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The Meaning of Whiteness: Enhancing the Therapeutic Alliance through White Racial Identity Development

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The Meaning of Whiteness:

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Dedication

This work is dedicated to the following people, without whom this project would not have been possible:

To John Smith, Pam Foley, Lewis Schlosser and Bruce Hartman, my committee members, who have stuck by me all these years, providing guidance and encouragement.

To Laura Palmer, who, as my dissertation mentor, helped me succeed through the entire process, even when it seemed like I would never reach the end.

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Chapter I

Introduction

As the population becomes more and more diverse, it is important for White mental health professionals to be able to work effectively with culturally and racially diverse clients. To do this, White counselors need to become aware of and comfortable with their own racial identities. This study applies behavior change strategies to White racial identity development in an attempt to increase cultural competency and therapeutic efficacy among White counselors.

Significance of the Study

Due to the rapidly increasing diversification in the composition of the U.S. population, cultural competency has become an important focus in counseling psychology. At the beginning of the 20th century, 87% of the population was White (non-Hispanic), at the end of the century, less than 75% was White, by the middle of the 21st century, less than 50% of the population will be White, and at that time, no single racial or ethnic group will account for a majority of Americans. (Pollard & O'Hare, 1999) By 2050, Hispanics/Latinos will comprise approximately 25% of the population, and Blacks, Asian/Pacific Islanders, and American Indians/Alaskan Natives together will account for approximately 25% of the population. (Pollard & O'Hare, 1999). Minorities [referring here to African Americans, Asian/Pacific Islanders, American Indians/Alaskan Natives and/or Hispanics/Latino(a)]will be the majority in California, Hawaii, New Mexico, and

Texas within 25 years (Pollard & O'Hare, 1999). This changing diversity has an impact on all levels of American economic and social life, including social services and mental health care.

As American society becomes more racially, ethnically, and culturally diverse, counselors are faced with the challenges of meeting client needs in this climate of increasing diversity. Bias and discrimination continue to create disparities, especially impacting racial and ethnic minority populations (Bingham, Porche-Burke, James, Sue, & Vasquez, 2002). While there is increasing recognition of the need for a multicultural framework in psychology (Bingham et al., 2002), there has been much concern over the mental health needs of minority communities and the ability of counselors to meet these needs. Implicit attitudes, unconscious bias, prejudice and racism can adversely affect the therapeutic alliance (Dovidio, Gaertner, Kawakami, & Hodson, 2002; Dovidio, Kawakami, & Gaertner, 2002). Although the overall prevalence of mental disorders is similar for Whites and for racial and ethnic minorities, (U.S. Department of Health and Human Services [DHHS], 1999; 2001) utilization studies have shown that minority clients access mental health facilities less, terminate treatment more quickly than White clients, and are more likely to be diagnosed with a more severe form of pathology (Constantine, 2002; June, Curry & Gear, 1990; Dana, 2002; Leong, Wagner, & Tata, 1995; Sue & Sue, 1990). The Surgeon General's Report (DHHS, 1999) found that "even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender" (p. vi).

The Surgeon General's Report (U.S. Department of Human Services, 2001) documented the existence of several racial and ethnic disparities in mental health care including the following:

1. Minorities have less access to, and availability of, mental health services.
2. Minorities are less likely to receive needed mental health services.
3. Minorities in treatment often receive a poorer quality of mental health care.
4. Minorities are underrepresented in mental health research.
5. Barriers that deter racial and ethnic minorities from accessing mental health services include: mistrust, fear of treatment, racism and discrimination, and differences in language and communication.
6. Mental health care disparities may also stem from minorities' historical and present day struggles with racism and discrimination, which affect their mental health and contribute to their lower economic, social, and political status. (DHHS, 2001, p. 13)

Cultural mistrust in racially diverse therapeutic relationships may have an impact on the views and utilization of mental health services by racial and ethnic minority clients (Dovidio, Gaertner et al., 2002; Nickerson, Helms, & Terrell, 1994; Thompson, Worthington, & Atkinson, 1994; Whaley, 2001). In a recent study, Constantine (2002) reported that ethnic and racial minority clients' perceptions of their counselors' cultural competence was a significant factor in their satisfaction with the counseling experience. In order to assure equal access and appropriate treatment, counselors must be aware of the impact of race, ethnicity, culture, and gender on both their clients and on themselves, must be aware of their own racial biases and stereotypes, and must use this awareness to

inform their therapeutic relationships and interventions. In particular, since White counselors outnumber counselors of other racial and ethnic groups, there has been a focus on the need for White counselors to increase their cultural competence with ethnic and racial minority clients in order to improve the therapeutic alliance. For the purpose of this document, ethnic and racial minority clients will be defined as: Black/African American, Asian, Hispanic, Native American/Pacific Islander, and any other clients not of White, European heritage.

The need for effective training to promote multicultural competency among counselors has been addressed in numerous forums (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Bernal & Castro, 1994; Constantine, 2002; Sue, Bingham, Porche-Burke, & Vasquez, 1999). The American Psychological Association (APA, 1993) developed guidelines for enhancing the preparation of counselors to meet the needs of minority clients; Division 17 of the APA developed 11 areas of cultural competencies for counselors; and in 1995, the APA created Domain D: Cultural and Individual Differences and Diversity as a component for APA accreditation of graduate psychology training programs. More recently, the APA endorsed the "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" (APA, 2003).

Ponterotto, Alexander, and Grieger (1995) have developed the Multicultural Competency Checklist, to further multicultural development of training programs. Clearly the need has been established for culturally competent counselors, although the method to achieve this is not as clearly established. A joint task force of Divisions 17 and 45 of the American Psychological Association has developed guidelines on cultural

education and training, research, organization change, and practice for psychologists. These guidelines recognize the need for awareness, knowledge, and skills in order for psychologists to be both effective and ethical in their work with clients (APA, 2003). While multicultural education courses may increase cultural sensitivity, they may not impact on the behaviors that lead to cultural competency (Allison et al., 1994; Hansen, Peptione-Arreola-Rockwell & Greene, 2000; Quintana & Bernal, 1995). Counselors need to develop multicultural counseling skills in order to increase their overall therapeutic efficacy (Constantine, 2002).

To be effective in decreasing racial and ethnic disparities, a training program must lead to positive behavioral changes. In addition to cultural issues, racial issues must be explored when attempting to increase cultural competency. Although race, racial identity, and culture are each unique concepts, these concepts are also interrelated. Race does not determine culture, but people are often assumed to have certain cultural characteristics based on the racial group they are perceived as belonging to (Carter, 1995). In the U.S., racial issues cannot be isolated as biologically determined categories, but should be understood as an interaction between societal categorization and personal identity (Hill, 2000). Racial and cultural identity influence how one sees and interprets the world and everyone in it (Carter, 1995; Stewart & Bennet, 1991).

Racial identity is a complex process and individuals manifest their racial identities in many different ways (Helms, 1990; Helms & Cook, 1999; Howard, 2000). According to racial identity theory, levels of racial identity development that impact on personality, attitudes and behavior directly affect the psychotherapeutic relationship, and cognitive and verbal behavior can be reflective of racial attitudes (Carter, 1995). Racial attitudes,

of which the counselor may be unaware, can impact on the counselor's perception of the client's problems, strengths, and prognosis; may affect the counselor's interventions with that client; can lead to misinterpretation of transference and countertransference issues; and ultimately may impact on the effectiveness of the counseling relationship. Racial attitudes unwittingly expressed by the counselor can influence the way a client behaves in therapy and pose barriers to the therapeutic process (Carter, 1995; Dovidio, Gaertner, et al., 2002; Dovidio, Kawakami, et al., 2002; Pinderhughes, 1989). White counselors must be able to explore their racial attitudes and cultural traditions in order to understand the impact of race on themselves and their clients. Without this understanding, White counselors will have difficulty meeting the needs of their clients of different racial and cultural backgrounds.

White counselors need an opportunity to develop their White racial identities in order to understand themselves better and to lessen the impact of racial and cultural bias in professional relationships. Unfortunately, Whites are rarely offered the opportunity to explore themselves as racial beings in a safe environment. Overwhelmingly, Whites who profess to be proud of their racial heritage are viewed as racist and may identify with "hate groups," making it even more difficult for Whites who would not defend racism to explore their racial heritage and the impact of that heritage. In the United States, race and culture are intertwined, with cultural patterns and institutions strongly supporting and maintaining racism (Carter, 1995; Helms, 1990). Thus, racial identity development must be an integral aspect of cultural competency development.

To decrease racial disparities in mental health services, both the services and the people providing them must be culturally competent. Increasing cultural sensitivity or

cultural knowledge, while important, is not sufficient in and of itself to assure cultural competency (Quintana & Bernal, 1995). In order to work effectively in mental health settings, and to understand the impact of race on psychotherapy, White counselors need an opportunity to explore their racial identity.

The development of White racial identity is a behavior change process (Helms & Cook, 1999). Behavior change is not limited to outwardly observed actions; rather, the outwardly observed action is the final phase of the behavior change process. Thoughts and feelings may be characterized as private (i.e., unobservable) behaviors (Martin & Pear, 1996). Thus, the principles of behavior change should apply to White racial identity development, as they do to any behavior change process. A training program to develop White racial identity, and ultimately increase cultural competency, should be based on well-researched models and principles of behavior change. Given the diversity of White counselors, it is illogical to assume that a single strategy will work for everyone. A comprehensive approach that can readily adapt to changing needs and circumstances of the counselor would be more efficient approach for effecting change. The transtheoretical model of behavior change (Prochaska, DiClemente, & Norcross, 1992) is a well-researched client-centered model of change that focuses on implementing change strategies specific to the changer's needs.

The method for advancing the White racial identity development in the present study is a psycho-educational group based on the transtheoretical model of behavior change (TTM). Given the need for culturally competent counselors, the training program should be able to reach more than one counselor at a time (i.e., a group intervention rather than an individual intervention), should be completed within a realistic period of

time, and should lead to an enhanced client-counselor relationship. Using the principles of the TTM, a small group, brief intervention (eight sessions) will be developed focusing on the behavior change of White racial identity development. Effective behavior change involves doing the right things (processes of change) at the right times (stages of change). The TTM will provide a simple and effective way to help White counselors explore and develop their racial identity. By using a group approach, multiple counselors will be able to work towards developing their racial identity simultaneously in a supportive environment.

Hypotheses

The overall goal of this study is to help White counselors be more effective working with culturally and racially diverse clients. This project will attempt to increase cultural competency among White counselors by developing their White racial identities through a psycho-educational learning group based on the transtheoretical model of behavior change. The main hypotheses are as follows: (1) Participants in the intervention condition will have a greater increase in their White racial identity scale score than participants in the comparison condition; (2) Participants in the White racial identity development intervention condition will significantly exceed the comparison condition in increasing working alliance inventory scale scores, as respectively experienced by (a) therapists and (b) clients.

Limitations

This project will attempt to increase cultural competency among White counselors by developing their White racial identities through a psycho-educational learning group based on the transtheoretical model of behavior change. Since participants will be asked to volunteer for this project, there will be potential for self-selection bias. This can mean that the experimental and comparison groups may in some way differ from counselors in general, and that difference can impact on their response to the intervention. Only one facilitator will lead all the intervention groups. This can be a strength, because the individual differences of different facilitators will not influence the results, and because there will be some assurance that what happens in each of the groups is consistent. However, because only one facilitator will be used, there could be some personal characteristic(s) of that facilitator that impacts on the results. Also, while there is a wealth of information on using the TTM as a one-on-one intervention, there is limited research on using it in groups. However, through my experience in working with substance abuse treatment centers, health departments, and other health care settings, I have worked with health educators and other staff who report that they have used the TTM in groups as a behavior change intervention and found it to be effective. Since a group itself can have a therapeutic impact, it may be difficult to say if any effect was due to using the TTM, or to having people meet in a group. Also, because movement through the statuses of White racial identity development can result in someone appearing more overtly racist before they become less racist, it is possible that someone could advance their level of development, and as a direct result of that, they could decrease their level of cross-racial therapeutic effectiveness. This study, however, hypothesizes that any

increase in White racial identity development will correspond to a more positive working alliance between counselor and client.

CHAPTER II

Review of the Literature

Cultural Competency

Many authors have discussed the importance of including training in cultural competence for psychologists (McGoldrick, Giordano, & Pearce, 1996; Mintz, Bartels, & Rideout, 1995; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Rogers, Hoffman, & Wade, 1998). While the need for cultural competency is clear, the method to nurture cultural competency is not as clear. Many training programs focus on providing specific information about specific groups of people. Universities and colleges often offer or require courses in multicultural education. A survey conducted in 1995 found that 73% of APA accredited counseling psychology programs offered courses in multicultural education, and 42% required them (Quintana & Bernal, 1995). Studies have indicated wide variety in how multicultural issues are integrated into training programs (Hills & Strozier, 1992; Mintz et al., 1995; Quintana & Bernal, 1995). Most training programs in cultural competency focus on increasing cultural knowledge and awareness of various racial/ethnic minority groups. These courses may couple educational and experiential components focusing on learning about racial/ethnic minorities, and one's impact on these populations. Counselors already working in the field may or may not have attended multicultural education as part of their original training programs, but may attend courses in cultural competency as part of their professional development. However, Quintana and Bernal (1995) found that while these courses increase cultural sensitivity, they do not necessarily increase cultural competency.

Cultural competency is a collection of behaviors supported by certain values and attitudes. According to Ponterrotto and Casas (1991):

> Most counseling experts agree that to counsel effectively with any client the counselor must first be very aware of his or her own value biases, second, must be knowledgeable, sensitive, and appreciative of the client's value system, and third, must be careful not to impose his or her value system onto the client. (p. 49)

Applied to cultural competency, this means that counselors must first know themselves, their values, and their biases in the context of their culture, so they can be open to the differing values and biases of their clients, and not impose their culturally-based belief system on their clients.

Although value bias is an issue for any counselor, this "cultural encapsulation," that is, seeing the world through one's own racial and cultural biases without being aware of it (Sue, 2004; Wrenn, 1985), may be more of an issue for White counselors, because the dominant White culture, which is based on a White racial identity, becomes so pervasive as to be invisible (Carter, 1995; Helms, 1990; Ponterotto & Casas, 1991; Sue, 2004).

Although both clients and counselors have cultural and racial values and biases of which they may not be aware, in the counselor-client relationship, the onus is on the counselor to be open, non-judgmental, and accepting of the client, and to try to accept and understand the client from his or her perspective. Racial and cultural identity intertwine and shape how one sees oneself and others (Carter, 1995; Dana, 2002; Hill, 2000; Kohatsu & Richardson, 1996). Racial identity affects how one views mental illness and what are considered adaptive behaviors, and influences the behaviors of both the client and the therapist. This makes the need for White counselors to explore their

racial identity and cultural values and assumptions even more imperative, so that they will not inadvertently impose these values on clients, while simultaneously being blinded to the client's world view.

Race is only one factor influencing cross-cultural therapeutic relationships. There is no such thing as a homogenous racial or ethnic group, as all racial groups include many cultural, ethnic, and social subgroups, each of which has a common heritage, values, rituals, and traditions. (U.S. DHHS, 2001). Carter (1995) stated that "race organizes culture" (Carter, p. 44), while social constructionist theories acknowledge the influence of external forces on individual realities, making each person's identity an amalgam of diverse biological, cultural and social factors including their family heritage and their individual experiences (Hill, 2000). Differences in race, class and language impact greatly on cross-racial interactions between counselors and clients (Sue & Sue, 1990). White therapists racial attitudes and cultural backgrounds influence their therapeutic relationships and interventions with clients (Carter, 1995). Although race is only one factor influencing therapeutic relationships, it takes on an added importance because in many cases it is a visible characteristic, and becomes a social category. Based on this visible characteristic, observers perceive people as belonging to a certain group, and collectively assign characteristics (i.e., stereotypes) to that group (Taylor, & Moghaddam, 1994). People are treated in a manner based on how they appear to others. White Americans, for example, are treated in certain ways because they appear White, regardless of their cultural or ethnic heritage. Black Americans are treated in a certain manner because they appear Black. Oftentimes cultural characteristics are assumed based on appearance of one's race. Race, then, becomes a social unifying or organizing

factor based on skin color or other physical characteristics, even though within racial groups there is much diversity.

White Racial Identity

Given the impact of race on culture, a White counselor's level of White racial identity impacts on the cross-racial therapeutic relationship (Carter, 1995; Helms, 1986; Pope-Davis & Ottavi, 1994), and developing White racial identity therefore becomes central to developing cultural competency and ultimately enhancing the effectiveness of the therapeutic relationship. Cultural competency cannot be separated from racial identity. Unfortunately, training programs for students or professionals rarely allow White counselors an opportunity to safely explore their racial identities, although research on White racial identity has suggested that attitudes associated with various stages of White racial identity development are predictive of racism and impact on the working alliance between White counselors and their clients (Block, Roberson, & Neuger, 1995; Carter, 1990; Pope-Davis, & Ottavi, 1994). Courses and training programs that focus on increasing cultural knowledge and awareness of others are incomplete, because the focus becomes external, rather than internal; racial and multicultural knowledge does not necessarily translate into culturally competent behaviors (Constantine, Juby & Liang, 2001; Sodowsky, Kuo-Jackson, & Loya, 1997).

Improving the therapeutic alliance in a cross-cultural relationship is an ongoing process that actively involves the counselor and the counselor's values and life experience. It is not a passive task of memorizing principles and guidelines (Coleman, 1994; Helms, & Richardson, 1997; Ponterotto et al., 1995). In order to develop cultural

competence, counselors must first explore and attempt to understand their own racial identity (Ottavi, Pope-Davis, & Dings, 1994; Pinderhughes, 1989; Sodowsky et al., 1997; Sue & Sue, 1990). As in other aspects of counseling, an increased self-awareness enhances the counselor's ability to work effectively with the client. For instance, through consciously unrecognized projective identification, counselors may ascribe certain attributes to clients, and relate to them in ways determined by these attributions (Wells, 1990). To increase cultural competency among White counselors, it is important to help those counselors develop their White racial identities so that they may develop an internal set of values that supports cultural competency. Racial identity impacts on one's thoughts, feelings, behaviors, and world view, which in turn impact on the therapeutic relationship (Carter, 1995). In order to become culturally competent, White counselors need to discuss and explore what it means to be White, without fear of being labeled racist. Therefore, if cultural competency is an important goal, and, if White racial identity development is an important component of cultural competency, the question then becomes how to encourage the growth of White racial identity among White counselors.

Helms originally introduced her White racial identity theory in 1984 as a five-stage developmental model and later revised it (Helms & Piper, 1994) as a six ego identity-status process, and has recently revised it again to reflect seven statuses (Helms & Cook, 1999). Helms stated that racial identity functions as an ego-state and as such has specific emotions, beliefs and behaviors. Underlying this theory are the assumptions that Whites are socialized to believe they are superior to non-Whites, and that Whites, by virtue of living in a society in which White superiority is a social norm, can avoid dealing

with their White racial identity. To develop a non-racist White identity a White person must accept being White, understand the cultural implications of being White, and develop a self-concept that does not involve racial superiority (Carter, 1995)

The six statuses of Helms's White Racial Identity theory are as follows: (1) Contact; (2) Disintegrations; (3) Reintegration; (4) Pseudo-Independence; (5) Immersion-Emersion and (6) Autonomy. (NOTE: Helms's seven status model separates Immersion and Emersion into two separate statuses. Because the White racial identity survey (WRIAS, Helms & Carter, 1990) assesses for the six statuses, the six status model was used in this study.) These statuses are divided into two phases. The first phase is the abandonment of a racist identity (statuses 1 – 3) and the second phase is the development of a nonracist White identity (statuses 4 – 6).

According to White racial identity development theory (Carter, 1995; Helms, 1990; Helms & Piper, 1994), people in Contact are unaware of themselves racially and have little interaction with others of different races. In Disintegration, one is aware of racial differences and inequalities, including one's own Whiteness, and typically has conflictual feelings about racial differences. A person in this level of identity development may feel guilty, ashamed, or even excited. However, what typifies this status is one's conflicting ideas and feelings about Whiteness and racism. During Reintegration, White racism becomes prominent again, as a result of attempting to resolve the conflicts experienced during Disintegration. In this level, people acknowledge that they are White, and believe that White superiority is a result of hard work of Whites, and that Blacks and other people of color are inferior intellectually and morally. A person may remain in Reintegration for a long time. However, when one

begins to examine one's beliefs about Blacks and people of color, one moves into Pseudo-Independence. This is the first status in the second phase of White identity development. Whites begin to question race in a more significant way, and begin to feel uncomfortable with themselves as White people. However, at this level, Whites still see racial issues from a White perspective, although they are in the process of rejecting externally determined racial views and of developing more positive, non-racist views.

The next status is Immersion-emersion. At this level, Whites begin a process of self-exploration and begin to look at how to change themselves and who they are as White persons, as well as how to confront racism and oppression. Autonomy is the final status of White racial identity development. In Autonomy, a person internalizes a new, positive (non-racist) White identity, and values others from different racial groups (Carter, 1995; Helms, 1990; Helms & Piper, 1994).

The Transtheoretical Model of Behavior Change

The development of White racial identity is a life-long behavior change process, and is influenced by a number of factors, both situational and developmental. As such, the principles of behavior change should apply to racial identity development, as they do to any behavior change process. The behavior change process is not limited to outwardly observed actions; the outwardly observed action is the final phase of a behavior change process. Thoughts and feelings may be characterized as private (i.e., unobservable) behaviors (Martin & Pear, 1996). Recent research in behavior change, in particular the transtheoretical model of behavior change (TTM), (Prochaska, 2000; Prochaska et al., 1992), has provided insight into how and why people make changes, and what they need

in order to make and maintain behavior changes. Although there are many models of behavior change, the TTM is a comprehensive and practical model that has demonstrated efficacy, wide-range application, well documented results, and can be used in a variety of situations. Its application to addictive behaviors and non-addictive behaviors, as well as its ability to aid in the assessment of the client's readiness to modify a behavior makes it a valuable tool for facilitating behavior change. The TTM integrates processes and principles of change from a comparative analysis of leading theories of psychotherapy and behavior change (Prochaska, 2000; Prochaska et al., 1992; Prochaska et al., 1994). This analysis of over 300 theories of psychotherapy yielded only 10 processes of change. Along with the 10 processes of change, self-efficacy (Bandura, 1969) and the decisional balance concept (Janis & Mann, 1977) were also identified as important factors in facilitating change. The processes of change are the activities or interventions that help people modify their thinking, feeling, or behavior. An analysis of self-changers identified how frequently participants used each of the 10 processes. This analysis revealed that behavior change progresses through a series of stages, and that different processes are important at different stages (Prochaska, 2000; Prochaska et al., 1992).

Stages are a temporal dimension of change, and have stable qualities over time (Prochaska, 2000; Prochaska et al., 1992). Stages are open to change, but people do not have an inherent motivation to progress from one stage to another and thus, special interventions are required to facilitate change (Prochaska, 2000). These interventions are the processes of change, and are stage-specific. That is, different interventions are effective at different stages of change. Interventions must be appropriate to the stage in

order to help a person master the necessary tasks of that stage, and move further along the behavior change continuum.

According to the TTM, there are six stages that people progress through as they attempt to change a behavior (Prochaska et al., 1994). These stages are Pre-contemplation, Contemplation, Preparation, Action, Maintenance, and Termination. A person can be forced, coerced, or compelled to do or not to do a certain act, without having worked through these stages. For instance, seeing a police car on the highway encourages drivers to slow down. However, unless the person has worked through the stages of change, the changed behavior has not become integrated into the individual's life, and when the outside force is removed, the person is likely to return to the previous behavior. For instance, a few yards beyond the police cruiser, traffic speeds up. Therefore, working through each of the stages is important to make and maintain a behavior change. A brief description of each of the stages is included in Table 1.

Table 1

Stages of Change
(Prochaska, 2000; Prochaska & Norcross 1999; Prochaska, Norcross & DiClemente, 1994)

Stage	Definition
Precontemplation	Not intending to change or not seriously considering a change anytime soon; seeing no reason to change; unaware that a problem exists, or aware of a problem, but not personalized the issue.
Contemplation	Aware that a problem exists and considering change; probably intending to change within 30 days to 6 months, but not immediately; still expressing ambivalence about changing.

Table 1 (continued)

Stage	Definition
Preparation	Seriously intending to make a behavioral change soon (usually within 30 days); may have already made some attempts at change. During this time, people are evaluating this new behavior, their ability to manage it, and are practicing and learning the skills needed to make this behavior work.
Action	Modifying problem behavior; making the change consistently for at least 1 full day, or for as long as 6 months. People in this stage may be experiencing many emotions associated with the change which may cause the difficulty in maintaining the change
Maintenance	Consistently practicing the new behavior for 6 months or more; actively incorporating the new behavior into his or her lifestyle. People in this stage are consistently practicing the new behavior over time, and are taking steps to prevent relapse. As the behavior is now more habitual, and has become integrated into the person's self-image, it takes less energy to consistently maintain this behavior than previously.
Termination	New behavior is fully integrated into one's self. There is no longer any risk of relapsing into previous behaviors. The new behavior is fully integrated into the person's self-image

Lapse and relapse refer to when a person who has been making progress through the stages regresses back to an earlier stage of change, or when a person who has been practicing a new behavior reverts to the old behavior again. Relapse is not a stage of change in this model, but considered a normal part of the cycle of change. People making changes may relapse to an earlier stage at any point during the change process.

Although each stage lays the groundwork for the next, people should not be thought of as proceeding through the stages linearly, but cyclically. This means that people will cycle and recycle through a spiral pattern of change as they proceed towards their target behavior. At each of these distinct stages, people use distinct and different processes in order to develop the cognitive, affective, and behavioral capacities to move on to the next stage. The principles and processes of change are necessary to motivate people to progress from one stage of change to the next (Prochaska, 2000). The principles of change are as follows:

Principle 1: The advantages of changing must increase for people to progress from precontemplation

Principle 2: The disadvantages of changing must decrease for people to progress from contemplation

Principle 3: The pros and cons must cross over for people to be prepared to take action

Principle 4: The strong principle of progress holds that to progress from precontemplation to effective action, the pros of changing must increase 1 standard deviation.

Principle 5: The weak principle of progress holds that to progress from contemplation to effective action, the cons of changing must decrease ½ standard deviation

Principle 6: We need to match particular process of change to specific stages of change.

(Prochaska, 2000, p. 112)

As mentioned in Principle 6, special interventions are required to facilitate change. These interventions are the processes of change and are stage-specific. According to the TTM, there are 10 processes of change. Along with the 10 processes of change, self-efficacy (Bandura, 1969) and the decisional balance concept (Janis & Mann, 1977) are important factors in facilitating change (Prochaska, 2000; Prochaska et al., 1992). These 12 factors are defined in the Table 2, and sample techniques for each are given.

Table 2

Change Processes Defined and Techniques (Prochaska, 2000; Prochaska & Norcross 1999; Prochaska, Norcross & DiClemente, 1994)

Process	Definition	Sample Techniques/Interventions
Consciousness Raising	Increasing awareness and more accurate information about causes, consequences and cures; increasing the pros of changing	Observations, confrontations, feedback, information and education; giving feedback; ask open-ended questions
Dramatic Relief or Emotional Arousal	Experiencing feelings about current behavior, and relief that can come from changing	Psychodrama, role playing, personal testimonies; listen reflectively; personally relevant feedback

Table 2 (continued)

Process	Definition	Sample Techniques/Interventions
Environmental Reevaluation	Affective and cognitive assessment of how the behavior affects one's social environment	Empathy training, values clarification; family or social network interventions; giving feedback
Self-reevaluation	Affective and cognitive assessment of one's self image how they will be after the behavior change	Guided imagery, role models; values clarification; exploring goals
Self-liberation or Commitment	Belief in one's ability to change and commitment to act on that belief	Public commitments; giving alternatives: having two or three choices; taking 'small steps'; setting goals
Helping Relationships	A relationship involving openness, caring, trust, acceptance, and support for change	Rapport building; buddy system; counselor relationship; self-help groups
Social Liberation	Noticing social changes that support personal changes	Self-help groups; public education campaigns; seeking others who want to make or who have made changes
Counter-conditioning or Countering	Substituting more positive behaviors and experiences for problem ones	Desensitization; positive self-statements

Table 2 (continued)

Process	Definitions	Sample Techniques/Interventions
Contingency Management or Reward	Reinforcing more positive behaviors and punishing negative ones; (Research into the TTM has shown that reinforcements are more important than punishments)	Contracts; group recognition; personal reinforcers and incentives; increasing self-reinforcers (rather than social reinforcers)
Stimulus Control or Environment Control	Modifying one's environment or experience so that problem stimuli are less likely to occur	Attending self-help groups; removing cues, etc. that tempt problem behaviors
Decisional Balance	Weighing the pros and C\cons of the current and the new behaviors. Note: It is most important that the client find and believe in the *benefits* of the new behavior	Listing benefits and disadvantages of current and new behaviors; imagery; cost benefit analysis; values clarification
Self Efficacy	Belief in one's ability to accomplish the necessary tasks associated with the change; confidence in ability to resist temptation.	Assessment of necessary new skills and training to develop these skills; practicing making small, manageable changes; practicing new skills in safe situations

The processes of change are specific to the stages. An intervention that is helpful for a person at one stage may be ineffective or counterproductive at another stage. The processes of change are not in and of themselves interventions. They represent what the focus of the intervention should be, in order to help a client progress from stage to stage. Table 3 lists the stages of change and the processes that are most effective at each of those stages.

Table 3

Stages of Change and Processes that are Most Helpful (Prochaska, 2000; Prochaska & Norcross 1999; Prochaska, Norcross & DiClemente, 1994)

Precontemplation	Contemplation	Preparation	Action	Maintenance
Consciousness	Consciousness			
Raising	Raising			
Dramatic Relief	Dramatic Relief			
Environmental	Environmental			
Re-evaluation	Re-evaluation			
Helping	Helping	Helping	Helping	Helping
Relationships	Relationships	Relationships	Relationship	Relationship
	Decisional	Decisional		
	Balance	Balance		
	Self	Self		
	Re-evaluation	Re-evaluation		
		Self Lliberation	Self Liberation	
		Self Efficacy	Self Efficacy	

Table 3 (continued)

Precontemplation	Contemplation	Preparation	Action	Maintenance
			Counter Conditioning	Counter Conditioning
			Social Liberation	Social Liberation
			Stimulus Control	Stimulus Control
			Contingency Management	Contingency Management

The choice of the process, and the intervention used to evoke that process, should be based on the individual client's strengths and needs. That means, for some clients certain processes may be more relevant than others. For example, some clients in precontemplation may have no awareness of how a behavior could pose a problem for them, and therefore, a consciousness raising intervention may be more important than an intervention based on dramatic relief. Other clients may be aware of the possible negative consequences of their behavior, but may not have personalized this risk, so they may need more work in dramatic relief than consciousness raising. The interventions must also be client centered. For example, if you determined that a client needed consciousness raising, you might choose to give one client reading material, to provide videos to another client, and to ask another client to get feedback from others on his or her behavior. While all of these are methods of consciousness raising, each is a different intervention technique.

Group Interventions

This study applied the principles and processes of the TTM to promote the change of increasing White racial identity. Given the need for culturally competent therapists, White racial identity development cannot be left to chance or accomplished on a case-by-case basis. Rather, a program that addresses White racial identity development must reach many people in order to meet the need, and therefore, a group rather than an individual format is preferred. Groups provide a twofold benefit: they are not only a time-effective method of providing the intervention, but can be an effective intervention themselves. Although there have been methodological difficulties in studying the effectiveness of groups, reviews of groups generally demonstrate the efficacy of groups as effective change agents (Barlow, Burlingame & Fuhriman, 2001; Bloom, 1992; Consumer Reports, 1995; Forsyth & Corazzini, 2000; Hoag & Burlingame, 1997; Kaul & Bednar, 1986; Khantzian, Golden, & McAuliffe, 1999). A variety of curative factors have been associated with the group process and can contribute to behavior change (Forsyth & Corazzini, 2000; Kaufman, 1994; Lovejoy et al., 1995; McRoberts, Burlingame, & Hoag, 1998; Rogers, & McMillan, 1989; Yalom, 1995). These factors include: (a) groups provide a safe setting in which to learn and practice new social skills and model ways of communicating and interacting (Forsyth & Corazzini, 2000; Vannicelli, 1992); (b) interactions in groups including sharing information, realizing others have similar issues or problems, modeling new behaviors, and interpersonal learning and trust can contribute to behavior change (Connors, Donovan, & DiClemente, 2001; Lieberman, 1980; Yalom, 1995); (c) interpersonal interactions and peer feedback provide an opportunity for learning about oneself and one's impact on others, and for

confronting one's own behaviors which can lead to change (Forsyth & Corazzini, 2000; Stinchfield, Owen & Winters, 1994).

Additionally, groups can be beneficial to behavior change because they provide a peer support system for the change. These issues have been shown to be important in bringing about social change in groups (Forsyth, & Corazzini, 2000; Koss & Shiang, 1994) The TTM's stages of change model can be adapted to a group format (Connors et al., 2001). Used in a relapse prevention program, research has shown that intervention strategies can be generalized and adapted into a group format with similar levels of participant satisfaction and treatment success as in an individual treatment format (Graham, Annis, Brett, & Venesoen, 1996).

Although both long-term and short-term therapy have been found to be effective for the consumer (Bloom, 1992; Consumer Reports, 1995; Kivlighan, Multon, & Patton, 2000), this intervention will be a planned, short-term intervention. Short-term therapy typically has the following five components: (1) prompt interventions; (2) relatively high degree of therapist activity; (3) specific but limited goals; (4) a clear focus; and (5) a time limit of 1 to 20 sessions (Bloom, 1992). The group intervention in this study was a psycho-educational, behavior change therapy group, based on the stages of change approach. This structured group focus can be considered a learning-group, rather than a psychodynamic therapy group. A learning group is designed to increase personal awareness and skills, or focus on current problems and functioning (Bloom, 1992; Forsyth, & Corazzini, 2000), rather than focus on the past or inner life of participants. This group intervention will focus on behavior change, using the transtheoretical model of behavior change, and the stages of change approach.

Some therapists who have conducted groups based on the stages of change believe group members, especially precontemplators, need to be in groups with others who are in the same stage of change (Barrie, as cited in Miller & Rollnick, 1991); other therapists have conducted groups with members who are in differing stages of change (Yu & Watkins, 1996). The tasks and goals of the group will be customized to the members' stages of change. Members will not be selected based on their stage of change and therefore it is anticipated that participants will be in differing stages during the intervention.

Ultimately, counselors who are more aware of who they are racially, ethnically, and culturally, who have explored their values, traditions and expectations and the impact of those values, traditions, and expectations on others will be better able to meet the mental health needs of an increasingly diverse client population.

CHAPTER III

Methods and Procedures

Research Design

This experimental study explored whether using a behavioral intervention based on the TTM would increase participants' White racial identities, as measured by their score on the White Racial Identity Attitude Scale (WRIAS, Helms & Carter, 1990). The study also evaluated whether an increase in White racial identity corresponds with an enhanced working alliance between counselor and client, as measured by the Working Alliance Inventory (Horvath & Greenberg, 1989) for therapists (WAI-t) and the Working Alliance Inventory for clients (WAI-c).

White counselors working in direct services with clients were solicited to participate in a psycho-educational group training on cultural competency focusing on White Racial Identity Development. Group membership was limited to a maximum of 12 people per group to allow for sufficient individual attention and participation (Corey, 1995). Six experimental groups of 8 to 12 participants each were offered. Groups were held at different times and/or on different days of the week to accommodate work schedules of participants, and thereby maximize participation: Groups were offered in the evening, in the morning, and in the afternoon. Participants indicated their preferred group times, and the schedule was finalized to accommodate participant needs. All groups were held in the evening hours, on different days of the week. The six groups were staggered over time, and no more than two groups were offered during the same 8-week period. Each of the control groups were convened over the same period of time as

the experimental groups. Members of the control groups only completed the surveys at the beginning and the end of the 8-week period, and did not meet together as a group or participate in any intervention.

The group intervention lasted eight sessions, plus an introduction/orientation and a debriefing session. Each group session was one and one-half hours, which included a 10-minute break. This allowed sufficient time to accomplish the task(s) of the day and discuss how participants could apply what they learned. There was also an introduction and orientation meeting, and a post-training debriefing meeting, which allowed participants to discuss their experiences in the group and with each other. Giving participants feedback and an opportunity to reassess their personal goals after 8 weeks helped support participants' belief in their ability to make a change, which can encourage and support further change (Snyder, Ilardi, Michael & Cheavens, 2000).

The curriculum for the group intervention utilized the stages and processes of change as described in the transtheoretical model of behavior change (Prochaska, 2000; Prochaska et al., 1992; Prochaska et al., 1994). The group tasks were developed to help participants use specific, stage-related processes. Group membership was not limited based on the individuals' stages of change. As anticipated, most participants were in the precontemplation and contemplation stages at the beginning of the study, and therefore the training group began with interventions appropriate for these stages and progressed from there.

The tasks and goals of the group accommodated the participants' self-reported stages of change. The first session began with participants stating their goals and expectations and awareness of a need for change (all of which are important to people in

precontemplation and contemplation, the early stages of change) and the remainder of the first session and the next session focused on increasing commitment to change, a strategy particularly helpful for contemplators. The remainder of the sessions focused on contemplation, preparation, and action-based interventions and discussions which were tailored to the identified stages of group members. The group sessions followed the course of the TTM, leading participants progressively through activities and discussions designed to use processes specific to the different stages of the TTM.

Application efforts were integrated throughout the group sessions to help participants recognize the connections between what they are learning and the counseling situation, and make the learning more effective (Thomas, 1990). Participants were given homework assignments, so that they could apply what they learned in a real life situation, and further their learning based on their experiences.

There were activities involving the full group as well as smaller break out groups, or teams when more individualized attention or participation was necessary or helpful (Yalom, 1995). Smaller groups provide an opportunity for people in similar stages to work together on stage-appropriate tasks, which may not be as effective with the full group, if members are in distinctly different stages.

The curriculum was developed so that it could be modified during the course of the intervention if the mid-intervention staging assessment did not indicate a need to change the curriculum. For example, sessions involve multiple activities, some of which are relevant for more than one stage. If participants need more work in earlier stages, those activities could be emphasized, and the activities related to more advanced stages

could be eliminated. The mid-training assessment did not indicate a need to modify the curriculum. Table 4 outlines the training group interventions.

Table 4

Training Group Intervention Outline

Session	Topic	Process
Orientation	Introductions and Overview of Training	Consciousness Raising; Social Liberation
	Pre-Training Surveys	Consciousness Raising
Session One	Names	Consciousness Raising
	Terms and Definitions: What is White Racial Identity, Race, Racism, Ethnicity, Culture	Consciousness Raising;
	White is (Picture/Collage)	Consciousness Raising
	Discussion: What does it mean to be White	Environmental ReEvaluation
	Homework: Grocery Store	Consciousness Raising
Session Two	Discuss Homework	Social Liberation
	Clay People	Self Re-evaluation
	How do you experience being a White Counselor?	Consciousness Raising; Dramatic Relief
	They-You-We-I: an experiment in language	Self Re-evaluation
	Homework	Self Re-evaluation

Table 4 (continued)

Session	Topic	Process
Session Three	Discuss Homework Assignment	Self Re-evaluation
	Picturing Racism	Dramatic Relief,
	Pros and Cons of Racism	Decisional Balance
	Homework: Moral Dilemmas	Dramatic Relief
Session Four	Discuss Homework	Self Re-evaluation
	What Can You do?	Self Efficacy
	Values Clarification	Self ReEvaluation
Session Five	Cultural Simulation	Dramatic Relief/ Social Liberation
	Role Plays	Self Efficacy
	Homework: MovieTime	Social Liberation
Session Six	Discuss Homework	Social Liberation
	Assumptions and Stereotypes	Self Re-evaluation
	Discussion	Self Re-evaluation;
	Visioning	Self Re-evaluation
	Homework	Self Efficacy
Session Seven	Discuss Homework	Self Efficacy; Self
	Commitment Self-assessment	Liberation
	Antecedents, Behaviors and Consequences	Counter Conditioning

Table 4 (continued)

Session	Topic	Process
	Homework	Self Liberation
Session Eight	Homework	Self Liberation
	Contracting	Self Liberation
	Planning for the Future	Contingency Management/Environmental Control
Session Debriefing	Post Training Surveys	
	Debriefing the Group Experience	

Sample Selection

People currently working as counselors, educators, or other helping professionals with direct client contact were asked to participate in this study. A letter explaining the purpose and overview of the training was distributed to substance abuse treatment counselors, mental health counselors, health educators and other counselors and human services providers in the New York City area. This letter was also sent to and/or read to managers or directors of these types of agencies. I met with managers and directors, either in person or over the phone, answered their questions about the study, and asked permission to solicit staff to participate. When permission was given, the researcher distributed letters to staff. Participants who responded to the letter and met the following

criteria were eligible to participate in the training: (1) currently working as a counselor or educator providing direct services to clients; (2) self-identify (racially) as "White;" (3) their supervisor's approval; (4) available to attend all the training days (one workshop per week for 8 weeks); (5) agrees to participate in the study by completing all measures pre- and post-training.

A power analysis (PASS, NCSS Statistical Software, 1999) assuming a medium effect size on the WAI or the WRIAS indicated that at least 110 participants (i.e., alpha level $\leq .05$, power $\geq .80$) would be needed, at least 55 participants in each of the experimental and the comparison conditions. Participants who registered for the training were assigned at random to participate in either the experimental or comparison condition. In total, 131 people registered for the program and were assigned to either the experimental or comparison conditions. Eleven participants either declined to participate, or did not complete the program. A total of 62 participants participated in the experimental condition, and 58 participated in the comparison condition. Counselors selected to be in the comparison condition were offered a chance to participate in the training after the conclusion of the study. Fifteen participants decided to participate in the program at that time.

Counselors participating in the study were asked to provide the solicitation letter to all their non-White clients. The letter explained the study, stated that participation is voluntary, that counselors will not receive any information from clients, how information will be kept confidential, that all contact will be directly between the client and me, and included my contact information. Those clients who wanted to volunteer for the study were to contact me through mail or by phone. All further communication with the client

about this study was to be directly with me. I would randomly select two clients of each counselor and send these clients the packets of material to be filled out anonymously, just stating who their counselor is. In this way, the counselor would not know who volunteered for the study, and client anonymity would be protected. If the first two clients selected chose not to participate, I was to use random selection to select other possible clients, and repeat the process until each counselor has two clients who have agreed to participate. Unfortunately, only one or two clients per group contacted me, and only six completed participation in the study. Because it was important to protect client anonymity, and because it was important for clients to be under no real or perceived pressure to participate, I could not contact clients directly, and was therefore unable to obtain any more clients to participate in this study.

All information was confidential. Comparison group members (both clients and counselors) were asked to provide contact information, so that they can be contacted at the end of the study to complete post-training measures. The completed surveys were coded so that pre- and post-training information could be compared, but was not be identified with the participant's name. Contact information was kept in a locked filing cabinet, until the post-training surveys are completed, or until a contact had not responded to repeated contacts and therefore would not be completing the post-training surveys. After the completion of the post-training measures, their contact information was destroyed. Comparison group members received $5 for completing the pre-training surveys, and $10 for completing the post-training surveys. All clients received $5 for completing the pre-training measures and $10 for completing the post-training measures.

Measures and Procedures

Validating the effectiveness of an intervention can be a complex process, and a variety of measures were used to assess the impact of this study. Copies of all the measures used are included in the appendix. Counselors participating in this study completed the following questionnaires:

The *White Racial Identity Attitude Scale (WRIAS, Helms & Carter, 1990).* The WRIAS is a 62- item measure using a 5-point Likert-type scale (1 = *strongly disagree*, 5 = *strongly agree*). The WRIAS uses six, 10-point subscales to assess White racial identity attitudes with each subscale representing a stage of White racial identity development (Contact, Disintegration, Reintegration, Pseudo-Independence, Immersion/Emersion and Autonomy) theorized by Helms (1990, 1995), as well as two experimental items. Internal reliability coefficients for each of the subscales has been reported to be between .55 - .80.

The *Staging Questionnaire for the TTM (adapted from Prochaska, DiClemente & Norcross, 1992).* The staging questionnaire uses a simple series of questions to place participants in one of the five stages of change. This is a self-assessment tool, based on key identifiers of the stages of change. Although there is limited research into the validity of the staging measure, the results of this research indicate that the staging questionnaire is a valid and reliable instrument (DiClemente, Prochaska, Fairhurst & Velicer, 1991; Morera, Johnson, Parsons, Warnecke, Freels, Crittenden & Flay 1998).

The *Working Alliance Inventory (WAI) (form T). (Horvath & Greenberg, 1989).* The WAI (form t) was developed to measure three components of the therapeutic alliance from the perspective of the therapist as theorized by Bordin: Agreement about Goals,

Agreement on Tasks and Therapeutic or Emotional Bonds. The WAI Therapist form is a 36-item survey using a 7-point Likert-type scale (1 = *never*, 7 = *always*). Reliability estimates of the WAI as a whole range from .93 - .84. Reliability estimates of the subscales is somewhat lower (.92 - .68) (Horvath, 1994b).

Participant demographic questionnaire. Finally, a demographic survey was used to ask participants to provide data on their sex, race, age, highest educational degree earned, employment setting, number of years of counseling experience, and number of courses taken concerning multicultural issues.

Clients who agreed to participate in the study got a packet including the following materials, copies of which are included in the appendix:

Informed consent. The informed consent form described the project, the client's role in the project and provide information on how to contact the researcher.

The *WAI form C (Horvath & Greenberg, 1989).* The WAI (form C) was developed to measure three components of the therapeutic alliance from the perspective of the client as theorized by Bordin: Goals, Tasks and Bonds. The WAI (form C) is a 36 item survey using a 7-point Likert-type scale(1 = never, 7 = always). Horvath and Greenberg (1986) report the reliability estimates of the client form of the WAI as a whole to be .93. Reliability estimates of the subscales is somewhat lower (.85 - .88) (Safran & Wallner, 1991).

Client demographic questionnaire. Clients were asked to provide their sex; race and ethnicity; age and highest educational level achieved and length of time in therapy with this counselor.

Client Data

Clients were asked to complete the forms before their counselor begins the intervention, and again after the intervention. They could give me contact information, so I could contact them, or they could get back in touch with me at a predetermined time. Since the surveys were to assess the impact of the intervention on their counselor's work, the unique code of the counselor was on the forms they completed. Otherwise, client forms were anonymous, but numbered with a client code so that pre- and post-training data could be compared.

The client data allowed an opportunity to explore the application of the intervention in the client-counselor interaction, as assessed by the client. Application of what is learned is often overlooked and underevaluated (Thomas, 1990). However, if learning cannot be transferred to the counseling setting, there is little benefit to the intervention. By assessing the client's perspective, the effect of the intervention on the client in the counseling dyad can be assessed.

Counselor Data

Counselors participating in the study (both in the experimental and comparison conditions) were asked to complete the measures before the training, and immediately after the training. A four-group design was in used in which 75% of the participants of each group (experimental and comparison) completed the measures pre and post training. The remaining 25% completed the measures post-training only. The purpose of this was to ascertain the impact of the measures themselves on the treatment outcome. The forms

were anonymous, but numbered with an individual code number, so that pre- and post-training data could be compared.

Counselors in the experimental condition completed the staging questionnaire 3 times during the intervention: before the groups began, after the fourth group, and at the end of the intervention. Measuring treatment outcome at regularly scheduled intervals can be used therapeutically. Measuring treatment outcome and sharing that information with a client may provide encouragement to a client to continue the work they have been doing. This also provided information to the facilitator in how to focus the future sessions: noting the stage of change of participants guided the use of appropriate processes and the development of interventions.

In order to gain participants' cooperation with the intervention and ultimately with improving the therapeutic alliance with clients, it is important that participants find the experience beneficial, and in compliance with their personal goals and expectations. Therefore, participants were asked to determine their personal goals and expectations for the intervention, and to assess whether or not those expectations were met. Their expectations should be specific, concrete, and measurable (Corey, 1995) in order that they can be adequately assessed. Participants determined their expectations before the groups and assessed whether or not they attained them after the conclusion of the intervention.

Data Analysis

The main objectives of this study were to evaluate the efficacy of the White racial identity development intervention condition to (1) promote more advanced White racial

identity attitudes; and (2) increase working alliance perceptions, as experienced by (a) therapists and (b) clients, within a randomized trial design. The main hypotheses are as follows: (1) Participants in the intervention condition will have a greater increase in their White racial identity scale score than participants in the comparison condition; (2) Participants in the White racial identity development intervention condition will significantly exceed the comparison condition in increasing working alliance inventory scale scores, as respectively experienced by (a) therapists and (b) clients.

Analyses of data distributions. Descriptive statistics were computed for the intervention and comparison conditions. Data were screened for conformance to assumptions underlying the analyses (e.g., linearity, univariate and multivariate normality, absence of outliers, homogeneity of variance, and homogeneity of regression). All variables were normally distributed and tested for assumptions of linearity and outliers, and all variables were found to be within normal range. A further description of tests of assumptions is included in the discussion of main analyses.

Main analyses. The main analyses, respectively, tested the hypotheses that the White racial identity development intervention condition will significantly exceed the comparison condition in: (1) increasing White racial identity attitude scale scores; and (2) increasing working alliance inventory scores, separately obtained for (a) therapists and (b) clients. For each hypothesis multivariate analysis of covariance (MANCOVA) were used to assess differences between intervention conditions at post-intervention. Repeated measures MANCOVA were conducted to test intervention condition effects across baseline and post-intervention assessments. Within the MANCOVA context, the baseline level of each outcome variable will be treated as a covariate of that particular variable.

Any other baseline variable found to differentiate the intervention conditions, and therefore to compromise the randomization, will also be treated as a covariate. Any baseline variable found to be significantly associated with the outcome variable will also be treated as a covariate. Examples of these include: gender; years of counseling experience; number of courses in multicultural issues; and others.

Sample size and statistical power. A power analysis (PASS, NCSS Statistical Software, 1999) of repeated measures MANCOVA assuming a medium effect size on the WAI or the WRIAS indicated that at least 110 counselors were needed (i.e., alpha level $\leq .05$, power $\geq .80$). Sixty-two counselor participants completed the experimental condition, and 58 completed the comparison condition. A sample of clients (2 clients per counselor for each condition) was recruited, however an insufficient number of clients participated in the survey, and therefore no client data were analyzed.

CHAPTER IV

Results

This chapter provides descriptive statistics of the study sample and the results of the data analysis that was used to test each hypothesis. The Statistical Program for Social Sciences (SPSS 11.5) was used to analyze the data collected in this study. Descriptive statistics, one-way ANOVA to compare experimental and comparison groups, Spearman's Rank Order Correlations, reliability using Cronbach's alpha, and a repeated measures MANCOVA were all calculated to determine support or lack of support for the hypotheses. Data analysis partially supported hypothesis 1, that the White racial identity development intervention condition will significantly exceed the comparison condition in increasing White racial identity attitude scale scores but did not support hypothesis 2a, that the White racial identity development intervention condition will significantly exceed the comparison condition in increasing working alliance inventory scale scores, as respectively experienced by therapists. There was insufficient data collected on clients to test hypothesis 2b, that the White racial identity development intervention condition will significantly exceed the comparison condition in increasing working alliance inventory scale scores, as respectively experienced by clients. Although staging variables were used primarily to determine how to conduct the intervention, a third hypothesis was proposed, that the scores on the staging questionnaire would predict White racial identity attitude scale scores on the WRIAS scale (Helms & Carter, 1990). This hypothesis was partially supported. Results of the data analysis and support or lack of support for the hypotheses are described.

Descriptive Statistics, Comparison of Groups and Multicollinearity

Analyses were conducted to determine if there were baseline differences among groups that could account for any changes found post-intervention. Prior to bivariate and multivariate analysis, all variables were checked for skewness and kurtosis and found to be within normal range. All variables were normally distributed and tested for assumptions of linearity and outliers, and all variables were found to be within normal range.

Table 5 summarizes the descriptive statistics of the experimental and comparison groups on sociodemographic characteristics. Descriptive statistics showed that at baseline, there were no significant differences between the treatment and comparison groups. Approximately 64% of each group was female; the majority of participants in both groups were heterosexual, and the most common work setting for both groups was a substance abuse treatment center. For both groups, the median education level was a bachelors degree, while years of schooling ranged from high school graduates to Ph.D.s. All participants indicated that their race was "White."

Table 5

Descriptive Statistics of Study Sample on Sociodemographic Characteristics

	Percentage (*n*)	
Characteristic	Comparison	Treatment
Sex		
Male	36.2 (21)	35.5 (22)
Female	63.8 (37)	64.5 (40)

Table 5 (continued)

	Percentage (n)	
Characteristic	Comparison	Treatment
Sexual Orientation		
Heterosexual	70.7 (41)	80.6 (50)
Gay	19.0 (11)	12.9 (8)
Lesbian	8.6 (5)	3.2 (2)
Bisexual	1.7(1)	3.2(2)
Work Setting		
Substance Abuse Center	36.2 (21)	29.0 (18)
Mental Health Clinic	10.3 (6)	11.3 (7)
Medical Clinic	1.7 (1)	0.0 (0)
Family Planning Center	3.4 (2)	4.8 (3)
Private Practice	6.9 (4)	9.7 (6)
Other	34.5 (20)	33.9 (21)
School Counselor	6.9 (4)	11.3 (7)
Age		
Range	23 - 69	22 - 83
M	39.14	41.34
SD	12.36	14.72

Table 5 (continued)

Characteristic	Percentage (n) Comparison	Treatment
Years in Profession		
Range	1 - 23	1 - 42
M	10.57	11.70
SD	10.68	12.11
Number of Courses Taken		
Range	0 - 5	0 - 6
Mean	1.10	1.27
SD	1.95	1.38

Note: * $p < .05$. ** $p < .01$. *** $p < .001$.

Since a four-group design was used, a one-way ANOVA was done to analyze and compare the means to see if there were significant differences between the four groups on any of the sociodemographic variables. There were significant differences only for the variables of age and years of education, as shown in Table 6. The significant differences in age were found only between the experimental and experimental-posttest only group, and not between experimental and comparison groups. Although significant differences in years of education were more widespread among the groups, the greatest difference again occurred between the experimental and experimental-posttest only group.

Table 6

Multiple Comparisons Between Groups (n = 120)

Dependent Variable	(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig
Age	Experimental (47)	Comparison	4.45	2.75	.645
		Experimental-Post only	11.62*	3.93	.022
		Comparison-Post only	7.15	4.28	.586
	Comparison (44)	Experimental	-4.45	2.75	.645
		Experimental-Post only	7.16	3.94	.428
		Comparison-Post only	2.70	4.29	1.00
	Experimental-Post only (15)	Experimental	-11.62*	3.93	.022
		Comparison	-7.16	3.94	.428
		Comparison-Post only	-4.47	5.13	1.00

Dependent Variable	(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig

Table 6 (continued)

Dependent Variable	(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig
	Comparison-Post only (14)	Experimental	-7.15	4.29	.586
		Comparison	-2.70	4.29	1.00
		Experimental-Post only	4.46	5.13	1.00
Years of Education	Experimental	Comparison	.952*	.350	.045
		Experimental-Post only	2.55*	.501	.000
		Comparison-Post only	1.55*	.546	.033
	Comparison	Experimental	-.952*	.350	.045
		Experimental-Post only	1.60*	.502	.012
		Comparison-Post only	.594	.547	1.00
	Experimental-Post only	Experimental	-2.55*	.501	.000
		Comparison	-1.59*	.502	.012
		Comparison-Post only	-1.00	.654	.774
	Comparison-Post only	Experimental	-1.55*	.546	.033
		Comparison	-.594	.547	1.00
		Experimental-Post only	1.00	.654	.774

Note: * $p < .05$.

The means of the four groups on the WRIAS (Helms & Carter, 1990), WAI (Horvath & Greenberg, 1989) and staging variables were compared post-intervention to see if there were significant differences in the scores that could be accounted for by the pre-test measures. Analysis of variance revealed that on the WRIAS (Helms & Carter, 1990) there were significant differences within the 4 groups on Contact and Immersion/Emersion, whereby they experimental and experimental post only groups were significantly different form the comparison and comparison post-only groups. There were no significant differences found within comparison groups (i.e., between the comparison and the comparison posttest only groups) on any of the variables, and likewise, no significant differences within the experimental groups on any of the measures. Because these differences are between the experimental and comparison groups, and not within the groups, these differences do not appear to be due to the impact of the pre-test measures.

Table 7

Comparison of Group Means on Post-tests (n = 120)

	M	*F*
WRIAS-Contact Post-test		7.571***
Experimental (47)	4.47	
Comparison (58)	6.09	
Experimental Post-Only (15)	3.27	
Comparison Post-Only (14)	7.00	

Table 7 (continued)

	M	*F*
WRIAS-Disintegration Post-test		.445
Experimental (47)	4.83	
Comparison (58)	5.33	
Experimental Post-Only (15)	4.87	
Comparison Post-Only (14)	5.67	
WRIAS-Reintegration Posttest		2.585
Experimental (47)	4.66	
Comparison (58)	6.07	
Experimental Post-Only (15)	4.40	
Comparison Post-Only (14)	6.00	
WRIAS-Psuedoindepdendence Posttest		1.595
Experimental (47)	5.00	
Comparison (58)	6.07	
Experimental Post-Only (15)	4.80	
Comparison Post-Only (14)	5.92	
WRIAS-Immersion/Emersion Posttest		10.587***
Experimental (47)	6.64	
Comparison (58)	3.89	
Experimental Post-Only (15)	6.67	
Comparison Post-Only (14)	4.08	

Table 7 (continued)

	M	*F*
WRIAS-Autonomy Posttest		.796
Experimental (47)	4.72	
Comparison (58)	4.13	
Experimental Post-Only (15)	5.07	
Comparison Post-Only (14)	4.83	
WAI-Bond Posttest		.897
Experimental (47)	5.66	
Comparison (58)	5.51	
Experimental Post-Only (15)	5.51	
Comparison Post-Only (14)	5.44	
WAI-Task Posttest		1.281
Experimental (47)	5.23	
Comparison (58)	5.16	
Experimental Post-Only (15)	4.98	
Comparison Post-Only (14)	5.08	
WAI-Goal Posttest		.625
Experimental (47)	5.09	
Comparison (58)	5.02	
Experimental Post-Only (15)	4.89	
Comparison Post-Only (14)	5.03	

Note. Because only 25% of participants in each of the groups (comparison and experimental) were in the post test only group, it cannot definitely be said whether the measures themselves had an impact on the posttest results. A post hoc power analysis on the data reflects the benefit of using the data from all four groups, in comparison to using the data only from the two groups that completed both the pre and post test measures.

Table 8

Power Analysis of Two Groups and 4 Groups

Subscale	Power Using 2 Groups	Power Using 4 Groups
WRIAS-Contact Pretest	10.3	--
WRIAS-Contact Posttest	18.9	98.8
WRIAS-Disintegration Pretest	16.4	--
WRIAS-Disintegration Posttest	13.6	21.3
WRIAS-Reintegration Pretest	25.8	--
WRIAS-Reintegration Posttest	61.9	81.5
WRIAS-Psuedoindepdendence Pretest	5.0	--
WRIAS-Psuedoindepdendence Posttest	47.8	50.5
WRIAS-Immersion/Emersion Pretest	5.3	--
WRIAS-Immersion/Emersion Posttest	99.8	100.0
WRIAS-Autonomy Pretest	5.0	--
WRIAS-Autonomy Posttest	21.5	19.8
WAI-Bond Pretest	31.1	--
WAI-Bond Posttest	40.9	16.7

Table 8 (continued)

Subscale	Power Using 2 Groups	Power Using 4 Groups
WAI-Task Pretest	15.5	--
WAI-Task Posttest	5.0	13.6
WAI-Goal Pretest	40.8	--
WAI-Goal Posttest	15.9	5.0

For the staging variables there were no significant differences between the experimental and comparison groups at baseline, as shown in Table 8.

Table 9

Descriptive Statistics on Staging Variables – Baseline (n = 120)

	Percentage	
Variable	Experimental (62)	Comparison (58)
Importance of Being White		
Not at all	12.8	4.3
Very Little	21.3	28.3
Somewhat	44.7	34.8
Important	17.0	26.1
Very important	4.3	6.5

Table 9 (continued)

	Percentage	
Variable	Experimental (62)	Comparison (58)
Frequency thinking about being White		
Never	34.0	23.9
Almost never	29.8	32.6
Sometimes	25.5	34.8
Often	10.6	8.7
How long learning about being White		
Not at all	57.4	54.3
Less than 6 months	25.5	23.9
6 months or more	17.0	21.7
Considering Making Changes		
Not at all	57.4	52.2
Within about 30 days	23.4	23.9
30 – 180 days	6.4	10.9
6 months or more	12.8	13.0

Raw scores on the WRIAS were converted into percentile scores, as suggested by Carter (1996). At baseline, there were no significant differences between any of the groups on any of the WRIAS or WAI subscales, as shown in Table 9. There were

significant differences at post intervention between the comparison and experimental groups on WRIAS subscales Contact, Reintegration, Pseudoindependence, and Immersion/Emersion. There were no significant differences on WRIAS subscales Disintegration or Autonomy or on any of the WAI subscales

Table 10

Descriptive Statistics on WRIAS and WAI Subscales

	Mean (SD)	
Subscale	Comparison	Experimental
WRIAS Contact		
Pre Intervention	5.28	4.94
Post Intervention***	6.28	4.18
WRIAS Disintegration		
Pre Intervention	4.85	4.43
Post Intervention	5.40	4.84
WRIAS Reintegration		
Pre Intervention	5.13	4.36
Post Intervention**	6.05	4.60
WRIAS Pseudoindependence		
Pre Intervention	4.39	4.36
Post Intervention*	6.03	4.95
WRIAS Immersion/Emersion		
Pre Intervention	5.17	5.32
Post Intervention***	3.93	6.65

Table 10 (continued)

	M (SD)	
Subscale	Comparison	Experimental
WRIAS Autonomy		
Pre Intervention	4.65	4.70
Post Intervention	4.28	4.81
WAI Bond		
Pre Intervention	5.43	5.56
Post Intervention	5.49	5.63
WAI Task		
Pre Intervention	5.03	5.08
Post Intervention	5.14	5.17
WAI Goal		
Pre Intervention	4.95	5.08
Post Intervention	5.02	5.04

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

There were no significant differences between the comparison group and the experimental group at baseline. Therefore, any changes found in the two groups as a result of the study should not be attributed to differences in composition between the groups.

Reliability testing using Cronbach's alpha indicated the WAI (Horvath & Greenberg, 1989) had a moderate alpha for all scales, while reliability for WRIAS (Helms & Carter, 1990) scale scores were low, as shown in Table 11. Helms (1996) has

stated that low reliability scores can be an effect of using a homogenous group, which this group was.

Table 11

Reliability Statistics on WRIAS and WAI Subscales

Subscale	α
WRIAS Contact	
Pre Intervention	.2056
Post Intervention	.2187
WRIAS Disintegration	
Pre Intervention	.4283
Post Intervention	.3326
WRIAS Reintegration	
Pre Intervention	.6672
Post Intervention	.6967
WRIAS Pseudoindependence	
Pre Intervention	.3343
Post Intervention	.3987
WRIAS Immersion/Emersion	
Pre Intervention	.6677
Post Intervention	.8069

Table 11 (continued)

Subscale	α
WRIAS Autonomy	
Pre Intervention	-.0441
Post Intervention	-.0404
WAI Bond	
Pre Intervention	.8078
Post Intervention	.7808
WAI Task	
Pre Intervention	.7280
Post Intervention	.7354
WAI Goal	
Pre Intervention	.7694
Post Intervention	.7547

Correlations were run prior to multivariate testing to check for issues of multicollinearity. The only multicollinearity issue was between age and the number of years of education So, years of schooling was entered into the multivariate analysis based on prior research indicating increased education can be related to increased cultural competency. No other demographic variables was significantly correlated with the WAI subscales at baseline or at post intervention.

Table 12

Correlations for the WAI Scale and Other Variables at Baseline

WAI Subscale	Age	Courses	Years in Profession	Years of Education
Bond	.132	.116	.170	-.051
Task	.073	.091	.120	-.032
Goal	.049	.112	.160	-.022

Table 13

Correlations for the WAI Scale and Other Variables Post-intervention

WAI Subscale	Age	Courses	Years in Profession	Years of Education
Bond	.129	-.001	.170	.043
Task	.050	.113	.074	.007
Goal	-.019	.133	.041	-.029

In the WRIAS (Helms & Carter, 1990) subscales, age, number of cultural competency courses taken, and years in the profession were significantly correlated with Immersion/Emersion at baseline (Table 8). Age and years in the profession were negatively correlated with Immersion/Emersion indicating that individuals who were younger or had fewer years in the profession had higher scores on Immersion/Emersion; this relationship of negative correlations was also the same at post-intervention. However, the number of cultural competency courses taken was positively related to Immersion/Emersion indicating that the more courses taken also led to a higher score at

baseline, but not at post-intervention. No other variables were significantly correlated with the WRIAS subscales at baseline. At post-intervention, Disintegration was negatively correlated with age and number of years in the profession. Again this would indicate that younger individuals or those who had fewer years in the profession had higher scores on this subscale.

Table 14

Correlations for the WRIAS Scale and Other Variables at Baseline

WRIAS Subscale	Age	Courses	Years in Profession	Years of Education
Contact	.060	.031	.064	.110
Disintegration	-.142	.048	-.162	-.134
Reintegration	.065	.095	-.035	.078
Pseudoindependence	.167	-.104	.140	.028
Immersion/Emersion	-.313**	.288**	-.300*	-.127
Autonomy	.001	-.115	-.006	-.097

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 15

Correlations for the WRIAS Scale and Other Variables Post-intervention

WRIAS Subscale	Age	Courses	Years in Profession	Years of Education
Contact	.099	.051	.068	.001
Disintegration	-.193*	.016	-.197*	-.026
Reintegration	-.033	.086	-.058	.025

Table 15 (continued)

WRIAS Subscale	Age	Courses	Years in Profession	Years of Education
Pseudoindependence	.147	-.083	.058	-.044
Immersion/Emersion	-.242**	.175	-.208**	-.026
Autonomy	-.078	.034	-.164	.015

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Tests of Hypotheses

The main hypotheses are as follows: (1) Participants in the intervention condition will have a greater increase in their White racial identity scale score than participants in the comparison condition; (2) Participants in the White racial identity development intervention condition will significantly exceed the comparison condition in increasing working alliance inventory scale scores, as respectively experienced by (a) therapists and (b) clients. A third hypothesis postulated that variables on the staging questionnaire would be predictive of WRIAS statuses. The discussion of the hypothesis tests will be divided in the following subsections: White Racial Identity Development; Working Alliance Inventory and White Racial Identity Development; and Staging and White Racial Identity Development.

Hypothesis (1) White racial identity development. A repeated measures MANCOVA was conducted to examine changes in the WRIAS (Helms & Carter, 1990) and WAI (Horvath & Greenberg, 1989) subscale scores over time (i.e., at post intervention and baseline) and to examine the effect of the experimental group or other variables on that change. Table 15 shows the impact of the treatment group on the subscales scores as compared to the impact of time. When examining WRIAS subscales

Contact and Immersion/Emersion, there was a significant change over time due only to the effect of the treatment group. When examining WRIAS Disintegration and Reintegration, there was a significant change over time, but the treatment group did not have an impact on the change. When examining WRIAS subscale Pseudoindependence, there was a significant change over time and there was also a significant change due to the treatment group. For WRIAS Autonomy, there was no significant change over time or due to the effects of the treatment group. These results would indicate that for WRIAS statuses Contact and Immersion/Emersion, and to a lesser extent Pseudoindepencence, the treatment group caused a significant change in participant scores from baseline to post-intervention. The comparison of means (Table 10) shows that the treatment group scores went down over time in Contact and Immersion/Emersion, while comparison group scores went up in Contact, and down in Immersion/Emersion. Scores in Pseudoindependence went up in both groups. Only a small amount of change in Pseudoindependence was attributable to the treatment group effect. In other words, there may have been environmental factors or other variables that were not controlled for that accounted for most of the change in Pseudoindependence. Similarly, in the case of WRIAS Disintegration and Reintegration, one could speculate that as there was a significant change over time not due to the effects of the intervention; that this change could have been caused by natural sources or external events that the study could not control for.

Table 16

Results of Repeated Measures MANCOVA

Subscale	Time	Time X Treatment Group
WRIAS Contact	0.702	10.046**
WRIAS Disintegration	4.644*	0.033
WRIAS Reintegration	11.877**	3.171
WRIAS Pseudoindependence	20.454***	4.103*
WRIAS Immersion/Emersion	0.005	20.055***
WRIAS Autonomy	1.350	1.589
WAI – Bond	5.002*	0.128
WAI - Task	14.981***	0.094
WAI - Goal	1.521	0.733

Note. Test of Within Participants Effects *F*-value is presented in the table.

* $p < .05$. ** $p < .01$. *** $p < .001$.

An additional repeated measures MANCOVA was conducted to examine the effects of additional covariates on the subscales, specifically years in the profession, frequency of thinking about the meaning of being White, and how long they have learned about being White. These variables were chosen for empirical and conceptual reasons, as previous research has indicated that the number of years in the profession could affect an individual's competency level.

Table 17

Results of Repeated Measures MANCOVA With Covariates

Subscale	Time	Time X Years in Profession	Time X Frequency	Time X How Long	Time X Treatment Group
WRIAS Contact	1.063	0.231	1.371	0.040	9.042**
WRIAS Disintegration	5.415*	0.347	2.242	0.251	0.115
WRIAS Reintegration	3.392	0.061	3.067	1.159	3.821*
WRIAS Pseudoindependence	2.632	0.914	0.098	0.094	3.682
WRIAS Immersion/Emersion	4.277*	0.523	4.160*	0.017	23.214***
WRIAS Autonomy	0.008	4.444*	0.344	2.844	2.284
WAI – Bond	0.417	0.206	0.999	3.500	0.203
WAI - Task	5.529*	0.431	3.178	0.770	0.036
WAI - Goal	3.883*	3.705	1.578	0.001	0.689

Note. Test of Within Participants Effects *F*-value is presented in the table.

* $p < .05$. ** $p < .01$. *** $p < .001$.

There was no additional change in WRIAS Contact when adding in the additional covariates. This means that there was no additional effect of the covariates on change over time. Since the experimental group had lower scores over time and the comparison group had a higher score over time, this indicates that the treatment condition may have

impacted on WRIAS subscale Contact, and participants who had the treatment no longer indicated their status was Contact.

When examining WRIAS Disintegration, again there was no additional change by adding the covariates; hence, there was a significant change over time, but there was no effect of the treatment group on the change or no additional effects of the covariates. Thus, both groups' scores increased significantly over time.

When examining WRIAS Reintegration, there was an additional effect of the covariates. The treatment group effect was significant. One could postulate that once other variables, such as years in the profession were taken into account, the effect of the treatment group was enhanced, and the effect of time was lost.

When examining WRIAS Pseudoindependence, there was an additional effect of the covariates as there is no longer a significant change over time and there is no longer a treatment group effect on the change. Again, one could speculate that the other variables may have had an interaction effect with these two variables.

When examining WRIAS Immersion/Emersion, there is an additional effect of the covariates that were added. There was a significant change over time by itself, there was a significant effect of the frequency that the individual thinks about being White, and there was a significant treatment group effect. Thus, it is possible that the frequency that an individual thinks about being White may have caused some type of extra interaction among the variables causing there to be a significant change over time by itself. However, the more significant change was due to effect of the treatment group

When examining WRIAS Autonomy, there was an additional effect of the years in the profession. When examining change over time, years in the profession caused a

significant change over time. This could indicate that individuals who have been in the profession longer may feel a higher level of autonomy than others.

These data indicate that the treatment group had an effect on WRIAS statuses Contact, Reintegration and Immersion/Emersion. Because Contact is an early status indicating one has less advanced White racial identity, a lower score post intervention may indicate an increase in overall White racial identity. Also, as Reintegration and Immersion/Emersion are later statuses, indicating a more developed White racial identity, one can state that the treatment condition had an effect on advancing White racial identity development as measured by these two statuses, and as indicated by the decrease in Contact. However, because only these statuses were affected by the intervention, one cannot state that the intervention condition improved White racial identity development in all instances.

Hypothesis (2) Working Alliance Inventory and White racial identity development. A repeated measures MANCOVA was conducted to examine the WAI (Horvath & Greenberg, 1989) subscales over time and to examine the effect of the treatment group. In examining the WAI subscales over time, all three subscales had a significant change over time, but there was no effect of the treatment group on the scores. This would indicate, as stated previously, that this change in scores could have been due to external events.

When examining the WAI Task and Goal subscales, there was no additional effect of the covariates over time. Both Task and Goals changed significantly over time by themselves without any additional effect of the treatment group or covariates. However, when accounting for the covariates and treatment group, the change in Bond is

no longer significant. This could indicate that one of the additional covariates together may have diluted the change over time.

There was no significant relationship between any of the WAI subscales and the WRIAS statuses, indicating that WRIAS status does not improve or impair that therapeutic relationship, as perceived by the therapist and measured on the WAI, indicating that hypothesis 2(a) was not supported.

One staging variable (importance of being White) was significantly correlated at both baseline and post-intervention with the WAI. This variable was positively correlated with WAI Task and Goal subscales. This would indicate that individuals who felt a higher importance of being White also scored high on these subscales of the WAI.

There was not enough data to explore hypothesis 2(b): the relationship between White racial identity development and the therapeutic relationship, as perceived by the client.

Table 18

Correlations for the WAI Scale and Staging Variables at Baseline

WAI Subscale	Importance	Frequency	How Long	Changing
Bond	.180	.034	-.051	-.221
Task	.332**	.094	-.012	-.135
Goal	.243*	.216	.115	-.068

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 19

Correlations for the WAI Scale and Staging Variables Post-intervention

WAI Subscale	Importance	Frequency	How Long	Changing
Bond	.193	-.010	-.041	-.135
Task	.241*	-.022	-.047	.002
Goal	.215*	.117	.031	-.066

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Hypothesis (3) Staging and White racial identity development. At baseline, there were no significant differences between the comparison and experimental groups on any of the staging variables. In examining Staging subscales at post-intervention as seen in Table 14, a higher percentage of participants in the comparison group reported "*not at all*" or "*very little importance*" of being White. In terms of frequency of thinking about being White, at post-intervention, a higher percentage of individuals in the comparison group reported that they never (6.9%) or almost never (48.3%), when compared to the experimental group (1.6% and 6.1% respectively). One could postulate from this that the intervention may have increased participants' perception of the importance of being White, and how often the experimental group participants thought about what it means to be White.

In both groups at baseline, over half of participants reported "*not at all*" when asked how long they learned about being White. Comparatively, at post-intervention there was a significant difference between the two groups in how long they learned about what it means to be White: while over half of the comparison group still reported "*not at all*" over half of the experimental group reported that they learned about what it means to

be White in the past 6 months. Again, one could speculate that this change or shift in learning for the experimental group had to do with the intervention.

Again, at baseline, there was no significant difference between the two groups on if they considered making changes or not, with over half of both groups reporting not at all. At post-intervention, while there was a slight change in how often the experimental group reported making changes as compared to the comparison group, these differences were not statistically significant.

Table 20

Descriptive Statistics and Differences on Staging Variables – Post-intervention

	Percentage	
Variable	Experimental	Comparison
Importance of Being White*		
Not at all	1.6	3.4
Very Little	14.5	27.6
Somewhat	35.5	41.4
Important	29.0	24.1
Very important	19.4	3.1
Frequency thinking about being White***		
Never	1.6	6.9
Almost never	6.1	48.3

Table 20 (continued)

	Percentage	
Variable	Experimental	Comparison
Sometimes	45.2	37.9
Often	19.4	6.9
Very Often	17.7	0.0
How long learning about being White***		
Not at all	8.1	56.9
Less than 6 months	56.5	25.9
6 months or more	35.5	17.2
Considering Making Changes		
Not at all	33.9	48.3
Within about 30 days	38.7	24.1
30 – 180 days	12.9	10.3
6 months or more	14.5	17.2

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Further analyses of the staging variables were conducted through the use Spearman's Rank Order Correlations to determine the relationship of the scores over time. In the experimental group, the correlations for the four staging variables were moderate, indicating possibly that the participants changed their views on these variables

after the intervention. However, in the comparison group, the four staging variables were highly correlated, possibly indicating that the participants in this group had the same answer or type of response (i.e., negative at baseline and negative at post).

Table 21

Intercorrelations Among Pre-Post Scale Staging Scores for the Experimental Group

	Post-Intervention			
Baseline	Importance	Frequency	How long	Changes
Importance	.567***			
Frequency		.601***		
How long			.545***	
Changes				.320*

Note. Spearman's Rank Order Correlations were performed.

* p <.05; ** p < .01; *** p < .001

Table 22

Intercorrelations Among Pre-Post Scale Staging Scores for the Comparison Group

	Post-Intervention			
Baseline	Importance	Frequency	How long	Changes
Importance	.883***			
Frequency		.820***		
How long			.949***	
Changes				.82***

Note. Spearman's Rank Order Correlations were performed.

* $p < .05$. ** $p < .01$. *** $p < .001$.

At baseline, importance of being White was significantly correlated with WRIAS Contact and Immersion/Emersion; however, this relationship did not show at the post-intervention.

At baseline, frequency of thinking about being White was significantly correlated with contact, Reintegration, Pseudoindependence, and Immersion/Emersion; however, at post-intervention, frequency was only correlated with Contact and Reintegration.

At baseline, how long you think about being White was significantly correlated with Contact, Reintegration, Pseudoindependence, and Immersion/Emersion. At post-intervention, however, Pseudoindependence was no longer significantly correlated.

At baseline, how often an individual thinks about changing his or her behavior was significantly correlated with contact and Immersion/Emersion, and at post-intervention this relationship still held with Autonomy also being positively correlated.

Table 23

Correlations for the WRIAS Scale and Staging Variables at Baseline

WRIAS Subscale	Importance	Frequency	How Long	Changing
Contact	-.222*	-.414***	-.427***	-.292**
Disintegration	.158	-.082	-.116	.127
Reintegration	.054	-.241*	-.278**	-.139
Pseudoindependence	-.160	-.271**	-.269**	-.101
Immersion/Emersion	.348***	.379***	.342***	.500***
Autonomy	.109	.136	.067	.033

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 24

Correlations for the WRIAS Scale and Staging Variables Post-intervention

WRIAS Subscale	Importance	Frequency	How Long	Changing
Contact	-.130	-.309**	-.277**	-.242*
Disintegration	.038	-.078	-.152	.072
Reintegration	-.045	-.241*	-.277**	-.101
Pseudoindependence	-.140	-.153	-.112	-.115
Immersion/Emersion	.100	.181	.232*	.403***
Autonomy	.071	.073	.077	.235*

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Based on this data, two staging variables have the strongest predictive values of WRIAS status. Stage 4 (intent to change behaviors) and WRIAS status 5 (Immersion/Emersion) have a strong positive correlation at both baseline and post-intervention. Also, Stage 4 has a negative correlation at both baseline and post intervention with WRIAS status 1 (Contact). Therefore, self-reported intent to change behaviors may be predictive of WRIAS statuses Contact and Immersion/Emersion. Stage 2 (frequency thinking about being White) had a strong negative correlation with Status 1 (Contact) at baseline and post-intervention. Therefore, self-reported frequency of thinking about being White may indicate whether or not a subject is in WRIAS status Contact. The data do not support the hypothesis that a subject's self-reported stage is correlated to WRIAS status for any other stages or statuses.

CHAPTER V

Discussion

As stated previously, cultural competency is an important focus in counseling psychology, as counselors are faced with the challenge of meeting the mental health needs of an increasingly diverse population. Bias and discrimination continue to impact on minority communities, and can adversely affect the therapeutic alliance (Bingham et al., 2002; Dovidio, Gaertner, et al., 2002; Dovidio, Kawakami, et al., 2002). Client perceptions of the counselor's cultural competence has been found to be a significant factor affecting the client's satisfaction with the counseling experience (Constantine, 2002). White racial identity is a factor in cultural competency among White counselors, as racial and cultural identity influences how one sees and experiences the world (Carter, 1995; Stewart & Bennet, 1991). Racial identity levels can directly impact on the therapeutic alliance through the counselor's cognitive and verbal behaviors and through racial attitudes unwittingly expressed by the counselor (Carter, 1995; Dovidio, Gaertner, et al., 2002; Dovidio, Kawakami, et al., 2002; Pinderhughes, 1989). The overall goal of this study was to help White counselors be more effective working with culturally and racially diverse clients, through increasing levels of racial identity development. This study attempted to see if levels of White racial identity could be increased through an intervention focused specifically on the meaning of being White and utilizing behavior change strategies based on the transtheoretical model of behavior change (TTM).

White Racial Identity Development

The results of this study indicate that the treatment condition had a significant effect on White racial identity, specifically on the WRIAS statuses Contact, Reintegration, and Immersion/Emersion. In particular, median scores in WRIAS status level one Contact decreased in the intervention group and increased in the statuses Reintegration, and Immersion/Emersion, indicating an increased level of White racial identity development attributable to the treatment group. Since racial identity level can have an impact on cognitive processing, stereotyping, and the ability to accurately process race-related materials and information (Gushue & Carter, 2000; Helms, 1990, 1995, 1996), this more evolved racial identity may result in decreased cognitive bias and stereotyping among therapists (Gushue & Carter, 2000). This increase in level of White racial identity may translate into more culturally competent therapeutic relationships.

Somewhat similar changes were seen on the staging questionnaire. There was a significant difference between the two groups in the first stage (Importance of Being White) where the treatment group increased in importance, and the third stage (How Long Learning About Being White), where the treatment group said they had been learning about it longer. While the experimental group had a slight increase in the fourth stage when compared to the comparison group (Considering Making Changes), these findings were not significantly different. The increase in thinking about being White, and studying being White is not surprising, given that the experimental group spent 8 weeks doing exactly that. Unfortunately, these changes did not translate into a significant increase in the fourth stage, which addressed intent to make behavioral changes.

Even though there is no evidence of deliberate changes in behaviors as identified by the staging questionnaire, participants did report an increase in importance of "exploring what it means to be a White member of society," and participants spoke of having an increased awareness of being White and the impact that had on their interactions with others. Participants spoke of how they were more aware of how their being White, and the values and attitudes they have that are associated with being White, impact on their interactions with others and with the choices they make. This increased awareness of and thinking about being White may have an impact on daily activities. This increased awareness may give participants more controlled processing, in their interactions, behaviors, and reactions to others, rather than automatic processing. Automatic processing relies on social categories such as race (Ito & Urland, 2003; Norton, Vandello & Darley, 2004), and can influence judgments and decisions that can lead to aversive racism and other forms of discriminatory behaviors (Dovidio, Kawakami, et al., 2002). More controlled processing may result in less prejudicial behaviors (Payne, 2001) and may improve cultural competency among counselors.

White Racial Identity and the Therapeutic Relationship

This study attempted to see if there was a relationship between White racial identity status and the quality of the therapeutic relationship as perceived (a) by counselors and (b) by clients. Only data from counselors was analyzed, and based on this data, no relationship was seen between the WRIAS statuses and WAI subscales, indicating that advances in the level of racial identity was not related to improvement in the therapeutic relationship as perceived by the counselor. Without further research or

more data, one can only speculate why this is so. The participants who volunteered to be in this study did so because they were already interested and concerned about cultural competency and racial identity. This particular group of participants may already have been aware of the impact of race on their work with clients and were already actively addressing it; therefore, there was no change in their perception of the therapeutic alliance due to the intervention. Also, the relatively short time period in which the intervention occurred, may not have allowed time for significant change in the client-counselor relationship. Additionally, the measure itself did not ask about changes in the working alliance with the client, and it only tracked three specific aspects of the counselor-client relationship. Therefore, the relationship could have been "good" both before and after the intervention, although the relationship may have been changed in a way that was not measured by the subscales.

One staging variable (importance of exploring being White) was significantly correlated at both baseline and post-intervention with the WAI. This variable was positively correlated with WAI Task and Goal subscales. This would indicate that, regardless of racial identity status, the more important a counselor feels exploring being White is, the better the therapeutic relationship is, as perceived by the counselor and measured by the WAI subscales Task and Goal. In other words, there may be a positive impact on the therapeutic relationship when a counselor believes it is important for him or her to explore the significance of being White. Since some people have found that racial minority clients prefer White counselors in earlier statuses of racial identity (for example, information on the APA division 45 listerv indicated that clients of color found it easier to work with White counselors in early statuses such as Contact), White

counselors who show advanced development in their racial identity status may not have improved therapeutic relationships with their clients. However, because there were not enough clients in the study to analyze their perceptions of the counseling relationship, it is not known if clients viewed the relationship in the same way.

Measuring White Racial Identity Development

Another intent of this study was to see if a simple self-report measure based on the transtheoretical model of behavior change would yield similar results to the WRIAS. This study also found that the staging variable Intent to Change Behaviors and WRIAS status 5 (Immersion/Emersion) have a strong positive correlation at both baseline and post-intervention, and a strong negative correlation at both baseline and post intervention with WRIAS status 1 (Contact). The staging variable Frequency Thinking About Being White had a strong negative correlation with Status 1 (Contact) at baseline and post-intervention, indicating that these staging variables may be correlated with the WRIAS statuses as indicated. These results may show promise that a simpler survey can be developed that would yield similar results to the WRIAS.

As a survey instrument, there are some difficulties with the WRIAS. For this study, the reliability level of the WRIAS was low. However, Helms (1996) stated that a low reliability level can be the result of using a homogeneous cohort. In this study, the participants in this group were homogeneous, as indicated both by the results of the surveys, and by the process of selecting participants. Participants had no compelling reasons to participate other than an interest in the topic and a willingness to discuss it. Also, some participants encouraged friends or coworkers to participate. This process did

not bring in a diverse group of people, but brought together a group of people who were concerned about the negative impact of racism, and who were motivated to explore the issues. Although this group was very interesting to work with, very thoughtful and open in their discussions, the diversity among them in this sense was not great. However, low reliability on the WRIAS is not unique to this study, and other researchers have commented on this, which prompted Helms's explanation cited above (Helms, 1996). There have also been questions about whether the WRIAS accurately assesses White racial identity (Behrens, 1997; Pope-Davis, Vandiver, & Stone, 1999; Rowe, Behrens, & Leach, 1995) although Helms disputed this (Helms, 1997).

There was one other significant issue related to the WRIAS: many of the study participants expressed intense dislike for this survey. Some participants wrote excessive notes on the surveys. In post-group debriefing, many participants talked about how they felt the questions and the answers were difficult to understand and answer; many stated that the questions did not allow them to accurately express their responses; some stated they found the survey to be demeaning and filled with stereotypes, and that agreeing or disagreeing with the statement forced them to choose answers which they did not believe accurately reflected their feelings or experiences. Many participants felt that the survey itself provoked anger and resentment. A few participants refused to complete the WRIAS post intervention because they such a strong negative reaction to the survey. This reaction to the WRIAS may have had an impact on the results, or may have been influenced by the individual's racial identity status.

Limitations of the Present Study

The original intent of this study was to solicit data from clients to assess the impact of counselors' racial identity on the therapeutic relationship. However, it was difficult to recruit clients and to collect data directly from clients. Only one or two clients per group contacted me, and only 6 completed participation in the study. There were a number of reasons for this. The process to solicit clients relied on clients taking the initiative. They were to be given a packet of materials by their counselor and then, after reading the material, decided whether or not to call the researcher to get more information about participating in the study. If clients chose not to call, there was no way to follow up with them, or to solicit others. Some clients who did call left messages, with no call back numbers. When clients chose to call, some chose not to participate in the study. Clients who decided to participate either had to provide contact information or contact the researcher upon their own initiative at the end of the study to complete their participation. Only six completed post-training questionnaires. Another significant difficulty was the counselors' reluctance to give the participant solicitation materials to their clients. There was no way to check or assure that counselors distributed study materials to their clients. Many did not, and spoke of their discomfort in doing this. There was a level of discomfort related to asking feedback from clients (for example, a counselor said it felt like "being judged"); counselors were very uncomfortable with the topics of racism and White racial identity. Many said they feared their clients' responses, and that they would appear racist. Although discussions about the difficulty soliciting clients were rich, the ultimate result was that not enough client data were gathered to analyze.

The length of the experiment was a limitation in two ways. First, it is difficult to get people to commit to voluntarily attend a group for 8 weeks. Second, 8 weeks is actually a short amount of time in which to try to facilitate change. Given more time, the intervention condition may have had more of an impact.

The homogeneity of the participant group was both a limitation and a strength. As mentioned previously, participants were self-selected and participated out of a willingness to learn more about themselves. The benefit of this was that participants were quickly able to develop comfort and safety with each other. Initially in the group there was much reluctance and discomfort with exploring being White. Most participants were very concerned about confidentiality, and, as they later expressed, were at first very concerned about appearing racist to each other in the group and to themselves. However, they quickly were able to address the topic and became very engaged. All participants were concerned about the impact of their work on people of color, and were very concerned that no people of color could overhear their discussions, or find evidence of what they had done or said. For example, in one group participants were asked to draw a picture of what it means to be White. At the end of the group, participants wanted to be sure the pictures were destroyed and thrown out where no one would accidentally see them. In general, the group was a very rich experience for the researcher as well as for participants.

There were no significant differences between the two groups at baseline, and there were significant differences after the intervention. However, because 75% of participants in each condition (comparison and experimental) completed all measures both pre- and post-intervention, the effect of the measures themselves on the outcome

cannot be totally separated from the effect of the intervention, due to the limited number of participants who completed the measures post-intervention only.

Recommendations for Future Research

While this study looked at compared the impact of receiving treatment or not receiving treatment on racial identity development and the therapeutic relationship, the effectiveness of this treatment was not compared to other types of interventions. It would be interesting to compare the treatment group with a standard cultural competency training, to see if this particular treatment is more or less effective than other types of treatments addressing cultural competency and/or racial identity. In addition, the participants in this group were self-selected and self-motivated. Future research should use a more diverse group of participants (i.e., participants who are more resistant to the issues). This would provide evidence as to whether this type of treatment can work with more diverse participants or not.

Since ultimately cultural competency in therapeutic situations is purported to have an impact on the client, it is imperative that data from clients of color be analyzed to understand the impact of counselor change on therapeutic interactions. The data in this study came only from counselors. The counselor's perception of the therapeutic alliance may be radically different from the client's. This study was unable to determine the impact on the client due to a dearth of data. Further studies should attempt to relate counselor training to impact on the client. And another aspect of that would be to determine if client differences in racial identity impact on how they interact with White counselors in different statuses of racial identity. Also, follow-up studies that look at

impact over time, instead of focusing on immediately after the intervention would be helpful to determine if any change is long lasting, or if the effect wears off shortly after the intervention ends.

Much research in cultural competency focuses on a cross-cultural client-counselor relationship. However, it is just as important to explore the impact of cultural competence in all client-counselor relationships. Another important area for future research would be to assess the impact of White racial identity status when both client and counselor are White. Would the working alliance be improved or impaired when there are significant differences in racial identity status?

Finally, the tools used to assess the impact of the intervention are less than perfect. More research has been done, and more tools have been developed. However, this is an area that needs more research. Data on the impact of interventions cannot be better than the tools used to gather and assess that data. It may be that this type of data are too complex to adequately capture in a simple self-report survey, and other methods and tools may need to be developed to accurately gather and analyze the data.

Summary and Conclusions

This study showed that levels of White racial identity development can be increased by using a behavior change intervention focusing on the specific behavior change needs of the participant group. This study did not show that change in racial identity level translates into an improved counselor-client relationship, or if that therapeutic relationship is more effective based on the counselor's level of racial identity

development. The study was unable to assess the client's perception of the therapeutic relationship either at baseline or post intervention.

Based on this data, as well as on the statements from participants, the groups provided an effective intervention for improving racial identity. The work of the groups was very rich. Many participants said they were able to talk about things they would not otherwise have felt comfortable talking about (for example, talking about what they like about being White, or stating they are aware of benefits they get from being White, and stating that they do not want to have to give up these privileges or acknowledging that they are safe in ways people of color are not, and that they want to be safe). Some participants talked about how being in the group increased awareness of how they interacted with others: after talking in the group about how colleagues of color segregated themselves at lunch, he said he went up to a colleague he had wanted to get to know better to ask him to have lunch together. Another participant was looking for a roommate during the time she was in the group. She said that she became aware of how she reacted differently to an African American she was interviewing, as compared to a White applicant.

One important issue in the groups was safety. In order to discuss issues related to being White, participants wanted to know first, that none of their colleagues or friends of diverse racial and ethnic backgrounds would know about the content of the group. Participants were concerned that talking about these issues would appear racist, and this issue of safety and confidentiality had to be addressed. This points to the difficulty White people have in exploring their racial identity in society, even while research indicates that improving racial identity is a factor in improving cultural competency. This study

indicates that it is important to provide a safe place for White people to explore their racial identity in hopes of improving cultural competency.

The transtheoretical model of behavior change upon which this intervention was based would indicate that different types of interventions work with different people, based on the individual's stage of change. This points to the need for many different types of interventions to improve cultural competency among White counselors, rather than relying on one intervention for all. Behavior change research and cultural competency teaches us that the intervention should "fit" the individual, rather than trying to make the individual fit the intervention. This approach to cultural competency (i.e., focusing on White racial identity development) is an alternative and addition to more traditional approaches. Hopefully the work of this study will aid in providing more ways of improving cultural competency among White counselors, with the ultimate goal of improving the therapeutic relationship and the mental health services which clients receive.

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Appendix A
Group Curriculum Overview

Group Curriculum Overview

Session: Orientation

Topics:

Surveys

Introductions and Overview of Training

Focus: Consciousness Raising; Social Liberation

Purpose: To facilitate the group process by helping participants get to know each other

To reiterate the purpose of the program, and provide an overview of the program

To complete pre-training surveys

Description:

Surveys

- Facilitator will distribute forms and surveys to participants to complete.

  Participants will complete forms and return to facilitator

Introductions and Overview of Training

- Participants will briefly introduce themselves, where they work, their experience and background in Racial Identity or Cultural Competency, and their goals and expectations for their participation in this program.
- Facilitator will provide an overview of the training program, its purpose and design. Facilitator will discuss White Racial Identity Development briefly.
- Group will develop norms for the training group.

Session: One

Topics:

Introductions: NAMES

Terms and Definitions

White is. . .(Picture/Collage)

Discussion: What does it mean to be White?

Homework

Focus: Consciousness Raising; Social Liberation

Purpose: To facilitate the group process by helping participants get to know each other

To provide common definitions for use in this training

To encourage participants to begin to think about being White

To share thoughts, feelings, ideas about being White in a safe atmosphere

Description:

Names

- Participants will look at some of the diversity in the group and possibly learn something new about themselves or others by sharing information about their names.

Terms and Definitions

- Facilitator states that racial and cultural terms are "loaded" and we need to be sure we all know what we mean when we use them. Distribute a worksheet with the words White, race, racism, racial identity, ethnicity, culture and ask participants work with a partner to define the terms. After about 10 minutes, discuss the definitions with the full group

White is. . .(Picture/Collage)

- Ask participants to create a picture/collage of White culture. Have participants share their pictures with the full group, and describe their picture as they show it. Lead into the following discussion

Discussion: What does it mean to be White?

- Lead an interactive discussion. (NOTE: the facilitator should facilitate the discussion among members, but should not to interject personal opinions, etc. It is important for members to have ownership of the discussion)

Homework Assignment

- For homework, participants go to a local store that caters to a specific, identifiable racial/cultural/ethnic group that is different from yours, and one that caters to people like you. Make notes on what they observe.

Session Two

Topics:

Homework Discussion

Clay People

Discussion: How do you experience being a White counselor? How do others experience you?

Homework: Language

Focus: Consciousness Raising; Social Liberation; Self Re-evaluation;

Purpose:

To explore issues of personal identity and race

To discuss the impact of race on counseling

To explore the impact of language on communication

Description:

Homework Discussion

- Have participants share their experiences at the stores. Discuss what they learned about white culture by visiting the stores.

Clay People

- Give each person different colors of play dough. Each color represents a different aspect of themselves. Using half the play dough they are to create a representation of themselves that represents how important each of these parts of them is to the whole.
- Using the saved play dough, they are to create a second representation. This time they will create an image of how they think others see them.
- Then, ask participants to get up and view all the different images participants have created and discuss.
- Lead into the following Discussion

Discussion: How do you experience being a White counselor?

- Lead an interactive discussion. (NOTE: This discussion should flow naturally from the previous activity/discussion)

Homework: Language

- For homework, participants will look at how language a reflection of race and/or culture.

Session Three

Topics:

Homework: Discussion

Picturing Racism

Discussion: Racism, Pros and Cons

Homework: Moral Dilemmas

Focus: Self Efficacy; Self Re-evaluation; Dramatic Relief; Decisional Balance

Purpose: To build skills in language and communication

To explore the benefits and disadvantages of racism

To explore moral dilemmas

Description:

Homework Discussion: Language

- Discuss homework assignment.

Picturing Racism

- Distribute paper and drawing materials to participants. Ask them to draw a picture of racism. Ask participants to look at all the pictures and discuss what impressions they get from the pictures.

Racism Pros and Cons

- Ask participants to write three pros and three cons of racism. Read off the pros, and then the cons, so that everyone knows what was written. Discuss these lists.

Homework: Moral Dilemmas

- For homework, tell participants to think of a racial moral dilemma they have experienced or are experiencing. Describe it.

Session Four

Topics:

Homework: Moral Dilemmas Discussion

What can you do?

Values Clarification

Focus: Self Efficacy; Self Re-evaluation; Dramatic Relief; Social liberation

Purpose: To share experiences in moral dilemmas

To discuss ways of confronting moral dilemmas

To increase insight into personal values, and understanding into different values

Description:

Homework Discussion: Moral Dilemmas

- Ask participants to share some of the moral dilemmas they face. Discuss, and lead into next activity

What can you do? Building Strategies

- In trios, have participants share the moral dilemma that is most difficult for them. They should share some of the following: What their issues are, why this is difficult, and what they have tried to do to deal with this moral dilemma. Then, the other people in the trio should brainstorm suggestions on how to deal with this issue. The first person should just listen, not critique. Then, the first person should thank them for their input. If they think any of these strategies are helpful, they should say which they will try.

Values Clarification: Forced Choices

- Discuss values. Ask participants about the role of values and racial identity. Read a series of "values" statements one at a time, and let participants decide if they agree or disagree with the statement. Have participants discuss why they agree or disagree with the statement. Do not allow participants to debate each other. Summarize these comments and then process.

Session Five

Topics:

Cultural Simulation

Role plays

Homework

Focus: Self Efficacy; Dramatic Relief; Social liberation,

Purpose: To experience belonging to different groups

To discuss ways of being more open to other

Description:

Cultural Simulation

- Divide participants into two different cultures. Give each culture a description of how they are to interact with each other. Give the groups time to interact, and then discuss the experience.

Homework: Movie time

- For homework, participants should go to or rent a movie, and analyze the cultural, racial and values-based messages in that movie:

Session Six

Topics:

Discuss Homework

Assumptions and Stereotypes

Discussion:

Visioning

Homework I can

Focus: Self Liberation; Self Re-evaluation; Self Efficacy

Purpose: To share insights into social racism

To experience the impact of assumptions and stereotypes

To develop plans and commit to change

Description:

Homework Dicsussion: The Movies

- Ask participants briefly to share some of their insights as they watched the movies.

Assumptions and Perceptions

- Give participants a short scenario, and questions to answer based on the scenario. After participants have finished answering their questions, ask them to share their answers and to discuss any differences they may have. Make the point that for all of the statements, they had to make assumptions in order to answer the questions, i.e., the information they needed was not explicitly there. What were some of the assumptions they made? Did everyone in the group make the same assumptions? Why or why not?

Discussion:

- Lead into a discussion on what assumptions are, the benefits of assumptions, the disadvantages of assumptions

Visioning

- Have participants roleplay various stakeholders and discuss from the point of view of the stakeholder group the following: It is 10 years from now, and racism has greatly decreased. Discuss what this society is like. What did you do to make this change come about?

Homework

- Participants write in their journals what they personally can do to decrease racism, and what the pros and cons are of doing that

Session Seven

Topics:

Discuss Homework

Antecedents, Behaviors and Consequences: counter thinking

Homework Commitment

Focus: Counter conditioning; Self Liberation; Self Efficacy

Purpose: To strategies for making changes

To explore barriers to change

To develop skills in working with clients

Description:

Homework Discussion: Strategies for countering racism

- Ask participants to share some of their strategies for countering racism. These should be concrete and achievable. Discuss pros and cons. Discuss issues that make it difficult to change. .

Antecedents, Behaviors and Consequences: Counter Thinking

- Discuss what might be some "automatic self statements" in regards to racial identity? Culture?

Discuss need to become more aware of these automatic self-statements. Discuss the skill of "counter thinking." Distribute handout to participants and ask participants to think of some of their racial and cultural self-thoughts are, and to complete the worksheet.

Role Plays

- Divide participants into pairs. Have each person in the pair role play their "most difficult client." Discuss with partner afterwards and then with full group: What was helpful in this situation? What could you try that is new? How can you increase your cultural competence in working with this client?

Homework What does it mean to be White

- Ask participants to think about what it means to be White, and how that has changed for them since they began this group

Session Eight

Topics:

Being White/Discuss Homework

Contracting: Commitment to change

Planning for the future (contingency management)

Focus: Counter conditioning; Self Liberation, Contingency management/Environment control

Purpose: To increase commitment for making changes

To explore strategies for maintaining changes

Description:

Being White

- Have participants work together to develop a group collage of what it means to be White. Discuss in full group, and compare to earlier individual collages participants made.
- Refer to homework assignment during this discussion.

Contracting for Change

- Give participants a sheet of paper or note card. On this card, they should write down one thing they will do in the next month, and something they will have accomplished by three months. These should be realistic.

Planning for the Future

- Ask participants to divide into small groups of 3 – 4 each and share their self-contracts for change. They should also discuss, what might make it difficult to follow through. What will make it difficult to follow through with their commitment to change? What will help them? With their group members they should develop a contingency plan: What will help them deal with difficulties they anticipate? How can they remember their commitment to change? What do they need to change in their environment to make change more possible?

Session Debriefing

Topics:

Completing Post Group Surveys

Debriefing Group Experience

Purpose: To increase gather post group data

To help participants understand their experience

Description:

Post Training Surveys

- Give each participant the surveys to complete. Allow 30 – 45 minutes (as needed) to complete the surveys.

Debriefing the Group Experience

- Ask participants to share their experiences during the past few weeks.

Appendix B

Letters of Solicitation

PROSPECTIVE PARTICIPANT INFORMED CONSENT FORM (Counselor)

Instructions: Please read the following information. Feel free to ask any questions that may arise as you are reading this form. If you agree with the conditions stated, understand the form, and consent to participate, then sign the form at the bottom where indicated. Your signature indicates that you have read and understood this form, and that you agree to the conditions stated in the form.

The following has been explained to me and I understand that:

1. Researcher's Affiliation with Seton Hall University

I am being asked by Karen Deli, a doctoral student in the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University to participate in a research project.

2. Purpose of the Research

The study investigates the development of white racial identity development and its impact on the relationship between a white counselor and a client who is racially different. Participants in the study will meet for a multi-session workshop to explore what it means to be White. The workshop group will meet for 1 ½ hours each week for eight weeks. Participants will also be asked to attend an orientation meeting (approximately 1 hour) and a post-training debriefing meeting (approximately 1 hour). This will be a total of 10 meeting times, and a total of 14 hours.

3. Study Procedures

This study will involve the following procedures:

- Participants will meet for an orientation meeting, at which time they will receive an overview of the 8 week training, and they will complete the following surveys:
  a. Demographic Survey
  b. WRIAS (a social attitude survey)
  c. WAI (a survey which explores the relationship between counselor and client)
  d. Staging Questionnaire (a survey to assess readiness to voluntarily change behaviors)
- Participants will be asked to provide names (initials only) of their clients who are racially different from them. The researcher will identify two clients to participate in the survey. The participant will give each of these clients the "Letter of Solicitation." All further communication with the client about this study will be directly with the researcher.
- Participants will attend an eight-session workshop on "The Meaning of Whiteness." During the course of this workshop, participants will explore their racial identity, and the impact of their racial identity on

their work. Each session will last 1 ½ hours. There will also be a debriefing session (1 hour) at the conclusion of the training.

4. Voluntary Nature of the Project

Participation in this research project is entirely voluntary. I may, without prejudice or penalty, refuse to take part or withdraw my participation at any time during the study.

5. How Anonymity with be Preserved

All surveys and forms will be coded by the participant. This code will allow pre-training and post-training forms to be compared. No names will be attached to these forms and surveys.

6. How Data will be Stored

Identifying data and completed surveys and forms will be stored separately in locked filing cabinets. Completed surveys will contain only a code, not a name. Only the researcher will have access to the surveys and forms. Surveys and forms will be stored in a locked filing cabinet for 3 years after the conclusion of the study. After that time, all identifying data will be destroyed. No records will be kept of who participated in this study. Participants will not be contacted after the conclusion of the study. .

7. Extent to Which Records will be Confidential

All identifying data related to the participant will be securely stored in a locked filing cabinet. Only the researcher will have access to this information. Surveys and identifying data will be stored separately. This information will be stored in a locked filing cabinet for 3 years after the conclusion of the study. After that time, all identifying data will be destroyed. No records will be kept of who participated in this study. Participants will not be contacted after the conclusion of the study

8. Possible Risks

Participation in this study involves completing surveys and participating in a group training on white racial identity. Completing the surveys will not involve risk and should not cause discomfort. However, if any questions cause discomfort, I may skip those questions. I understand that I can stop answering questions at any time if discomfort occurs. Participation in the group sessions will involve exploring potentially difficult or sensitive issues related to white racial identity. I understand that I do not need to share any information or participate in any discussion that causes discomfort. I can discuss my discomfort with the surveys or the group with the researcher, and, if deemed appropriate, a referral will be made to a professional counselor or counseling service.

9. Possible Benefits

By participating in this research project, I may receive the following benefits:

- I will learn more about White Racial Identity

- I will be able to talk about issues related to being white, and counseling with others

10. Referral Procedures for Undo Stress or Psychology Harm
If I experience discomfort with the surveys or participation in the group, I may speak with the researcher, and if deemed appropriate, the researcher may refer me to a professional counselor or counseling service.

11. Alternative Procedures
I understand that there are other methods of exploring white racial identity or cultural competence and that I can attend formal classes in these topics, or seek training from other sources, such as universities, community colleges, professional training agencies.

12. Who to Contact for Questions
Any question about this research can by answered by the researcher, Karen Deli who can be reached by email at keran@cicatelli.org or by phone at (212)594-7741. My dissertation mentor, Dr. Laura Palmer, can be reached at the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University. Her phone number is (973) 275-2740.

13. Audio or Videotaping
This research project will NOT involve any video or audio taping of participants.

14. Copy of this Form will be Given to Participant
I will be given a copy of the signed and dated informed consent form.

15. IRB Review
This project has been reviewed and approved by the Seton Hall University Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties and rights. The Chairperson of the IRB may be reached at (973) 275-2977 or(973) 313-6314.

16. Agreement to Participate
I have read the material above, and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without prejudice at any time.

I agree to the conditions stated on this form.

_____ _____

Participant Signature Participant Name (Print)

_____(Date)

PROSPECTIVE PARTICIPANT INFORMED CONSENT FORM (Client)

Instructions: Please read the following information. Feel free to ask any questions that may arise as you are reading this form. If you agree with the conditions stated, understand the form, and consent to participate, then sign the form at the bottom where indicated. Your signature indicates that you have read and understood this form, and that you agree to the conditions stated in the form.

The following has been explained to me and I understand that:

1. Researcher's Affiliation with Seton Hall University
   I am being asked by Karen Deli, a doctoral student in the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University to participate in a research project.

2. Purpose of the Research
   The study investigates the development of white racial identity development and its impact on the relationship between a white counselor and a client who is racially different. It will take clients approximately 20 minutes to complete the forms they will be given. Participants will complete these forms twice, for a total of approximately 40 minutes.

3. Procedures
   This study will involve the following procedures:
   - Clients who agree to participate will be given the following two forms to complete:
     - Demographic Survey
     - WAI, a survey which looks at the relationship between clients and counselors
   - The client's counselor will be participating in an eight week training. At the conclusion of this training, clients will be asked to complete the WAI again.
   - Clients will receive $5 for completing the pre-training surveys, and $10 for completing the post-training survey.

4. Voluntary Nature of the Project
   Participation in this research project is entirely voluntary. I may, without prejudice or penalty, refuse to take part or withdraw my participation at any time during the study.

5. How Anonymity will be Preserved
   All surveys and forms will be coded by the participant. This code will allow pre-training and post-training forms to be compared. No names will be attached to these forms and surveys. Counselors will not be given any

information about the clients and their participation. Counselors will not know which clients have agreed to participate.

6. How Data will be Stored
Identifying data and completed surveys and forms will be stored separately in locked filing cabinets. Completed surveys will contain only a code, not a name. Only the researcher will have access to the surveys and forms. Surveys and forms will be stored in a locked filing cabinet for 3 years after the conclusion of the study. After that time, all identifying data will be destroyed. No records will be kept of who participated in this study. Participants will not be contacted after the conclusion of the study.

7. How Records will be kept Confidential
All identifying data related to the participant will be securely stored in a locked filing cabinet. Only the researcher will have access to this information. Surveys and identifying data will be stored separately. This information will be stored in a locked filing cabinet for 3 years after the conclusion of the study. After that time, all identifying data will be destroyed. No records will be kept of who participated in this study. Participants will not be contacted after the conclusion of the study

8. Possible Risks
Participation in this study involves completing surveys. Completing the surveys will not involve risk and should not cause discomfort. However, if any questions cause discomfort, I may skip those questions. I understand that I can stop answering questions at any time if discomfort occurs. I can discuss my discomfort with the surveys with the researcher.

9. Possible Benefits
By participating in this research project, I do not expect to receive any personal benefit.

10. Referral Procedures for Undo Stress or Psychological Harm
If any questions cause discomfort, I may skip those questions. I understand that I can stop answering questions at any time if discomfort occurs. If I experience discomfort with the surveys I may speak with the researcher, and if deemed appropriate, the researcher may refer me to a professional counselor or counseling service.

11. Alternative Procedures
I understand that there are other methods of exploring white racial identity or cultural competence and that I can attend formal classes in these topics, or seek training from other sources, such as universities, community colleges, professional training agencies.

12. Who to Contact for Questions
Any question about this research can by answered by the researcher, Karen Deli who can be reached by email at keran@cicatelli.org or by phone at (212) 594-7741. My dissertation mentor, Dr. Laura Palmer, can be reached at the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University. Her phone number is (973) 275-2740.

13. Audio and Videotaping
This research project will NOT involve any video or audio taping of participants.

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16. Agreement to Participate
I have read the material above, and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without prejudice at any time.

I agree to the conditions stated on this form.

_____ _____

Participant Signature Participant Name (Print)

_____

Date

LETTER OF SOLICITATION (Counselor)

Dear Prospective Participant,

Karen Deli, a doctoral student in the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University is conducting a research project and would like to invite you to participate.

The study investigates the development of white racial identity development and its impact on the relationship between a white counselor and a client who is racially different. Participants in the study will meet for a multi-session psycho-educational group workshop to explore what it means to be White and the impact of that on their work. The study will attempt to assess whether or not exploring these issues will improve the working relationship between white counselors and their clients who are racially different from them. After attending the group workshop, participants may be more culturally competent in their work. The workshop group will meet for 1 ½ hours each week for eight weeks. Participants will also be asked to attend an orientation meeting (approximately 1 hour) and a post-training debriefing meeting (approximately 1 hour). This will be a total of 10 meeting times, and a total of 14 hours. During the orientation meeting, participants will complete pre-training surveys and assessment forms. It will take less than 30 - 45 minutes to complete these forms. Before the debriefing session, participants will complete the post-training surveys. It will take approximately 30 minutes to complete these two forms. These assessment tools are described below.

To be eligible to attend this workshop series, participants must meet the following criteria: 1) Currently working as a counselor or educator providing direct services to clients; 2) Self-identify (racially) as "white;" 3) Have their supervisor's approval; 4) Be available to attend all the training days (1 workshop per week for 8 weeks); 5) Agree to participate in the study by completing all measures pre and post training.

Participants will attend a multi-session psycho-educational group workshop on "The Meaning of Whiteness." The purpose of this workshop is to allow white counselors to explore their racial identity and the impact of their racial identity on their work. To assess the impact of the workshop, participants will complete the following surveys before and the training:

a. Demographic Survey
b. WRIAS (a social attitude survey)
c. WAI (a survey which explores the relationship between counselor and client)
d. Staging Questionnaire (a survey to assess readiness to voluntarily change behaviors)

At the conclusion of the training, participants will again complete the WRIAS and the WAI

Participants will be asked to provide names (initials only) of their clients who are racially different from them. The researcher will identify two clients to participate in the survey. The participant will give each of these clients the "Letter of Solicitation." All further communication with the client about this study will be directly with the researcher.

Participants will meet weekly for 8 weeks for a group training on white racial identity. Each session will last 1 ½ hours. There will also be an orientation meeting and debriefing session at the conclusion of the training. Each of these two meetings will last for one hour. The series of training sessions will be held at Cicatelli Associates Inc. Training Center in Midtown Manhattan (505 Eighth Ave).

Participation in this research project is entirely voluntary. You may without prejudice or penalty, refuse to take part or withdraw your participation at any time during the study.

All surveys and forms will be coded by the participant. This code will allow pre-training and post-training forms to be compared. No names will be attached to these forms and surveys. Surveys and forms will be stored in a locked filing cabinet and only the researcher will have access to it. All identifying data will be stored separately, in a locked filing cabinet.

All identifying data related to the participant will be securely stored in a locked filing cabinet. Only the researcher will have access to this information. This information will be stored in a locked filing cabinet for 3 years after the conclusion of the study. After that time, all identifying data will be destroyed. No records will be kept of who participated in this study. Participants will not be contacted after the conclusion of the study

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The chairperson of the IRB may be reached at (973) 275-2977 or (973) 313-6314.

If you are interested in participating in this research study, or if you have any other questions, please contact the researcher Karen Deli at (212) 594-7741. My dissertation mentor, Dr. Laura Palmer can be reached at the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University. Her phone number is (973) 275-2740.

Thank you for your time

Sincerely,

Karen Deli

LETTER OF SOLICITATION (Client)

Dear Prospective Participant,

Karen Deli, a Counseling Psychology doctoral student in the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University is conducting a research project and would like to invite you to participate. This research project is being undertaken with the guidance of my dissertation mentor Dr. Laura Palmer, who is faculty in the Counseling psychology department in the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University.

The study investigates the development of white racial identity development and its impact on the relationship between a white counselor and a client who is racially different. To assess this, I would like to ask you to complete some surveys. It will take approximately 20 minutes to complete the surveys. Participants will complete these forms twice, for a total of approximately 40 minutes.

Your counselor will be participating in an eight week workshop. Clients you agree to participate would complete the following surveys before this workshop begins:

a. Demographic Survey
b. WAI (a survey which explores the relationship between counselor and client)

At the conclusion of the training, participants will again complete the WAI. Participants will receive $5 for completing the pre-training surveys, and $10 for completing the post-training survey.

Participation in this research project is entirely voluntary. You may without prejudice or penalty, refuse to take part or withdraw your participation at any time during the study.

All further communication with the client about this study will be directly with the researcher. Your counselor will not know whether or not you have agreed to participate, or how you completed your surveys.

All surveys and forms will be coded by the participant. This code will allow pre-training and post-training forms to be compared. No names will be attached to these forms and surveys. Surveys and forms will be stored in a locked filing cabinet and only the researcher will have access to it. Names and any other identifying data will be stored separately.

All identifying data related to the participant will be securely stored in a locked filing cabinet. Only the researcher will have access to this information. This information will be stored in a locked filing cabinet for 3 years after the conclusion of the study. After that time, all identifying data will be destroyed. No records will be kept of who

participated in this study. Participants will not be contacted after the conclusion of the study

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The chairperson of the IRB may be reached at (973) 275-2977 or (973) 313-6314.

If you are interested in participating in this research study, or if you have any other questions, please contact the researcher Karen Deli at (212) 594-7741. My dissertation mentor, Dr. Laura Palmer can be reached at the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University. Her phone number is (973) 275-2740.

If I do not hear from you within two weeks of the date of this letter, I will assume you have decided not to participate, and I will not attempt to contact you about this again.

Thank you for your time

Sincerely,
Karen Deli

ORAL SOLICITATION SCRIPT

Hi. My name is Karen Deli, and I'm a Counseling Psychology doctoral student in the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University. Under the guidance of my dissertation mentor Dr. Laura Palmer, who is faculty in the Counseling psychology department, I am conducting a research study on cultural competency and white racial identity development.

The study investigates the development of white racial identity development and its impact on the relationship between a white counselor and a client who is racially different. Participants in the study will meet for a multi-session psycho-educational group workshop to explore what it means to be White and the impact of that on their work. The study will attempt to assess whether or not exploring these issues will enhance white racial identity development and improve the working relationship between white counselors and their clients who are racially different from them. After attending the group workshop, participants may be more culturally competent in their work. The workshop group will meet for 1 ½ hours each week for eight weeks. Participants will also be asked to attend an orientation meeting (approximately 1 hour) and a post-training debriefing meeting (approximately 1 hour). This will be a total of 10 meeting times, and a total of 14 hours. During the orientation and debriefing meetings, participants will complete pre-training and post-training surveys and assessment forms. These assessment tools are described below.

To be eligible to attend this workshop series, participants must meet the following criteria: 1) Currently working as a counselor or educator providing direct services to clients; 2) Self-identify (racially) as "white;" 3) Have their supervisor's approval; 4) Be available to attend all the training days (1 workshop per week for 8 weeks); 5) Agree to participate in the study by completing all measures pre and post training.

Participants will attend a multi-session psycho-educational group workshop on "The Meaning of Whiteness." The purpose of this workshop is to allow white counselors to explore their racial identity and the impact of their racial identity on their work. To assess the impact of the workshop, participants will complete the following surveys before and the training:

a. Demographic Survey
b. WRIAS (a social attitude survey)
c. WAI (a survey which explores the relationship between counselor and client)
d. Staging Questionnaire (a survey to assess readiness to voluntarily change behaviors)

At the conclusion of the training, participants will again complete the WRIAS and the WAI

Participants will be asked to provide names (initials only) of their clients who are racially different from them. The researcher will identify two clients to participate in the survey.

The participant will give each of these clients the "Letter of Solicitation." All further communication with the client about this study will be directly with the researcher.

Participants will meet weekly for 8 weeks for a psycho-educational group training on white racial identity. Each session will last 1 ½ hours. There will also be an orientation meeting and debriefing session at the conclusion of the training. Each of these two meetings will last for one hour. The series of training sessions will be held at Cicatelli Associates Inc. Training Center in Midtown Manhattan (505 Eighth Ave).

Participation in this research project is entirely voluntary. Participants may, without prejudice or penalty, refuse to take part or withdraw their participation at any time during the study.

All surveys and forms will be coded by the participant. This code will allow pre-training and post-training forms to be compared. No names will be attached to these forms and surveys. All identifying data will be stored separately, in a locked filing cabinet.

All identifying data related to the participant will be securely stored in a locked filing cabinet. Only the researcher will have access to this information. This information will be stored in a locked filing cabinet for 3 years after the conclusion of the study. After that time, all identifying data will be destroyed. No records will be kept of who participated in this study. Participants will not be contacted after the conclusion of the study

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If you are interested in participating in this research study, or if you have any other questions, please contact the researcher Karen Deli at (212) 594-7741. My dissertation mentor, Dr. Laura Palmer can be reached at the Professional Psychology and Family Therapy Department, of the College of Education and Human Services at Seton Hall University. Her phone number is (973) 275-2740.

Pre-Training Background Information: Counselors

The following questions are being asked for research purposes only. We are asking you to use an ID number on this form so that the answers you give now, before the training, can be compared to the answers you give after the training.
To create your unique ID number, use the month of your birth, and the last four digits of your social security number. For example, May 30,(Birthdate) and 182-43-5266 (Social Security Number) would be 05 5266. Your ID number will be used for research purposes only, and will not be used to identify you.

Your ID NUMBER: □□ □□□□

What is your sex? _____ Male _____ Female

What is your sexual identity?
_____Heterosexual/straight) _____Gay _____Lesbian
_____ Bisexual _____Transgender

How old are you? _____

What is your race or ethnicity? _____

What is the highest grade you've completed?
_____ 8th grade or less _____ some high school _____ H.S. graduate/GED

_____ Some college _____ associate's degree _____ college graduate

_____ some graduate school _____ master's degree _____ doctoral degree

How many formal courses have you taken on topics related to Cultural Competency?
_____

Which of the following best describes your work setting:
_____Substance Abuse or Alcoholism Treatment Center
_____Mental Health Clinic
_____Medical Clinic
_____Family Planning Clinic
_____Private Practice (Please Describe)_____
_____Other (Please Describe)_____

Approximately what percentage of your clients are of a different race from you? _____

How long have you been working in this profession (counseling)? _____

Pre-Training Background Information: Client

The following questions are being asked for research purposes only. We are asking you to use an ID number on this form so that the answers you give now, before the training, can be compared to the answers you give after the training.

To create your unique ID number, use the month of your birth, and the last four digits of your social security number. For example, May 30,(Birthdate) and 182-43-5266 (Social Security Number) would be 05 5266. Your ID number will be used for research purposes only, and will not be used to identify you.

Your ID NUMBER: □□ □□□□

What is your sex? _____ Male _____ Female

What is your sexual identity?
_____Heterosexual/straight) _____Gay _____Lesbian
_____ Bisexual _____Transgender

How old are you? _____

What is your race or
ethnicity?_____

What is the highest grade you've completed?

_____ 8th grade or less _____ some high school _____ H.S. graduate/GED

_____ Some college _____ associate's degree _____ college graduate

_____ some graduate school _____ master's degree _____ doctoral degree

Approximately how long have you been working with your current counselor? _____