had with the white racial identity development status of Pseudo-Independence demonstrates the link between this domain to the marked distinction of cognitive processes based around problem-solving and connecting and/or utilizing information.

Hypothesis 3d. The domain of Relationship on the Multicultural Counseling Inventory will be positively related to higher level statuses on the White Racial Identity Attitudes Scale.

In regards to the domain of Relationship, the proportion of variance with Disintegration status was 27.8% ($R^2 = .080$, Adjusted $R^2 = .076$), ($B = .239$, $SE B = .043$, $\beta = .269$, $p < .001$). The inverse proportion of variance with Pseudo-Independence status was 23.8% ($R^2 = .100$,

Adjusted $R^2 = .091$), ($B = -.155$, $SE B = .055$, $\beta = -.159$, $p < .05$). With a marked distinction of the Disintegration status being the emergence of an acknowledgement of racial issues and racial information, the multicultural counseling competency domain of Relationship is related to the cognition. However, its inverse relationship to Pseudo-Independence allows for further evidence that the domain of Relationship is related to the cognitive processes that allow for investigation and learning, as in Disintegration, rather than the problem-solving and awareness of knowledge as accounted for in Pseudo-Independence.

Question 3 Overall Results. A larger amount of variance accounted for by the higher level statuses only occurs in relation to the Awareness domain. Skills, Knowledge and Relationship domains' variance is better accounted for by their relationship with lower level statuses.

Research Question 4. What are the relationships between the White Racial Identity Attitudes Scale and the Multicultural Counseling Inventory?

Results of a bivariate linear correlational design are presented below. Only items whose thirty percent or more of the variance could be accounted for by its relationship with a status are reported. It should be noted that a relationship was demonstrated with Item 30 (I enjoy multicultural interactions as much as interactions with people of my own culture) with four of the five statuses. This relationship of this item to multiple statuses demonstrates its overall importance to racial identity development, a concept further discussed in Chapter 5.

Hypothesis 4a. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Contact status.

There were no items on the MCI that demonstrated a moderate or strong relationship to the Contact status as measured by the WRIAS.

Hypothesis 4b. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Disintegration status.

There were two items that demonstrated a moderate relationship with the Disintegration status. Item 30 demonstrated an inverse relationship with the Disintegration status with 39.8% of the variance in Item 30 being accounted for by its relationship with the Disintegration status. This item, which states “I enjoy multicultural interactions as much as interactions with people of my own culture,” having a moderate inverse relationship with the Disintegration status demonstrates the uncomfortable nature that a person in this status may be experiencing having just begin to process racial information. Similarly, 31.7% of the variance in Item 33, which states “My life experiences with minority individuals are extensive (e.g., via ethnically neighborhoods, marriage, and friendship),” can be accounted for by its relationship with the

Disintegration status. This item's relationship with the Disintegration status may be accounting for the new heightened level of consciously processing racial information and so therefore are more aware of their cross-cultural encounters in a way that is overwhelming and therefore feels significant in both nature and number.

Hypothesis 4c. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Reintegration status.

There was one item that demonstrated that thirty percent or more of its variance could be accounted for by its relationship to the Reintegration status. Item 30 demonstrated an inverse relationship with the Reintegration status. The Reintegration status's inverse relationship with this item accounts for 37.9% of the item's variance. The moderate inverse relationship with this item, which states "I enjoy multicultural interactions as much as interactions with people of my own culture," with the Reintegration status enables them to maintain their beliefs and feelings that Whites are not responsible for racial barriers in America by deliberately avoiding any contact or encounters with persons of color.

Hypothesis 4d. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Pseudo-Independence status.

There were two items that demonstrated a moderate relationship to the Pseudo-independence status. Item 25 states, "I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students);" this item exhibited that 34.6% percent of its item variance can be accounted for by its relationship to the Pseudo-independence Status. The Pseudo-Independence status does maintain a higher ability to process racial information however it is merely on an intellectual basis. The moderate relationship of Pseudo-independence with this

item demonstrates the mental exercises of multiculturalism that involve unknown interactions with persons different from themselves. Similarly, Item 30 (“I enjoy multicultural interactions as much as interactions with people of my own culture”) demonstrated that 33.9% of its variance could be accounted for by its relationship with the Pseudo-independence status; the moderate relationship with this item demonstrates that there is a increased level of appreciation and awareness of other cultures and that they may be experiencing positive cross-cultural interactions.

Hypothesis 4e. Items on the Multicultural Counseling Inventory will be a high predictor of the White Racial Identity Attitudes Scale factor for the Autonomy status.

Only Item 30, accounting for nearly thirty-one percent of its variance, demonstrated a relationship to the Autonomy status. Stating “I enjoy multicultural interactions as much as interactions with people of my own culture” demonstrates this status embrace and understanding of persons different from themselves. It is also important as it evidences the ability of persons in this status to balance an appreciation for others while maintaining a pride in their personal sense of self.

Ancillary Findings

In addition to the results designed to answer the four primary research questions, several other interesting findings emerged that provide a more-in-depth look at the relationship between the white racial identity development and multicultural counseling competency of mental health practitioners.

Interassessment Relationships. The present study revealed that 31.2% of the variance in Autonomy can be explained by its relationship with Awareness. With Autonomy being the most advanced status of processing racial information, its moderate relationship with only Awareness

evidences that Awareness may be more paramount among the domains in becoming a more advanced racial processor and negotiator of multicultural information. Similarly, 38.9% of the variance in Pseudo-independence can be explained by its relationship with Awareness. In accordance with the pseudo-independence status, the moderate relationship with Awareness demonstrates the conceptualization of one's self as a racial being; within this more intellectualized status, White persons are beginning to organize information about themselves in relation to other cultures. Furthermore, 31.8% of the variance in Pseudo-independence can be explained by its relationship with Knowledge; persons operating within the pseudo-independence status rely on their factual knowledge of different people as a means of demonstrating their multicultural nature. The moderate relationship between the MCI Knowledge domain and the Pseudo-independence status reinforces the theoretical account that this status is reliant upon the use of their intelligence as a means of navigating through racial information.

Table 8. Correlations between Domains of the MCI and Statuses of the WRIAS

	Relationship (MCI)	Awareness (MCI)	Knowledge (MCI)	Skills (MCI)
Relationship	1.00	-.167	.018	-.072
Awareness		--	.563	.397
Knowledge			--	.561
Skills				--
Contact				
Disintegration				
Reintegration				
Pseudo- Independence				

Table 8. Correlations between Domains of the MCI and Statuses of the WRIAS (cont)

	Contact (WRIAS)	Disintegration (WRIAS)	Reintegration (WRIAS)	Pseudo- Independence (WRIAS)	Autonomy (WRIAS)
Relationship	.097	.278	.209	-.238	-.164
Awareness	.002	-.310	-.271	.389	.312
Knowledge	.079	-.150	-.138	.318	.201
Skills	.113	-.155	-.132	.278	.197
Contact	--	.148	.049	.139	.101
Disintegration		--	.648	-.482	-.533
Reintegration			--	-.353	-.400
Pseudo- Independence				--	.590

Intra-assessment Relationships. Forty percent of the variance in Reintegration and 53.3% of the variance in Disintegration can be explained by its inverse relationship with Autonomy. The moderate and strong inverse relationships with Autonomy are demonstrated by two statuses that are lower levels of racial information processing. In addition, Reintegration and Disintegration are two of the lower racial information processing levels that have an acknowledgement of racial selves and may reflect the inner turmoil that is unearthed within these statuses. However, 59% of the variance in Pseudo-independence can be explained by the relationship with Autonomy. This strong relationship may also be linked to the moderate relationships that both items have with the Awareness domain as well, as theoretically both of these statuses have awareness as distinction markers. Further, 64.8% of the variance in Reintegration can be explained by its relationship with Disintegration. Similarly to the previous relationship, these two statuses are not only closely related within the theoretical conceptualization of White racial identity development they also share the distinction of the dichotomous attitudes about Whites and people of color. Additionally, 35.3% of the variance in Reintegration being accounted for by its inverse relationship with Pseudo-independence. The marked distinction between these two statuses is the person's evolution to integrating racialized information within their own context while also considering the impact it may have upon other groups. Specifically, persons demonstrating Reintegration espouse a firm and conscious belief in White superiority while persons operating within Pseudo-independence are beginning to integrate their awareness of themselves and others. This can ultimately result in finding a more meaningful way to process racial information or cross-cultural encounters.

Of all the personal variables, only one variable – travel – produced a significant relationship among all other personal variables to that of the domains and statuses. Persons who

reported being more traveled and having spent more time traveling were likely to score higher on the knowledge domain ($\alpha = .463$) and the awareness domain ($\alpha = .375$) of the Multicultural Counseling Inventory.

CHAPTER 5

SUMMARY AND DISCUSSION

There were three main purposes of the current study. First, the study was designed to confirm the reliability and validity findings that have been presented in the literature concerning the White Racial Identity Attitudes Scale and the Multicultural Counseling Inventory using a sample consisting of current professionals practicing in the field. The second purpose of the study was to investigate the relationship between the statuses that identify higher levels of racial information processing to higher scores on a multicultural counseling measure by utilization of a confirmatory factor analyses. Finally, the study examined which and to what extent items on the WRIAS demonstrated significant relationships with items on the MCI.

Confirmation of the Reliability and Validity Findings

The findings do validate original reportings about the reliability of the domains of the Multicultural Counseling Inventory. It seems that the domains are able to be reproduced and actually examine the elements that the authors describe. The domains may not have a high face validity however the items of the MCI have a high face validity (Yanico, Swanson & Tokar, 1994). Contrastingly, the findings do not validate original reportings about the reliability of the statuses of the White Racial Identity Attitudes Scale. It seems that the statuses were not as easily reproduced within this study. The domains do not possess a high face validity, however each item does have a somewhat high face validity and can be influenced by social desirability responding. This will be further explained in the limitations section below. The findings of the

current study provide further evidence as to the reliability of the Multicultural Counseling Inventory ($R=.811$) but not the White Racial Identity Attitudes Scale.

Further, the statuses are considered social constructions and therefore are typically harder to evidence with higher reliabilities however the numbers are consistent with both the original and follow-up studies investigating the reliability of the WRIAS (Helms, 1996; Helms, 2005). The theory is non-linear and that in fact many of the behaviors and attitudes of each status may often present themselves in conjunction with the attitudes and behaviors of other statuses as people are amalgamations of their environments (Carter, Williams, & Pieterse, 2005; Helms, 2007). The systems theory of person-as-professional commands that one is integrated and therefore unable to “perform” in such a way consistently that they do not integrate into their daily psyche and therefore becomes one’s reality. For instance, a person whose families may hold strong beliefs of White superiority while working in a department that intellectualizes racism while believing that clinically people are all the same and “color” or culture does not matter would be exemplifying Reintegration, Pseudo-Independence and Contact statuses within one person. So the reliability of the WRIAS may be effected by the theoretical underpinnings that the statuses are both non-linear and not mutually exclusive but can be experienced simultaneously. Notwithstanding the reliabilities provide validity as to the utilization of the MCI theoretical underpinnings incorporated into practical training implications and considerations. Considering these results, the author will make implications and recommendations more heavily reliant upon utilization of the MCI and refer to the overall racial identity development of White trainees rather than focus on the WRIAS.

Relationships Between Multicultural Competency and Racial Information Processing

The results do support that relationships exist between the domains of multicultural counseling competency and the status of white racial identity development. Overall, there seems to be a greater relationship between the domains of multicultural counseling competency and one of the white racial identity development statuses: Pseudo-independence. Pseudo-independence demonstrated the stronger relationship of all the statuses across all three of the domains of multicultural counseling competency.

The domain of Knowledge has a moderate relationship with the Pseudo-independence status. This relationship is congruent with both the White racial identity development and multicultural counseling competence theories, as Pseudo-independence is described as an intellectual process of understanding racial information. When reaching a higher level of racial information processing, it seems likely that many White professionals would feel most comfortable with processing information and “making sense” of a more multicultural world by developing this domain more heavily. This domain allows for the clinician to incorporate more information about clients independent of their own racial development. The Knowledge domain has a relationship with the lowest of the three higher racial information processing levels. Next to consider is the domain of Skills and its small relationship with the Pseudo-independence status. The utilization of the skills domain demonstrates the person operating with the pseudo-independence status reliance upon both knowledge and skill: two domains that are most endorsed in multicultural training within doctoral psychology programs. The Skills domain is interesting as it requires trainees to attend to much of the skills learned within their training programs while also adapting to the skills necessary when working with different cultures and ways of being.

Similarly, the domain of Awareness has a moderate relationship with the Pseudo-independence status. The author believed Awareness was crucial to higher levels of racial

information processing and although there is a relationship between a higher racial information processing status, the relationship is only moderate and with the lowest of the higher racial information processing status. As awareness requires a need for the psychologist to be vigilant of both their and their client's reactions and the therapeutic interaction, it is consistent that awareness would present a relationship with a higher level racial information processing status. The relationship between this status and Awareness may be related to its relationship with Knowledge. It is however uncertain whether one of the domains is influencing the strength of the relationships with the Pseudo-independence status. Additionally, the Autonomy status also evidences a moderate relationship with the Awareness status. Most notably, Autonomy being the highest level of identity development and the highest of the higher racial information processing levels endorses the weight that the domain Awareness has on the multicultural competence and racial identity development of the White psychologist. It is significant that both the higher racial information processing levels demonstrate moderate relationships with Awareness.

Unanticipated Findings

Majority of Competency Endorsed. The Knowledge domain was the most endorsed domain among the sample. It seems that most psychologists were comfortable with factual and more historical information that they had learned of different cultures. It seems that most psychologists may be relying on their level of Knowledge as their identifier of their level of multicultural competency. This can be helpful as a shared knowledge of a clients culture can help to foster a relationship as well as providing more insight and context for clinician. However, a strong reliance on this competency can be harmful. With a reliance on factual information, psychologists may not account for the client's level of acculturation or their identity

development. It can be harmful if a psychologist is relying upon their schema of a client of color rather than allowing the client to explain who they are.

Domain Most Endorsed. The Disintegration status was the most endorsed domain overall. It appears that most of the psychologists were beyond “seeing everyone as the same” however the Disintegration status does depict a low level of ability in navigating racial information. It would be most progressive to address means in which to help psychologists resolve this level of cognitive dissonance and move into a higher level of racial information processing. However, it is also notable that the sample did endorse the Pseudo-independence status in relation to many of the multicultural competencies. It appears that most of the development that is occurring in relation to counseling competency with regard to client of diverse populations occurs in a more intellectualized manner. The endorsement of the Pseudo-independence status demonstrates this occurrence. It is however unclear if one develops this level of identity development or if the development of the multicultural competencies aide in the progression of one’s racial identity development.

Implications for Doctoral Psychology Training

The American Psychological Association endorses three multicultural counseling competencies as previously described in this study yet they do not provide learning outcomes, objectives or goals for training programs other than student’s needing to have the knowledge of the existence and working definitions of these competencies. There is evidence that the terminal psychology practitioner degrees are guided by protocol in other areas of competency that need to be met (Bruss, & Kopala, 1993) however the multicultural competency dimension appears more a la carte to this notion. Training programs seem to wield more power and subjectivity as to how and to what extent their trainees obtain this information and develop this competency. With little

guidance and direction, programs have employed multiple means of integrating how they build their trainees' cultural competency. For instance, some programs have a specific course devoted to cultural knowledge or skill development while others have a diversity requirement in a myriad of courses and others still just integrate this training into the practicum supervisory interactions.

At the crux of this research is a desire to provide more guidance and insight into ways of creating a more multiculturally competent psychologist. Per the results of the study as discussed earlier, there does seem to be a significant relationship between the Awareness competency and higher levels of racial information processing as noted by the statuses of identity development. It may be practical to infer that training of psychologists may be more effective to focus on both encouraging and engaging trainees in developing a deeper awareness of cultural identity and its presence in the therapeutic interaction. Currently there are few, if any, designs that engage the counselor in *reflection* and *insight* of self as a part of a culture – two therapeutic techniques at the cornerstone of most counseling orientations and counseling skills training (Alvarez & Piper, 2005).

In considering ways to integrate this type of learning objective into training programs, it is possible to engage the psychologist in viewing themselves as cultural beings, often a challenge for White persons in the United States. Doing so will allow the White trainees to describe, depict and discuss themselves as racial beings in ways that likely many have either never spoken or even contemplated. Thinking of themselves as racial beings provides two unique elements that may be crucial to the multicultural development of the White psychology trainee. Sue and Sue (1990) state that "Whites are socialized into U.S. society and, therefore, inherit the biases, stereotypes, and racist attitudes, beliefs, and behaviors of the society" (p. 113). They acknowledge the stages of White racial development and state that "the most desirable stage is

the one where the White person not only accepts his/her Whiteness, but defines it in a nondefensive and nonracist manner" (Sue & Sue, 1990, p. 113).

In keeping with this idea, it would be ideal to design training that incorporates and shows consideration in addressing the socialization of its trainees. Developing such practices that foster dialogue about one's self as a racial being, first, can provide a context for racial information that may feel safer. It may allow the white psychologist to probe his or her own background for culture and customs rather than "study" that of another group. Secondly, it provides a racial context for the trainees in which to explore oppression, discrimination, power, institutional dynamics, etc. Having such an interaction with cultural dynamics and personalizing their thoughts and feelings in regards to being discriminated or oppressed will then allow White trainees to connect with the emotive and experiential similarities between them and their client (Richardson & Malinaro, 1996; Utsey, McCarthy, Eubanks & Adrian, 2002). It is hopeful that this awareness will act as a means to foster connection with the client without a disregard for relevant cultural difference and historical contexts.

It is hopeful that providing more tangible and relatable goals for psychologists-in-training will make the idea of "being more multiculturally competent" less fearful and less intimidating. Introducing multicultural practice as an attainable goal would be helpful in keeping students interested and attuned to their level of competent practice. Currently, it is likely that students do not perceive multiculturalism as attainable because it either doesn't apply to them or seems so frightening. Currently some multicultural practices endorse creating a safe space for the client to process in trusting relationship in which they can provide insight into their cultural practices (Ponterotto, Fuertes & Chen, 2000; Reynolds, 2005; Vera, Buhin, Montgomery & Shin, 2005). The literature endorses that when this context exists the client is more comfortable and

consequently more open with their therapist. Similarly, this practice can be applied to the multicultural training of any psychologist and may be particularly helpful in creating more multiculturally competent and interested White psychologists (Cokley, 2005). Modeling such behaviors in multicultural training will give an example for how these future psychologists can employ such skills in creating open, safe and trusting relationships in which their clients feels acknowledged and encouraged to be congruent. Creating an initial level of comfort with multicultural topics and practices will maintain or increase the trainee's level of openness to employing such practices.

The current study does offer further insight into possible sub-goals that white trainees can attend to in their quest to be more multiculturally competent. The study depicts individual items that explore either a behavior, thought or feeling related to racial or cultural contexts and practices. For instance, it appears that there is a group of interesting findings that are related to Item 30 of the Multicultural Counseling Inventory. This Item reads, "I enjoy multicultural interactions as much as interactions with people of my own culture." This item is meant to investigate the awareness and appreciation of other cultures while realizing and maintaining an awareness and appreciation of their own culture. Helms' theory of white racial identity development posits a spectrum with "color-blindness," beginning with awareness, moving towards instilling a strong, superior sense of Whiteness, then acting for change and finally a level of comfort with others as well as their own cultural implications. Item 30 demonstrating no significant relationship with Contact status is theoretically appropriate. Endorsing this item would require the acknowledgment of individual cultural differences, a cognitive schema not held by persons operating within the Contact status.

The next two significant relationships are inverse relationships with Disintegration and Reintegration, both low level racial information processing statuses. The inverse relationship is consistent theoretically as well as it would be expected that people in this status do recognize cultural difference however have not develop an appreciation for any culture besides their own. Disintegration status is likely to disagree with this sentiment as they are newly aware of racial differences and so the heightened state of anxiety and confusion makes relationships with persons different from themselves scary and unappealing. Persons in the Reintegration status have resolved their confusion about there *being* difference and have become to embrace feelings of anger or avoidance of people of color, therefore they would not endorse enjoying activities with other cultures.

Finally, the strong relationship with Pseudo-independence and Autonomy statuses is expected when considering the theoretical underpinnings. Positing these as the higher level racial information processing statuses, Helms' theory of white racial identity development demonstrates that these two statuses allow for both independent and appreciative thoughts of other cultures. Persons operating with the Pseudo-independence status can be seen as advocates for people of color and may express comfort in participating in activities with other cultures. Multiculturalism is still an intellectual activity and so it is unclear whether they would participate in these activities but they definitely would endorse enjoyment in doing so. Within the Autonomy status a threatening sense of people of color is abandoned and an appreciation for differences in cultures is exhibited. This item is a characterization of the Autonomy status as it endorses appreciation for other cultures as well as comfort with Whiteness and so activities with other Whites.

Item 30 really appears to be at the crux of the multicultural competencies in that it investigates one's comfort with self and others – an ideal of multicultural counseling competency. Focusing on the development of a strong sense of a “cultural self” while developing an awareness of others as cultural beings appears to supply a helpful objective for training culturally sensitive mental health practitioners. Not only is this an identifier but a heightened level of comfort with accompanied by a lack of threatening feelings towards difference are ideal for multicultural practice (Spanierman, Poteat, Wang & Oh, 2008). The development of such thoughts, feelings and behaviors require a concerted effort from the trainer and the trainee to ensure that White students are gaining cultural knowledge and appreciation of others as well as themselves (Leong & Kim, 1993; Locke & Kiselica, 1999; Pack-Brown, 1999).

The overall higher scores of the minority groups on the Multicultural Counseling Inventory, including their respective higher scores on subscales Multicultural Awareness, Multicultural Relationship, and Multicultural Knowledge, provide evidence towards their greater familiarity with multicultural issues than Whites mental health practitioners (Constantine, 2002b). The nature of a person of color in America almost ensures they partake in a multicultural existence. The White mental health practitioner, contrastingly, can navigate their existence in the United States without making contact or having significant interactions with persons of color. The more “monocultural” socialization that the White mental health practitioner has does require that they experience or create opportunities that allow them to emotionally and cognitively connect to their clients of color.

One way that mental health practitioners can create experiences that will allow them to relate more to their client's experiences is through travel. International travel may prove more beneficial however domestic journeying may be just as fruitful. The only demographic variable

that showed any significant relationship was the participants experience with travel. The significant and strong relationship that this variable had evidences that it may provide assistance to White mental health practitioners in not only experiencing but truly learning from interactions in which they are no longer have possession or security of the dominant power status. This will require them to negotiate interactions with minority groups and to experience that concern that many minority groups encounter when interacting with Whites, i.e. trusting the equality in relationship.

Summary of the Factor (In)Consistencies

Overall it appears that the factors were measuring the domains or statuses that the instruments claimed, however this sample had significant zero relationships with many items on the assessment. It is unknown whether these items were initially deemed useful for an increase in the reliability however they do not seem to provide much in the wake of an explanatory sense.

On the WRIAS, Items 11 (I am taking definite steps to define an identity for myself that includes working against racism), 15 (A Black person who tries to get close to you is usually after something) and 36 (I am comfortable being myself in situations in which there are no other White people) did not load onto either analyses showing neither a strong nor moderate relationship to the statuses. These three items all posit a level of comfort necessary to avoid answering in a socially desirable manner. The first item may decrease in clarity because of the word “definite” while the third item may address a situation that someone is unaware of their comfort level having never had such an experience. It is unknown the reason these items did not load with this sample.

Similarly, according to the conclusions drawn from the Multicultural Counseling Inventory, two items, 3 and 18, did not load on either analyses. The items read, “I am confident

that my conceptualization of client problems does not consist of stereotypes and value-oriented biases,” and, “I am successful at seeing 50% of the clients more than once, not including intake.” These items may not be related or helpful in assessing someone’s multicultural competency. However it could also be that people of a higher awareness question their practices more or the type of agency may dictate work practices, respectively. This information is unknown but would prove helpful in teasing out.

Conclusions and Further Implications

The results of this study support the researcher’s assertion that current White mental health professionals’ are armed with a very good factual and wide knowledge base about people of varying cultures however the personal quality is not developed; ironically, the personal quality is the factor that clients of color are noted as responding most positively too. In the safety of multicultural training courses, mental health practitioner trainers should provide their trainees with the space in which they can own their own racial differences with the purpose of strengthening their universality, multicultural professional ethics and sense of social justice.

The first purpose of the study was to confirm and explore the utilized and theoretical factors that have been presented in the literature concerning the White Racial Identity Attitudes Scale and the Multicultural Counseling Inventory using a sample consisting of current professionals practicing in the field. This study explored the theoretical domains which were not expressed within each assessment’s use. The addition of the Immersion-Emersion status to the WRIAS demonstrated that its introduction did not make for a stronger test or results. Although the differences in the two statuses can be identified conceptually, it proves very difficult to determine how to test for these two items as separate statuses while still allowing to discover the other four statuses simultaneously.

The second purpose of the study was to investigate the relationship between the statuses that identify higher levels of racial information processing to higher scores on a multicultural counseling measure. The most significant domain was Awareness, accounting for more variance within the statuses due to its relationship. It appears that Awareness, more so than Knowledge, Relationship or Skills, impact the ability of the mental health practitioner to successfully navigate across and within the different statuses of white racial identity development. The domain of Awareness speaks to the ability to examine personal biases and stereotypes and an awareness of how the mental health practitioner's preconceptions may negatively impair effective service delivery. Development and, more importantly, active utilization of this domain seems to have a huge impact on the multicultural counseling competency development as well as the development of the White mental health practitioner as a secure, yet appreciative racial being.

Considering the knowledge that "gaining an awareness and understanding of Whiteness and White privilege is perhaps the greatest challenge for White trainees and professionals" (Sue & Torino, 2005, p. 9), it is imperative that the development and cultivation of this competency occurs within mental health practitioners. The activation of an Awareness competency appears to increase multicultural competency and racial identity development, benefiting the mental health practitioner in both their personal and professional development. Ironically, the awareness aspect is the major difference between the lowest status of white racial identity development to its other five counterparts. Similarly, a deeper awareness also elicits a more comprehensive (and higher) level of racial information processing. Consequently, it is this competency that might be most forgotten or underdeveloped by training program. It is necessary

that attention be placed upon developing and incorporating methods that allow the psychologist to maximize their multicultural interest and competence (Tomlinson-Clarke, 2000).

Finally, the study examined which and in what ways are the factors of the multicultural counseling/competency related to the different white racial identity statuses. The relationships that were uncovered through this study provide more evidence towards the concept of varying statuses of racial identity development. The large amount of variance accounted for in the inverse relationship between statuses that are classified as lower and higher racial information processing statuses. The highest amount of variance accounted for by the relationship with another status occurred when the statuses were either both low levels or both high levels of racial information processing. This further evidences the compilation yet developmental nature of racial identity. The results support that the statuses are categorized well and ordered soundly in both a theoretically and evidence-based fashion.

In this current study, the author was able to highlight the domains of multicultural counseling competency that mental health practitioners endorse as being crucial to their practice with diverse clients. The study demonstrates that while most theorists discuss the importance of relationship in counseling, particularly to clients of color, it appears the White mental health practitioner does not endorse this competency. Further, the study uncovered the importance of Awareness to the racial identity development of White practitioners however the practitioners more strongly endorsed the other two competencies of Knowledge and Skills. This research highlights possible disconnects that may be happening in two major areas – the training and development of the White mental health practitioner and the services delivered by those practitioners when working with diverse clients. Although the author believes this work to be helpful in gaining an understanding of the White mental health practitioner's conceptualization

of their practice with clients, there is still much to be uncovered and employed to increase the multicultural competency and arguably the racial identity development of White mental health practitioners.

Recommendations

The author recommends that the above findings be used to guide both trainees and trainers of the mental health profession. Future practitioners need to be provided the space to develop themselves as cultural beings and engage in appreciating other cultures for more than just their identifiable, noteworthy, factual difference (Fuentes, 2001; Frye, 1983). An integration of pride in self and appreciation of others is encouraged to produce a more multicultural counseling competent profession. It is also imperative that the trainees are aware that these are the expectations of their trainers and the profession (Constantine, Warren & Miville, 2005; Hays & Chang, 2003). The integration of a more personal learning quality in multicultural counseling courses seems imperative (Barnett, Hamel & Long, 2004; Ponterotto, 2007; Ponterotto, 2005). The experiential nature is not a requirement but positively accounts for the greatest amount of variance in competency and identity development. Additionally, it appears that the use of these two assessments together is understandable due to a strong relationship between the theoretical foundations. However the extent and type of relationship is still unknown. The current study supports that a relationship does exist however it is unknown whether competencies influence identity development, vice versa or if there is a mutual interaction between racial identity and multicultural counseling competency. Perhaps continuing to develop more sound and in-depth measures to test the concepts of these assessments would provide more options and research into this important area of inquiry.

It is extremely important to note that the overall purpose and intention of this area of research is to advocate for White psychologists during their training. The author believes that a strong consideration about how to more effectively develop White trainee's level of racial identity needs to integrate into training practices. The above discussion seeks to create an effort to serve White trainees in a manner that allows exploration and development of self. The belief that personal exploration and acknowledgement of self allows for better awareness of others and a heightened level of comfort with difference is integral to this work.

Limitations and Implications for Future Research

Limitations of this research are five-fold. The more obvious limitation is the impact of social desirability responding. The participants may respond in ways that they feel are more “politically correct” or addressing what the researcher wants to conclude. The self-disclosure in this study places control over the findings in the hands of the participant more so than in other research and with topics as emotionally charged as race and racism participants may be more apt to respond in such a way as to produce a more desirable profile (Worthington, Mobley, Franks & Tan, 2000). The second limitation concerns the analyses of these two instruments together. Although there is a trend toward using these two assessments in conjunction with each other, the MCI is linear while the WRIAS is non-linear. In this study, linear regression analyses were employed however this does not complement the theoretical underpinnings of the White racial identity development. The last limitation concerns the way in which the data were collected. It is likely that persons interested in this topic were more likely to return the assessments while someone who may be more sensitive or concerned about their appearance through these assessments may have been less likely to respond. In conjunction with this limitation, the utilization of secondary data does not allow the researcher to determine the number of

individuals included in the study. Although the number of participants in this study produced a high effect size, the low return rate is of some concern. With the current return rate being relatively low, it lends itself to not fully representing the whole of White mental health practitioners and harmful to the results of the study.

Future research in this area would be helpful in examining the leveled nature of a group of practicing mental health practitioners. It would be of great addition to the field to know the significance that being in a training program as well as introduction into the field and practice has both one's racial identity development and multicultural counseling competency. This research did not involve any interventions or observe any lapses in time; the snapshot nature of this research allows for some understanding of the relationship between racial identity development and multicultural counseling competency, however it does not provide any answers as to the plasticity of these assessments or the concepts.

A limitation and future area for growth in this line of research exists in its lack of a control sample due to the data set having already been determined before the conceptualization of the current study. It would be more prudent to have a sample of practitioners who identify as people of color and a sample of practitioners who identify as White. With these two groups both having a identity development model more widely accepted by the field, it would be more telling to understand the difference that the domains and statuses display themselves. For instance, with the current study it is unknown why relationship does not play as big of a role for the practitioner as it does in studies reporting that it plays a huge role for clients of color. It would be interesting to explore the difference in the utilization of the relationship domain for practitioners (Ponterotto & Park-Taylor, 2007). This could be done by having a sample of White practitioners and practitioners of color to take both the MCI and the appropriate identity measure and then

determine if the relationship domain is less important to practitioners or seemingly less important due to a cultural factor.

The author also proposes another method of research in this area. Currently the research is relying upon self report from mental health practitioners to attest to their multicultural counseling competency. It might prove fruitful and more informative to receive the self report measures from practitioners whose clients of diverse backgrounds were also available to fill out the same assessment identifying their perception and own assessment of the practitioner's skills, knowledge and awareness (Hanson, Creswell, Plano Clark & Creswell, 2005). Currently it is unknown if the results received are true representations of competencies or the belief of competence. In other words, the current methods may only be indicative of the practitioner's belief of the services they deliver rather than a representation of the services that diverse clients perceive themselves to receive in therapy. If the purpose of the employment of multicultural counseling competency is to better serve the needs of clients representing diverse backgrounds then it stands to reason the clients provide an assessment of how helpful they believe the services are.

Similarly, employing such methods may begin to highlight the importance of relationship with diverse clients and further investigate if diverse clients agree or disagree with the current trend produced by the responses of White practitioners supporting that relationship is not an important aspect of multicultural counseling competency. Currently it appears and is supported by the national organization and accrediting bodies of both the American Psychological Association and the American Counseling Association that relationship is not an element of a multiculturally competent counselor (Constantine & Wilton, 2005). However the history of the research supporting the currently endorsed competencies have not included reports from clients

of diverse backgrounds; the overwhelming majority of the research is self report measures from practitioners rating their own skills, awareness and knowledge (D'Andrea & Heckman, 2008). Inherent in the theoretical explanation of White privilege are obliviousness to indicators of power and sometimes the defense mechanism of dissonance (Festinger, 1957), such as noting persons of color to be "overly sensitive" or conceptualizing oppressive actions of other Whites as mere coincidences (Constantine, Juby & Liang, 2001; Copeland, 1983; Darcy, Lee & Tracey, 2004; Dennis, 1981). It is likely that if clients of diverse backgrounds were asked to rate their therapist that a discrepancy would exist and therefore a change in the way the profession perceives competency would change (Constantine, 2002a). Whether requesting responses from clients of diverse backgrounds brings to light new evidence or not it certainly is owed to them to be represented in the way in which services are delivered to them.

Lastly, another area for addition to the research would result in supplying clarification about the relationship between informal experiences and formal training on multicultural counseling competency and White racial identity development. The discovery of the difference in having these separate experiences may be helpful in developing courses and training that really address the creation of more awareness and cultivating higher level of multicultural counseling competency and racial identity development. Another area of research would help to accompany any or all of these studies with interview or qualitative means that would help to explain some of the relationships either do or do not exist among these two concepts. The core of multicultural work is delineate individual and group experience and the utilization of an open-ended formatted research study may insert a lot into these findings.

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Appendices

Appendix A - G

Appendix A

WRIAS Social Attitudes Scale

WRIAS Social Attitudes Scale

Instruction: This questionnaire is designed to measure people's attitudes about social and political issues. There are no right or wrong answers. Different people have different viewpoints. So try to be as honest as you can. Beside each statement, circle the number that best describes how you feel. Use the scale below to respond to each statement.

1 2 3 4 5
Strongly Disagree Uncertain Agree Strongly Disagree Agree

- 1 2 3 4 5 1. I hardly ever think about what race I am.
- 1 2 3 4 5 2. There is nothing I can do by myself.
- 1 2 3 4 5 3. I get angry when I think about how Whites have been treated by Blacks.
- 1 2 3 4 5 4. I feel as comfortable around Blacks as I do around Whites.
- 1 2 3 4 5 5. I am making a special effort to understand the significance of being
White.
- 1 2 3 4 5 6. I involve myself in causes regardless of the race of the people involved in
them.
- 1 2 3 4 5 7. I find myself watching Black people to see what they are like.
- 1 2 3 4 5 8. I feel depressed after I have been around Black people.
- 1 2 3 4 5 9. There is nothing that I want to learn about Blacks.
- 1 2 3 4 5 10. I enjoy watching the different ways that Blacks and Whites approach
life.
- 1 2 3 4 5 11. I am taking definite steps to define an identity for myself that includes
working against racism.
- 1 2 3 4 5 12. I seek out new experiences even if I know that no other Whites will be
involved in them.
- 1 2 3 4 5 13. I wish I had more Black friends.

- 1 2 3 4 5 14. I do not believe that I have the social skills to interact with Black people effectively.
- 1 2 3 4 5 15. A Black person who tries to get close to you is usually after something.
- 1 2 3 4 5 16. Blacks and Whites have much to learn from each other.
- 1 2 3 4 5 17. Rather than focusing on other races, I am searching for information to help me understand White people.
- 1 2 3 4 5 18. Black people and I share jokes with each other about our racial experiences.
- 1 2 3 4 5 19. I think Black people and White people do not differ from each other in any important ways.
- 1 2 3 4 5 20. I just refuse to participate in discussions about race.
- 1 2 3 4 5 21. I would rather socialize with Whites only.
- 1 2 3 4 5 22. I believe that Blacks would not be different from Whites if they had been given the same opportunities.
- 1 2 3 4 5 23. I believe that I receive special privileges because I am White.
- 1 2 3 4 5 24. When a Black person holds an opinion with which I disagree, I am not afraid to express my opinion.
- 1 2 3 4 5 25. I do not notice a person's race.
- 1 2 3 4 5 26. I have come to believe that Black and White people are very different.
- 1 2 3 4 5 27. White people have tried extremely hard to make up for their ancestors' mistreatment of Blacks. Now it is time to stop!
- 1 2 3 4 5 28. It is possible for Blacks and Whites to have meaningful social relationships with each other.

- 1 2 3 4 5 29. I am making an effort to decide what type of White person I want to be.
- 1 2 3 4 5 30. I feel comfortable in social settings in which there are no Black people.
- 1 2 3 4 5 31. I am curious to learn in what ways Black people and White people differ from each other.
- 1 2 3 4 5 32. I do not express some of my beliefs about race because I do not want to make White people mad at me.
- 1 2 3 4 5 33. Society may have been unfair to Blacks, but it has been just as unfair to Whites.
- 1 2 3 4 5 34. I am knowledgeable about which values Blacks and Whites share.
- 1 2 3 4 5 35. I am examining how racism relates to who I am.
- 1 2 3 4 5 36. I am comfortable being myself in situations in which there are no other White people.
- 1 2 3 4 5 37. In my family, we never talk about race.
- 1 2 3 4 5 38. When I interact with Black people, I usually let them make the first move because I do not want to offend them.
- 1 2 3 4 5 39. I feel hostile when I am around Blacks.
- 1 2 3 4 5 40. I believe that Black people know more about racism than I do.
- 1 2 3 4 5 41. I am involved in discovering how other White people have positively defined themselves as White people.
- 1 2 3 4 5 42. I have refused to accept privileges that were given to me because I am White.
- 1 2 3 4 5 43. A person's race is not important to me.
- 1 2 3 4 5 44. Sometimes I am not sure what to think or feel about White people.

- 1 2 3 4 5 45. I believe that Blacks are inferior to Whites.
- 1 2 3 4 5 46. I believe that a White person cannot be a racist if he or she has a Black friend(s).
- 1 2 3 4 5 47. I am becoming aware of the strengths and limitations of my White culture.
- 1 2 3 4 5 48. I think that White people must end racism in this country because they created it.
- 1 2 3 4 5 49. I think that dating Black people is a good way for White people to learn about Black culture.
- 1 2 3 4 5 50. Sometimes I am not sure what I think or feel about Black people.

Appendix B
Multicultural Counseling Inventory

Multicultural Counseling Inventory (MCI)

The following statements cover counselor practices in multicultural counseling. Indicate how accurately each statement describes you as a counselor, psychologist, or student in a mental health training program when working in a multicultural counseling situation. Give ratings that you actually believe to be true rather than those that you wish were true.

The scale ranges from 1 (very inaccurate) to 4 (very accurate). The scale indicates the following:

1 – very inaccurate

2 – somewhat inaccurate

3 – somewhat accurate

4 – very accurate

When working with minority clients....

- | | | | | |
|--|---|---|---|---|
| 1. I perceive that my race causes the clients to mistrust me. | 1 | 2 | 3 | 4 |
| 2. I have feelings of overcompensation, oversolicitation, and guilt that I do not have when working with majority clients. | 1 | 2 | 3 | 4 |
| 3. I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases. | 1 | 2 | 3 | 4 |
| 4. I find that differences between my worldviews and those of the clients impede the counseling process. | 1 | 2 | 3 | 4 |
| 5. I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine. | 1 | 2 | 3 | 4 |
| 6. I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures. | 1 | 2 | 3 | 4 |
| 7. I use innovative concepts and treatment methods. | 1 | 2 | 3 | 4 |
| 8. I manifest an outlook on life that is best described as “world-minded” or pluralistic. | 1 | 2 | 3 | 4 |

1 – very inaccurate

2 – somewhat inaccurate

3 – somewhat accurate

4 – very accurate

- | | | | | |
|---|---|---|---|---|
| 9. I examine my own cultural biases. | 1 | 2 | 3 | 4 |
| 10. I tend to compare client behaviors with those of majority group members. | 1 | 2 | 3 | 4 |
| 11. I keep in mind research findings about multicultural clients' preferences in counseling. | 1 | 2 | 3 | 4 |
| 12. I know what are the changing practices, views, and interests of people at the present time. | 1 | 2 | 3 | 4 |
| 13. I consider the range of behaviors, values, and individual differences within a minority group. | 1 | 2 | 3 | 4 |
| 14. I make referrals or seek consultations based on the clients' minority identity development. | 1 | 2 | 3 | 4 |
| 15. I feel my confidence is shaken by the self-examination of my personal limitations. | 1 | 2 | 3 | 4 |
| 16. I monitor and correct my defensiveness (e.g., anxiety, denial, fear, minimizing or overconfidence). | 1 | 2 | 3 | 4 |
| 17. I apply the sociopolitical history of the clients' respective minority groups to understand them better. | 1 | 2 | 3 | 4 |
| 18. I am successful at seeing 50% of the clients more than once, not including intake. | 1 | 2 | 3 | 4 |
| 19. I experience discomfort because of the clients' different physical appearance, color, dress, or socioeconomic status. | 1 | 2 | 3 | 4 |
| 20. I am able to quickly recognize and recover from cultural mistakes or misunderstandings. | 1 | 2 | 3 | 4 |
| 21. I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests). | 1 | 2 | 3 | 4 |

1 – very inaccurate

2 – somewhat inaccurate

3 – somewhat accurate

4 – very accurate

- | | | | | |
|---|---|---|---|---|
| 22. I have experience at solving problems in unfamiliar settings. | 1 | 2 | 3 | 4 |
| 23. I learn about clients' different ways of acculturation to the dominant society to understand the clients better. | 1 | 2 | 3 | 4 |
| 24. I understand my own philosophical preferences. | 1 | 2 | 3 | 4 |
| 25. I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students). | 1 | 2 | 3 | 4 |
| 26. I am able to distinguish between those who need brief, problem-solving, structured therapy and those who need long-term, process-oriented, unstructured therapy. | 1 | 2 | 3 | 4 |
| 27. When working with international students or immigrants, I understand the importance of the legalities of visa, passport, green card, and naturalization. | 1 | 2 | 3 | 4 |

Evaluate the degree to which the following multicultural statements can be applied to you.

- | | | | | |
|---|---|---|---|---|
| 28. My professional or collegial interactions with minority individuals are extensive. | 1 | 2 | 3 | 4 |
| 29. In the past year, I have had a 50% increase in my multicultural case load. | 1 | 2 | 3 | 4 |
| 30. I enjoy multicultural interactions as much as interactions with people of my own culture. | 1 | 2 | 3 | 4 |
| 31. I am involved in advocacy efforts against institutional barriers in mental health services for minority clients (e.g., lack of bilingual staff, multiculturally skilled counselors, racial and ethnic minority counselors, minority professional leadership, and outpatient counseling facilities). | 1 | 2 | 3 | 4 |

1 – very inaccurate

2 – somewhat inaccurate

3 – somewhat accurate

4 – very accurate

32. I am familiar with nonstandard English. 1 2 3 4
33. My life experiences with minority individuals are extensive (e.g., via ethnically neighborhoods, marriage, and friendship). 1 2 3 4
34. In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions. 1 2 3 4

When working with all clients:

35. I am effective at crisis interventions (e.g. suicide attempt, tragedy, broken relationship). 1 2 3 4
36. I use varied counseling techniques and skills. 1 2 3 4
37. I am able to be concise and to the point when reflecting, clarifying, and probing. 1 2 3 4
38. I am comfortable with exploring sexual issues. 1 2 3 4
39. I am skilled at getting a client to be specific in defining and clarifying problems. 1 2 3 4
40. I make my nonverbal and verbal responses congruent. 1 2 3 4

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Appendix C
Demographic Questionnaire

***SURVEY OF DEMOGRAPHIC/TRAINING DATA AND
OPERATIONALIZATION OF MULTICULTURAL COMPETENCIES
(DTD – OMC)***

PART I: DEMOGRAPHIC INFORMATION

1. AGE: _____ 2. GENDER: MALE FEMALE
3. HIGHEST DEGREE EARNED: PH.D. (DOCTORATE) M.A./M.S. (MASTERS)
 B.A./B.S. (BACHELORS) OTHER (SPECIFY) _____
4. YEAR OF HIGHEST DEGREE EARNED: _____
5. WHAT IS YOUR HISTORIC/GEOGRAPHIC ORIGIN:
 AFRICAN AMERICAN OR AFRICAN ASIAN AMERICAN OR ASIAN
 EUROPEAN AMERICAN OR EUROPEAN HISPANIC AMERICAN OR HISPANIC CULTURES
 NATIVE AMERICAN MULTIPLE AREAS IN ORIGIN (CHECK SPACES)
 OTHER (PLEASE SPECIFY): _____
6. FAMILY INCOME LEVEL:
 \$ 12,000 OR LESS \$ 38,001 - \$ 50,000
 \$ 12,000 - \$ 24,000 \$ 50,001 - \$ 60,000
 \$ 24,001 - \$ 36,000 \$ 60,001 - \$ 70,000
 \$ 36,001 - \$ 38,000 \$ 70,001 OR MORE

**PART II: PROFESSIONAL BACKGROUND AND SELF EXAMINATION
OF TRAINING EXPERIENCES**

1. PROFESSIONAL IDENTITY:
 CLINICAL PSYCHOLOGIST
 COUNSELING PSYCHOLOGIST
 PROFESSIONAL COUNSELOR
 TRAINED CRISIS VOLUNTEER (PLEASE SPECIFY): _____
 OTHER (PLEASE SPECIFY): _____
2. WHAT CLINICAL CREDENTIALS DO YOU HOLD?
LICENSE(S) _____ CERTIFICATE(S) _____ OTHER _____
3. HOW MANY YEARS OF CLINICAL OR CRISIS INTERVENTION EXPERIENCE HAVE YOU HAD?

4. HOW MANY ACADEMIC COURSES HAVE YOU HAD IN MULTICULTURAL/CROSS-CULTURAL ISSUES?
 0 1 2 3 4 OR MORE
5. HOW MANY WORKSHOPS HAVE YOU ATTENDED IN MULTICULTURAL/CROSS-CULTURAL ISSUES?
 0 1 2 3 4 OR MORE

6. WHICH OF THE FOLLOWING MOST CLOSELY IDENTIFIES YOUR PHILOSOPHY OF MULTICULTURAL HELPING AS A COUNSELOR, PSYCHOLOGIST OR TRAINED VOLUNTEERS?

Universal: based on the belief that all people are basically the same, intragroup differences are greater than intergroup differences; approach is to focus on shared human experience, affirm human similarities through universal constructs

Ubiquitous: based on the belief that people can belong to multiple cultures, which are simultaneously determined; the approach is to foster comfort with difference and enhance cultural sensitivity

Traditional (Anthropological): belief that culture equals country, it is determined by birth, upbringing, and environment and is defined by common experience of socialization and environment. An individual's circumstances are superseded by the general culture.

Race-Based: belief that experiences of belonging to a racial group transcends all other experiences; approach is based on racial awareness and the recognition of the effect of racism and oppression; fostering racial identity development for all racial groups.

Pan-National: belief that racial group membership determines one's place in the distribution of power; culture is viewed globally. The history of racial-cultural groups, imperialism and colonialism together with the psychology of oppression informs this approach.

Other: _____

None

PART III: EVALUATION OF PERSONAL LIFE EXPERIENCES

Indicate the accuracy of the following statements with regard to your personal life experiences.

KEY: 1 = Inaccurate, 2 = Somewhat Inaccurate, 3 = Somewhat Accurate, 4 = Accurate

- | | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I enjoy multicultural interactions as much as interactions with people of my own culture. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am involved in advocacy efforts against institutional barriers in mental health services for minority clients (e.g., lack of bilingual staff, multiculturally skilled counselors, minority professional leadership and outpatient counseling facilities). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My life experiences with minority individuals are extensive, (e.g., via ethnically integrated neighborhoods, marriage and friendships). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When I travel, I make it a practice to interact in meaningful ways with members of the local community whose culture or background is different than my own. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My life experiences with people from different cultural backgrounds have been positive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Appendix D

Numbers, Means and Standard Deviation of Personal Variables

Variables	N	Means	Std. Deviation
Age	398	47.75	10.54
Gender*	400	1.66	.48
Degree**	401	1.44	.63
Year Graduated	379	1985.67	9.91
Income***	398	6.95	1.59
Philosophy****	401	2.42	1.60
Years in Profession	396	15.79	9.70
License*****	402	7.26	23.16
Professional Identity*****	402	1.97	.92
Travel*****	400	3.12	.90

Note. The * items are numerically assigned. The explanations below provide clarity of the numbers' meanings.

*1 = Male; 2 = Female

**1 = Ph.D.; 2 = M.A./M.S./M.Ed.; 3 = B.A./B.S.; 4 = Other

***1 = below \$12000; 2 = \$12000 – 24000; 3 = \$24001 – 36000; 4 = \$36001 – 38000;
5 = \$38001 – 50000; 6 = \$50001 – 60000; 7 = \$60001 – 70000; 8 = \$70000+

****1 = Universal; 2 = Ubiquitous; 3 = Traditional; 4 = Race-based; 5 = Pan-National;
6 = Other; 7 = None

*****1 = No License/Certification; 2 = Counselor; 3 = Psychologist; 4 = Other Licenses;
5 = Not Specified

*****1 = Clinical Psychologist; 2 = Counseling Psychologist; 3 = Counselor

*****1 = Inaccurate; 2 = Somewhat Inaccurate; 3 = Somewhat Accurate; 4 = Accurate

Appendix E
Characteristics of the Sample

Table 2. Characteristics of the Sample

	N	Percent
Gender		
Male	138	34.3
Female	262	65.2
Total	402	100.0
Age		
20 – 39	86	21.4
40 – 59	271	67.4
60 – 80	41	10.2
Total	401	99.1
Years in the Profession		
0 – 7	87	24.7
8 – 15	112	28.3
16 – 30	171	43.2
Above 30	15	2.3
Total	396	98.5
Professional Identity		
Counseling Psychologist	66	16.4
Counselor	162	40.3
Clinical Psychologist	174	43.4
Total	402	100.0
Highest Degree Obtained		
B. S. / B. A.	1	.2
M. S. / M. A. / M. Ed.	144	35.8
Ph.D.	246	61.2
Other	10	2.5
Total	401	99.8

Note. Age was asked in an open-ended format and then broken down into these categories.

Appendix F

Immersion-Emersion Loadings of a Factor Analysis of the WRIAS

Item	<i>R</i>	Item	<i>R</i>
5	-.41	24	.39
6	.36	25*	.64
7*	.54	26	.33
8	.43	27	.36
9*	.52	28*	.52
1*	.50	29	.41
12*	.55	30*	.50
13	.48	31*	.50
14	.42	32*	.52
17	.48	33*	.51
20	.43	34*	.55
21	.44	36	.47
22*	.56	38	.43
23*	.63		

*Denoting items with a relationship accounting for more than 50% of variance

Appendix G

Disintegration Loadings of a Factor Analysis of the WRIAS

Item	r	Item	R
3	.38	31	.34
5	-.45	32	.31
7	.44	33	.45
8	.42	35*	-.50
9	-.49	37*	.65
12	.48	38*	.55
13*	.51	41	.36
14	-.39	42	.48
17*	.50	43	.42
18*	.57	44	-.49
20	-.41	46	-.41
22	.47	47	.36
23	.48	48*	.56
24	-.38	49	-.46
27*	.61	50*	-.55

*Denoting items with a relationship accounting for more than 50% of variance