The Relationship Between Multicultural Counseling Competencies and Attitudes Toward African Americans Among White Female Graduate Students

Dianne T. Robinson

Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/dissertations

Part of the Counseling Commons, Higher Education Commons, and the Multicultural Psychology Commons

Recommended Citation
Robinson, Dianne T., "The Relationship Between Multicultural Counseling Competencies and Attitudes Toward African Americans Among White Female Graduate Students" (1999). Dissertations. 1531.
https://scholarworks.wmich.edu/dissertations/1531
THE RELATIONSHIP BETWEEN MULTICULTURAL COUNSELING
COMPETENCIES AND ATTITUDES TOWARD AFRICAN
AMERICANS AMONG WHITE FEMALE
GRADUATE STUDENTS

by

Dianne T. Robinson

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Counselor Education
and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
December 1999
THE RELATIONSHIP BETWEEN MULTICULTURAL COUNSELING COMPETENCIES AND ATTITUDES TOWARD AFRICAN AMERICANS AMONG WHITE FEMALE GRADUATE STUDENTS

Dianne T. Robinson, Ph.D.

Western Michigan University, 1999

The purpose of this study was to investigate the relationship between multicultural counseling competencies and attitudes toward African Americans among White female graduate students in counseling psychology. Participants were 67 White female students enrolled in either the master’s or doctoral level counseling psychology programs in a large Midwestern university. Subjects were administered four instruments. Participants’ self-perceived competencies in multicultural counseling were measured by the Multicultural Counseling Inventory (MCI, Sodowsky, Taffe, Gutkin, & Wise, 1994) and racial attitudes were measured by the Attitudes Toward Blacks Scale (ATB, Brigham, 1993). Demographic information as well as subjects’ level of participation in several activities linked to the development of multicultural counseling competencies were evaluated by the Personal Information Questionnaire. A measure of social desirability was included to control for the tendency to respond to self-report measures in socially acceptable ways.

Descriptive statistics involving respondent characteristics, level of participation in activities related to multicultural competence, and scores on the independent and dependent measures were presented. Completion of a multicultural counseling course and participation in at least one training experience with a racial/ethnic minority faculty member were significantly related to favorable attitudes.
toward African Americans. Preliminary analyses for social desirability revealed significant results for the MCI relationship subscale and the MCI full scale which measures general multicultural counseling competence irrespective of unique subscales. Significant results were also found between the MCI full scale and attitudes toward African Americans. Due to the significant relationship found between the MCI full scale and social desirability, it is possible that the latter finding may have been influenced by social desirability in this particular sample.
INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

Bell & Howell Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA

UMI®
800-521-0600

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
ACKNOWLEDGMENTS

I would like to thank the members of my committee, Drs. Joseph R. Morris, Robert L. Betz, and Earl W. Washington for their support throughout this process. I would especially like to thank the chair of my committee, Dr. Joseph R. Morris, for the consistent and active role he took in shaping my professional identity as a counseling psychologist through support, encouragement, and guidance, as well as by serving as a role model and mentor.

I would also like to thank my family, friends, and sponsors for their support. Their understanding and compassion contributed greatly to the timely completion of this dissertation.

Dianne T. Robinson
# TABLE OF CONTENTS

ACKNOWLEDGMENTS ................................................................. ii
LIST OF TABLES ........................................................................... vii

CHAPTER

I. INTRODUCTION ........................................................................... 1
   Historical Background of the Research Issue .......................... 2
   American Psychological Association ..................................... 3
   Psychology and the Academy .............................................. 4
   The Mental Health System .................................................. 6
   Emergence of Multicultural Counseling .............................. 10
   Racial Attitudes .................................................................. 12
   Gender Composition of Psychology .................................... 15
   Purpose of the Study .......................................................... 16
   Statement of the Problem ................................................... 17
   Emphasis on Multicultural Counseling ............................... 18
   Gender-Related Variables ................................................... 22
   Definition of Key Terms ..................................................... 23
   Description of the Study ..................................................... 25
   Specific Research Questions and Corresponding Null Hypotheses . 25
   Limitations of the Study ..................................................... 27
   Summary ........................................................................... 27
Table of Contents—Continued

CHAPTER

II. REVIEW OF RELATED LITERATURE ................................................ 29

   Multicultural Counseling Competencies ................................................ 29
   Developmental Model .................................................................. 32
   Influential Variables ...................................................................... 34

Status of Multicultural Training for Competence ............................................. 36

   Multicultural Training in the Academy .......................................... 36
   Multicultural Training in Practica and Internships ................................. 38
   Multicultural Training and Racial Attitudes ......................................... 40

Racial Attitudes .................................................................................... 42

   Public Opinion Polls ...................................................................... 43

   Gender-Related Studies .................................................................. 45

   Gender Composition of Psychology ...................................................... 46

   Summary ............................................................................................... 48

III. DESIGN AND METHODOLOGY ............................................................ 49

   Participants and Setting ........................................................................ 49
   Recruitment of Participants .................................................................. 50
   Data Collection Procedure .................................................................. 50
   Data Excluded From Statistical Analyses .............................................. 51

   Instruments ........................................................................................... 52

      Measures of the Independent Variables ....................................... 52

      Measure of the Dependent Variable .............................................. 55

   Data Analyses ....................................................................................... 57
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation Analyses</td>
<td>57</td>
</tr>
<tr>
<td>Simultaneous Multiple Regression</td>
<td>57</td>
</tr>
<tr>
<td>Simple Linear Regression</td>
<td>58</td>
</tr>
<tr>
<td>Summary</td>
<td>58</td>
</tr>
<tr>
<td>IV. RESULTS</td>
<td>59</td>
</tr>
<tr>
<td>Descriptive Statistics</td>
<td>60</td>
</tr>
<tr>
<td>Demographics</td>
<td>60</td>
</tr>
<tr>
<td>Variables Related to Multicultural Counseling Competencies</td>
<td>61</td>
</tr>
<tr>
<td>Range, Means, and Standard Deviations for MCI, ATB, and M-C 1(10)</td>
<td>62</td>
</tr>
<tr>
<td>Reliability Analyses</td>
<td>63</td>
</tr>
<tr>
<td>Internal Consistency</td>
<td>63</td>
</tr>
<tr>
<td>MCI Intersubscale Correlations</td>
<td>64</td>
</tr>
<tr>
<td>Analyses of Social Desirability</td>
<td>66</td>
</tr>
<tr>
<td>Restatement of Research Questions and Null Hypotheses and Corresponding Results</td>
<td>67</td>
</tr>
<tr>
<td>Research Questions and Null Hypotheses 1–4</td>
<td>67</td>
</tr>
<tr>
<td>Research Question and Null Hypothesis 5</td>
<td>69</td>
</tr>
<tr>
<td>Research Question and Null Hypothesis 6</td>
<td>70</td>
</tr>
<tr>
<td>Summary</td>
<td>71</td>
</tr>
<tr>
<td>V. SUMMARY AND CONCLUSIONS</td>
<td>72</td>
</tr>
<tr>
<td>Summary</td>
<td>72</td>
</tr>
<tr>
<td>Introduction and Purpose of the Research</td>
<td>72</td>
</tr>
</tbody>
</table>
Table of Contents—Continued

CHAPTER

Review of the Literature .............................................................. 73
Method ......................................................................................... 74
Statistical Analyses ...................................................................... 74
Restatement of the Research Questions and Null Hypotheses ...... 75
Summary of Results ........................................................................ 77
Discussion of Results ...................................................................... 78
Review of the Study ....................................................................... 81
Recommendations and Implications for Research ....................... 82
Limitations of the Study ............................................................... 85
Conclusions .................................................................................. 85

APPENDICES

A. Human Subjects Institutional Review Board Approval ............. 87
B. Letter of Support From Director of Clinical Training Facility ...... 89
C. Informed Consent to Participate in Research Study .................... 91
D. Personal Information Questionnaire (PIQ) ............................... 93
E. Permission to Use the Attitudes Toward Blacks Scale (ATB) ...... 99
F. Permission to Use the M-C I(10) .............................................. 101
G. Permission to Use the Multicultural Counseling Inventory (MCI) 103

BIBLIOGRAPHY .................................................................................. 105

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
LIST OF TABLES

1. Demographic Characteristics of Sample .................................................... 60
2. Variables Related to Development of Multicultural Counseling Competencies .......................................................................... 61
3. Range, Means, and Standard Deviations for MCI, ATB, and M-C 1(10) ........................................................................................... 63
4. Cronbach’s Alphas for ATB and MCI ........................................................ 65
5. MCI Intersubscale Correlations ................................................................. 65
6. Point Biserial Correlations of Social Desirability for MCI and ATB ...... 66
7. Point Biserial Correlations for Variables Related to Development of Multicultural Counseling Competencies ................................................ 67
8. Simultaneous Multiple Regression of ATB Scores on MCI Subscales ................................................................................................... 69
9. Simple Linear Regression of ATB Scores on MCI Full Scale Scores ....... 70
CHAPTER I
INTRODUCTION

Multicultural counseling emerged in response to inappropriate or inadequate treatment of racial/ethnic minority concerns within the profession of psychology. Such treatment was pervasive and occurred within the primary national organization for psychologists, academic institutions, and mental health systems. Currently, efforts are being made within the profession to increase the competency level of psychologists regarding racial/ethnic minority concerns across three domains: attitudes and beliefs, knowledge, and skills (Sue, Arredondo, & McDavis, 1992; Sue et al., 1982).

Becoming aware of personal attitudes and beliefs about racial/ethnic minorities is viewed as the first step in the development of multicultural counseling competencies. Such awareness allows for the incorporation of accurate information about racial/ethnic minorities which is then implemented behaviorally in a culturally skilled and sensitive manner (Carney & Kahn, 1984; Pedersen, 1994). Racial attitudes seem to be instrumental throughout this developmental process, as attitudes have been found to influence behaviors, and a change in behaviors seems essential in avoiding a recurrence of past injustices as well as curtailing present inequities. Given that women are emerging as a numerical majority within the field, the multicultural counseling competencies and racial attitudes among this population may be especially important in determining the direction the field will take regarding racial/ethnic minority concerns.
This study is an attempt to address the question of association between multicultural counseling competencies and attitudes toward African Americans among White female graduate students in counseling psychology. Responses to survey items indicated self-perceived current level of multicultural counseling competencies as well as attitudes toward African Americans. In addition, respondents indicated level of participation in several activities which influence the development of multicultural counseling competencies, such as completion of a multicultural counseling course; participation with racial/ethnic minority faculty in research or educational projects or through the receipt of mentoring or academic advising; and receiving multicultural training in the form of agency in-services, workshops, seminars or professional conferences. Providing clinical services to racial/ethnic minorities through graduate level practica, internship, or professional work activities has also been linked to the development of multicultural counseling competencies. The relationship between these multicultural variables and attitudes toward African Americans was investigated. Given the sensitive character of racial issues, the current emphasis within the profession to promote multicultural counseling competencies, and the nature of self-report data, a measure was also included to assess social desirability in subjects’ responses to survey items.

Historical Background of the Research Issue

Several interrelated systems contributed to the early development of the field of psychology. The systems involved were the American Psychological Association (APA), the academy, and mental health organizations. Collectively, these systems engaged in covert and overt racist practices for several decades. The following section traces the origins of such practices, which clearly define a need for the
emergence of multicultural counseling. Issues considered central to this study, such as racial attitudes and gender composition of the profession, are also reviewed.

American Psychological Association

In 1892, 26 White men founded the APA (Street, 1994). This event marked the birth of an organization that was to have a long history practicing various methods of exclusion regarding racial/ethnic minority concerns (Guthrie, 1998). A well-utilized method was to simply ignore racial/ethnic minority concerns, such as inadequate “minority representation on APA committees, lack of Blacks hired by the APA Central Office, poor representation of Black graduate students in the nation’s training pipelines, and questionable theoretical underpinnings on psychology directed toward minority groups” (Guthrie, 1998, p. 146). It appears that such practices may have been fostered and maintained by the attitudes of early leaders. For example, the first president of the APA, G. Stanley Hall, openly “referred to Black people as a ‘primitive race in a state of immature development’” (Greene, 1986, p. 48). Lewis Terman and Erik Erikson, both prominent early psychologists, were also known to embrace negative stereotypes toward African Americans (Greene, 1986; Thomas, 1982).

In the late 1960s, at least two separate formal attempts were made by members of APA associations to raise awareness of racial/ethnic minority concerns within the organization. Lead primarily by African American psychologists, these associations called for a greater focus on (a) attracting minorities into the field, (b) increasing the representation of African American psychologists in key governance positions, (c) desegregating all elements of APA, (d) eliminating racist themes and research from APA journals, and (e) establishing a program where
racial/ethnic minority concerns could be discussed openly (Guthrie, 1998; Guzman, Schiavo, & Puente, 1992; Williams, 1974).

The establishment of several formal structures within APA during the 1970s and 1980s helped raise awareness of racial/ethnic minority concerns (D’Andrea & Daniels, 1995; Holliday, 1992, as cited in APA, 1997); however, the governance remained primarily composed of White males. In its 106-year history, only three racial/ethnic minorities have been elected to serve as president of the APA (Street, 1994). Current reports indicate that little seems to have changed within the key decision-making structures of APA. For example, only 6 of 105 seats on the Council of Representatives (the primary legislative, governing, and policy-setting structure) have been filled by racial/ethnic minorities (Essandoh, 1996), and only three racial/ethnic minorities have been members of the Board of Directors (Essandoh, 1996; Hall, 1997). In addition, few APA members seem to regard racial/ethnic minority concerns as a priority. Of approximately 83,000 APA members in various divisions, only 911 currently report membership in Division 45 (Ethnic Minority Issues) (APA, 1995a).

**Psychology and the Academy**

The field of psychology is a predominantly White system founded in part on racist ideology and research (De La Cancela & Sotomayor, 1993; Guthrie, 1976; Thomas, 1982; Thomas & Sillen, 1972; Tripp, 1994). During the 1920s, thousands of African Americans were administered intelligence tests by race psychologists, a group of professionals who specialized in racial differences (Guthrie, 1976; Suzuki & Valencia, 1997). A major focus of race psychologists was to compare the intellectual performance of White subjects with that of persons of color (primarily African
Americans). Although early African American scholars openly questioned the underlying motives of race psychologists, as well as the research designs and methodologies employed, their concerns were largely ignored by mainstream scholarship in psychology (Thomas, 1982). In spite of numerous efforts made by early African American psychologists who vehemently opposed "indiscreet use of data" (Thomas, 1982, p. 261), race psychologists frequently used data to "prove" the so-called genetic inferiority of the entire African American race (Guthrie, 1976; Tripp, 1994). Indeed, "the way these data were being interpreted tended to 'validate' racist viewpoints held specifically about the mental and moral inferiority of Black Americans and certain immigrant groups" (Thomas, 1982, p. 261).

Universities served as a primary source of race-based research. Numerous faculty and academicians participated in efforts to dehumanize and oppress African Americans by supporting and promoting racial inferiority through eugenics and social Darwinism (Wilson, 1996). Within a White social climate which favored racial subjugation, the hereditary view gained prominence, while "the burden fell upon Blacks to disprove the voluminous data which well-known researchers were publishing in reputable scholarly journals at their respective universities" (Thomas, 1982, p. 276). For example, Lewis Terman (whose research mentor was G. Stanley Hall) gained national prominence for his role in the movement to segregate educational institutions by race. Terman advocated for the placement of "Blacks, Indians, and Mexicans . . . in special classes" where they were to receive "concrete and practical" instruction (Thomas, 1982, p. 262). Clearly, the widespread dissemination of erroneous conclusions reached by race psychologists "helped, in part, to set the foundation of the misconception of group differences in intelligence" (Suzuki & Valencia, 1997, p. 1105).
The vast influence of race psychologists was not limited to America. According to Guthrie (1976), their research was highly publicized—to the extent that Nazi Germany began using it as justification for the annihilation of Jews. In addition, the notion of an Aryan nation arose in Germany, which was “a theoretically pure race of light-completed, blond, blue-eyed people . . . said to be genetically superior to all other colorcaste groups” (Dobbins & Skillings, 1991, p. 40). When American psychologists became aware of how their findings were being used, they modified the focus of their research. However, the change apparently was not due to a belief that racist research was wrong per se, but rather to the embarrassment of being publicly associated with German Nazi beliefs (Guthrie, 1976). Gerrard (1990) writes, “what has been done in the name of psychology has only recently begun to be criticized for being racist; it had been considered natural and normal” (p. 19).

The Mental Health System

Nearly three decades have passed since Lewis (1969) wrote:

We cannot hide the fact that racism is encountered in counseling in many forms. We cannot hide it, so we have got to face it . . . we must not allow the presence of racism to choke our efforts, to prevent progress in human relationships, to make us less human, to undermine our confidence and ability to do a job. (p. 54)

The 1970s reflected an era of heightened awareness among mental health professionals regarding the strong relationship between racism and the mental health system (Turner & Kramer, 1995; Willie, Kramer, & Brown, 1973; Willie, Rieker, Kramer, & Brown, 1995). Reports citing the paucity of racial/ethnic minority mental health workers, lack of systemic efforts to combat institutional racism, and widespread use of culturally insensitive treatment modalities were instrumental in raising the sensitivity level of White practitioners. Some counselors and therapists
even came to believe “that racism was itself a mental illness striking at the nation’s health” (Turner & Kramer, 1995, p. 4).

Such increased awareness, however, did not seem to promote change within the mental health system. Throughout the 1980s, a plethora of scholars continued to reveal numerous inadequacies within the system. For example, it was suggested that counseling was basically a service provided by White Americans (Dillard, 1983; Kupers, 1981; Sue et al., 1982) who were trained by White educators and supervisors (Greene, 1986; Sue & Sue, 1990) in the use of interventions derived from White theories (Ivey, 1987; Pedersen & Marsella, 1982; Sue & Zane, 1987) which were based exclusively upon White cultural values (Casas, 1984; Katz, 1985).

When an entire profession ignores racial variables, large-scale insensitive treatment is a likely result (Vontress & Epp, 1997). For example, Wade (1993) suggested that the prevalence of racial stereotypes and the hierarchical power structures in society collectively influence the diagnostic and treatment patterns of racial/ethnic minorities. In essence, a history of erroneous assessment conclusions, misdiagnosis and inappropriate treatment among racial/ethnic minority clients was made possible by generalizations of research results and theories based on White middle class subjects (Lefley & Bestman, 1995; Turner & Kramer, 1995); such generalizations were made feasible by systems which fostered mainstream views; and these views were maintained through widespread dissemination of negative racial stereotypes (Hall, 1997).

**Differential Treatment**

The Epidemiologic Catchment Area Survey, which obtained data from nearly 20,000 clients, is the most comprehensive study available regarding psychiatric
disorders (Robins & Regier, 1991). Results indicate that when prevalence rates of all mental disorders are taken into consideration, the need for treatment and hospitalization should be fairly consistent across all racial/ethnic groups. However, when compared to White clients, racial/ethnic minorities are far more likely to receive differential treatment across every major aspect of mental health care (Robins & Regier, 1991; Turner & Kramer, 1995). And, while disparities in treatment exist for all racial/ethnic minority groups, African Americans tend to receive the least desirable services within mental health systems (Sue, 1977).

For example, numerous investigators have documented the tendency of clinicians to assign more severe diagnoses to racial/ethnic minorities (Abramowitz & Murray, 1983; Good, 1993; Jones, 1982; Polk, 1992; Ridley, 1995; Sodowsky, Kuo-Jackson, & Loya, 1997; Steinberg, Pardes, Bjork, & Sporty, 1977). The most prevalent type of diagnostic error, however, seems to occur with African American clients, who frequently receive a diagnosis of schizophrenia despite presenting with symptoms of an affective disorder (Adebimpe, 1981; Bell, Bland, Houston, & Jones, 1983; Mukherjee, Shukla, & Woodle, 1983; Neighbors, Jackson, Campbell, & Williams, 1989). Given that African Americans are far more likely than any other racial/ethnic group to be involuntarily committed to inpatient facilities (Townsend, 1995), and given the preponderance for misdiagnosis once admitted, it seems likely that the combination of these events serve to further perpetuate racist treatment.

Townsend (1995) explains:

Some diagnostic labels carry weighty implications. A person labeled “psychotic” is much more likely than a nonpsychotic to be involuntarily committed; to be treated with major tranquilizers and shock therapy (ECT); [and] to have his or her legal rights and responsibilities suspended. (p. 130)
It is well-known that appropriate treatment recommendations follow accurate diagnoses (Atkinson, 1985; Smart & Smart, 1997; Solomon, 1992). Given the propensity toward misdiagnosis, it follows that treatments assigned to African American clients may not always be appropriate or beneficial. Indeed, racial disparities in mental health service provision have been well documented. In comparison to White clients, African American clients are more likely to (a) be assigned to less experienced or less qualified professionals (Ridley, 1989; Ridley, Espelage, & Rubinstein, 1997; Sattler, 1977; Sue, 1977); (b) receive therapy consisting of minimal client-therapist contact (Sattler, 1977, Sue, 1977; Yamamoto, James, Bloombaum, & Hattem, 1967); and (c) receive inpatient care and/or psychotropic medication (Flaskerud & Hu, 1992; Ridley, 1989, 1995; Sattler, 1977; Sue, 1977).

Viewed collectively, the mental health treatment received by racial/ethnic minorities in general and African Americans in particular may explain in part the higher rate of premature termination commonly attributed to racial/ethnic minority clients (e.g., Ridley, 1989; Romero, 1985; Sue, 1977; Wierzbicki & Pekarik, 1993; Yamamoto et al., 1967; Zayas, Torres, Malcolm, & DesRosiers, 1996). As noted by Sue (1977), “Something has gone wrong in our delivery of services when half of the minority clients do not return” (p. 62).

Universal Approach

Racial disparities within the mental health system may continue to exist as long as the mental health needs of racial/ethnic minorities are based on White middle class criteria (Greene, 1986; Lefley & Bestman, 1995; Tounsel & Jones, 1980; Wrenn, 1962). This phenomenon is typically referred to as a universal approach to
mental health. The primary tenet underlying the notion of a universal approach to counseling is that “basic traditional counseling techniques used for the majority population should be sufficient and beneficial for all minority clients” (McFadden, 1996, p. 232). Proponents of a universal counseling approach “encourage therapists to stress attributes that are shared by all people—irrespective of race, ethnicity, or culture—rather than stress distinguishing characteristics of specific racial groups” (Thompson & Jenal, 1994, p. 484).

For many years, the universal approach basically “went unchallenged until research, clinical observation, and theoretical arguments indicated that certain cultural groups may not be benefiting from traditional counseling theories” (Ridley, Mendoza, & Kanitz, 1994, p. 239). Not only did researchers and scholars uncover the lack of efficacy of this approach, some even argued that the widespread application of mainstream theories to racial/ethnic minority clients represented one of the most insidious manifestations of racism within the profession (Turner & Kramer, 1995). The combination of systemic racial disparities and the use of a universal approach to counseling provided much of the impetus for the birth of the multicultural movement (D’Andrea & Daniels, 1991; Draguns, 1996; Jackson, 1995; Katz, 1985; Ponterotto & Casas, 1987; Sue, 1977; Sue & Sue, 1971; Vontress, 1972).

Emergence of Multicultural Counseling

The 1950s have been called the birth of the multicultural movement (Jackson, 1995). Desegregation laws prompted opportunities for widespread racial integration which in turn influenced the manner in which racial/ethnic minority concerns were viewed by the profession. Indeed, for the first time in the history of psychology,
articles addressing the needs of racial/ethnic minority clients began appearing in mainstream journals (Jackson, 1995). The revolutionary era of the 1960s led to substantial debate regarding the counseling needs of “culturally different” clients, as well as the efficacy of the services available to certain populations (Dillard, 1983; Jackson, 1995; Reynolds & Pope, 1991).

During the 1970s, innovative articles and research projects described in detail how mainstream psychology practices failed to meet the needs of racial/ethnic minority clients in general (Sue, 1977; Sue & Sue, 1971) and African American clients in particular (Smith, 1977; Vontress, 1971, 1972). As traditional models of therapy (Pedersen, 1987; Sue, 1978, 1981), training (Paradis, 1981; Sue et al., 1982), research (Smith, 1977), and ethical guidelines (Korman, 1974) were called into question, sensitivity to the needs of racial/ethnic minorities gained prominence (D’Andrea & Daniels, 1995; Jackson, 1995).

A significant result emerging from these professional efforts was the replacement of the term “minority counseling” with the terms “cross-cultural counseling” and “multicultural counseling.” According to Jackson (1995):

> These terms could describe interactions not only between majority group counselors and minority group clients, but also between minority group counselors and majority group clients, or between counselors and clients who belonged to different minorities. By shifting the focus away from minority groups exclusively, these terms challenged majority group counselors to become aware of the role that their own cultural assumptions played in their interactions with clients [italics added]. (p. 11)

Thus, the majority ideal of cultural universalism was threatened by the notion of recognizing the value of and displaying respect for cultural pluralism (Dillard, 1983; Sue & Moore, 1984; Thomas, 1985). According to Vontress (1981), cultural pluralism entails cooperation between all racial/ethnic groups (including White
Americans) as well as mutual respect, appreciation, and acceptance of each group's cultural similarities and differences.

Professional interest in multicultural counseling continued to flourish, as ideas were increasingly shared through research and communication in national, peer-reviewed journals. By the early 1980s, the field was primed for the emergence of specific, identifiable competencies with respect to multicultural counseling. The first formal description of multicultural counseling competencies appeared in 1982. These competencies outlined minimal characteristics necessary to provide appropriate services to racial/ethnic minority clients. Attitudes and beliefs, knowledge, and skills were identified as specific target areas in the development of multicultural counseling competencies (Sue et al., 1982).

Racial Attitudes

As indicated, attitudes may play an important role in the development of multicultural counseling competencies. Research indicates that attitudes in general (Olson & Zanna, 1993) and racial attitudes in particular (Sigelman & Welch, 1993) may serve as important sources of identity, may be highly resistant to change, and may exert strong influence on perceptions and behaviors. Prior studies on the racial attitudes of White Americans have primarily involved samples of undergraduate students or national samples of White adults. Within these samples, gender was sometimes included as a variable to distinguish between responses provided by White male subjects and White female subjects.

The racial attitudes of White university undergraduates have been measured extensively by Sedlacek and colleagues (e.g., Balenger, Hoffman, & Sedlacek, 1992; Carter, White, & Sedlacek, 1985; Johnson & Sedlacek, 1979; Minatoya & Sedlacek,
1984; Sedlacek & Brooks, 1969, 1970, 1971a, 1971b, 1971c, 1972, 1976; Sedlacek, Brooks, & Chaples, 1971; Sedlacek, Brooks, & Mindus, 1973; White & Sedlacek, 1987). In general, these studies indicate that White students have negative attitudes toward African Americans in most situations (e.g., an African American family moves next door; an African American joins your social group). Situations involving close, interpersonal contact (e.g., best friend becomes engaged to an African American) elicit the most negative responses (e.g., Carter et al., 1985; Johnson & Sedlacek, 1979; Minatoya & Sedlacek, 1984; Sedlacek & Brooks, 1971b, 1972; White & Sedlacek, 1987). Situations in which White students respond positively toward African Americans are those in which African Americans are in certain roles which lack close or intimate personal interaction (e.g., an African American man selling magazines; being stopped by an African American policeman). These findings suggest that these attitudes reflect a paternalistic stereotype that African Americans are appropriate for filling service-type roles in society. Overall, these studies which span several decades, suggest that White undergraduates at all class levels (i.e., freshman through senior) have generally negative attitudes toward African Americans, and situations involving intimate contact with African Americans elicit more negative attitudes among respondents than situations involving less personal contact. The racial attitudes of White undergraduates have been reported elsewhere as well. For example, although Muir (1989) found a trend toward less open endorsement of negative stereotypes toward African Americans among White undergraduates, a significant number viewed African Americans as less motivated, capable, intelligent, or trustworthy. And, consistent with the notion of maintaining personal distance, 87% of these respondents indicated that they would not date an African American (Muir, 1989).
Previous studies involving racial attitudes and women focused primarily on differences between men and women. These studies often reached conflicting results. For example, some male-female comparisons suggested that White females held more negative attitudes toward African Americans and other racial/ethnic minorities (e.g., Bogardus, 1959; Proenza & Strickland, 1965; Sheatsley, 1966) and were more prejudiced than their male counterparts (Ames, Moriwaki, & Basu, 1968; Pettigrew, 1972). Other research found White women to have more favorable racial attitudes (Stein, 1966), to be less prejudiced and more accepting of others (Beirly, 1985), and to endorse a more liberal view toward African Americans (Schlenker, Bonoma, Hutchinson, & Burns, 1976).

Early researchers hypothesized that some male-female attitude differences may be attributed to racial stereotypes involving African American male sexuality and White females (Sedlacek & Brooks, 1972). For example, Sedlacek and Brooks (1972) found that White female students held more negative attitudes toward African Americans than when race was not mentioned in situations involving potential fear of physical harm or sexual contact (e.g., raped by an African American man). These same respondents held more positive attitudes toward situations which involved greater personal distance, such as being stopped by an African American policeman. In a later study, White female students also expressed the least favorable racial attitudes toward situations involving close proximity between African Americans and White Americans (Minatoya & Sedlacek, 1984). Similarly, Muir (1989) found that White female students expressed far more positive attitudes toward activities involving casual contact (e.g., walking on campus with an African American) than toward activities involving greater personal intimacy (e.g., rooming with or dating African Americans).
Data gathered on public opinion polls since the 1940s indicate a trend among White adults toward endorsing more positive attitudes and less personal prejudice toward African Americans (Gallup Poll, 1997; Schuman, Steeh, Bobo, & Krysan, 1997). Similar to the undergraduate student responses, however, the level of endorsement toward certain situations seems to depend in part on the degree of personal contact involved. For example, these analyses suggest that women in general tend to have more favorable racial attitudes than men, except in situations involving close intimate contact (e.g., interracial marriage) (Schuman et al., 1997).

**Gender Composition of Psychology**

Historically, the field of psychology has been dominated by White males (APA, 1996c; Goodheart & Markham, 1992). White males were the most common recipients of doctoral degrees in psychology (APA, 1996c; Hays, 1996; Ostertag & McNamara, 1991) and most research in psychology was conducted using White male subjects (Goodheart & Markham, 1992; Ostertag & McNamara, 1991). White male professionals then used research results to create theories of human behavior (Goodheart & Markham, 1992; Ostertag & McNamara, 1991) which, although based on White male standards and norms (Goodheart & Markham, 1992; Yoder & Kahn, 1993), were generalized to all groups of people (Reardon & Prescott, 1977; Yoder & Kahn, 1993). And finally, White male therapists, who have long been the primary providers of psychological services (Ostertag & McNamara, 1991), used this information to define normal and abnormal behaviors among clients (Mednick, Tangri, & Hoffman, 1975; Murray, 1983; Riger, 1992) who were primarily women (Ostertag & McNamara, 1991).
Purpose of the Study

Education regarding multicultural issues is potentially a means by which psychology training programs may increase multicultural counseling competencies of graduate students, reduce stereotypic racial attitudes (Hood & Arceneaux, 1987; Neville et al., 1996; Sharma, 1977), and influence the development of positive racial attitudes (Ehrlich, 1995; Fine, 1995; Robinson, 1997; Schuman et al., 1997). Faculty behaviors (Smith, 1992), interactions with students (Pascarella, 1980; Pascarella & Terenzini, 1991), and teaching styles (Perry, 1981) have all been associated with the attitudes of students. In addition, faculty seem to play an important role in mentoring the development of multicultural competencies among students (Allison, Echemendia, Crawford, & Robinson, 1996; Constantine, Ladany, Inman, & Ponterotto, 1996; LaFromboise & Foster, 1992).

Gender may determine which training variables exert the most influence on students' racial attitudes and concern for racial/ethnic minority issues. A recent study involving White undergraduates compared racial attitudes of males and females by degree of exposure to classroom discussions on multicultural issues. Results indicate that only the racial attitudes of women in this sample were significantly influenced by this type of training (Smith, 1992). Since classroom discussions typically involve a heightened level of interpersonal interaction, this finding seems to support the notion that certain qualities involved in the socialization process of women may contribute to a heightened sensitivity to multicultural issues (Qualls, Cox, & Schehr, 1992; Smith, 1993). For example, when compared to men, women are theorized to have a greater capacity for empathy, nurturance, understanding, and concern for others.
(Eagly, 1995; Gilligan, 1982; Qualls et al., 1992; Smith, 1992) as well as a stronger
desire for harmonious relationships (Chodorow, 1978; Gilligan, 1982).

The multicultural counseling movement has generated growing interest in the
assessment of multicultural counseling training effectiveness (Lee, 1997b; Pope-Davis
& Nielson, 1996). Given the current variability in amount, type, and depth of
multicultural preparation offered in training programs (D’Andrea, Daniels, & Heck,
1991), it seems apparent that additional research is needed to provide a solid
foundation for training initiatives. If the profession is to respond accurately to the
needs of an increasingly multicultural society, it seems vital to assess the ways in
which it provides multicultural training for the emerging generation of psychologists
(D’Andrea et al., 1991; Pedersen, 1994; Ponterotto et al., 1996; Pope-Davis &
Coleman, 1996; Ridley et al., 1994; Sodowsky, 1996).

The purpose of this research was to explore the relationship between
multicultural counseling competencies and attitudes toward African Americans
among White female graduate students in counseling psychology. The relationship
between racial attitudes and educational and clinical experiences linked to the
development of multicultural counseling competencies was also explored. A measure
of social desirability was included to control for the tendency to respond to self-
report measures in socially acceptable ways.

Statement of the Problem

As we near the 21st century, two issues hold the attention of the field of
psychology: the development of multicultural counseling competencies among
psychologists-in-training (Arredondo et al., 1996; Heppner & O’Brien, 1994; Morris
& Robinson, 1996a; Ponterotto, Alexander, & Grieger, 1995a; Pope-Davis,
Reynolds, Dings, & Nielson, 1995; Quintana & Bernal, 1995; Richardson & Molinaro, 1996) and the shifting gender composition of the profession (APA, 1995b; Goodheart & Markham, 1992; Hays, 1996; Ostertag & McNamara, 1991; Pion et al., 1996). The current emphasis on the development of multicultural counseling competencies involves accreditation guidelines for psychology training programs, ethical mandates for trainees and professionals, general guidelines for service provision to racial/ethnic minorities, the changing population demographics of America, multicultural training, and racial attitudes. Pertinent gender-related issues involve the shifting gender composition of the profession, the racial attitudes of women, and a rationale for studying White women in counseling psychology.

**Emphasis on Multicultural Counseling**

Criterion II of APA's accreditation guidelines states that all accredited academic programs and internship training sites “should demonstrate clearly a commitment to an affirmative effort to include diversity among faculty, students, curriculum, training and field experiences” (APA, 1991, p. 3). Further, Criterion II states in part that “all students in doctoral programs of professional psychology should acquire breadth of knowledge and skills relevant to understanding and working with clients of differing . . . ethnic and racial backgrounds” (APA, 1991, p. 2).

In 1995, the APA Council of Representatives approved a revised set of accreditation standards for graduate training programs (APA, 1996b). These accreditation guidelines (effective January 1, 1996) include Domain D: Cultural and Individual Differences and Diversity (APA, 1996b). Cultural and individual diversity includes, but is not limited to, personal and demographic characteristics such as “age,
color, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, and social economic status” (APA, 1996b, p. 5). Domain D specifies two levels of diversity to which programs seeking APA accreditation must attend: (1) diversity among students and faculty, and (2) the provision of “relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena as they relate to the science and practice of professional psychology” (APA, 1996b, p. 9). In essence, Domain D mandates systemic infusion of multicultural and diversity concerns within programs desiring APA accreditation.

The development of multicultural counseling competencies is also an ethical mandate. The APA Vail Conference in 1973 first addressed the issue by formally linking ethical practice with concerns involving race and ethnicity (LaFromboise, Foster, & James, 1996). At the conference, it was resolved that the provision of services to racial/ethnic minority clients by professionals who lack the competence to render such services is, in fact, unethical (Korman, 1974). It was also determined that denying services to racial/ethnic minority clients because of inadequate professional preparation is a form of unethical practice (Korman, 1974). Recent APA ethical guidelines support these concepts and also specifically address multicultural and diversity issues regarding human differences and discriminatory practices (APA, 1992).

In addition to accreditation standards and ethical codes, general guidelines have been created for psychologists who provide services to ethnically, linguistically, and culturally diverse clients (APA, 1990). Although not formally included in the APA ethical guidelines (APA, 1992), these guidelines provide assistance to professionals seeking to become culturally aware, knowledgeable, and skilled (i.e., competent) in working with racial/ethnic minority clients (APA, 1990). For example,
general Guideline 3.a states, "Psychologists, regardless of ethnic/racial background, are aware of how their own cultural background/experiences, attitudes, values, and biases influence psychological process. They make efforts to correct any prejudices and biases" (APA, 1990, p. 4). And, general Guideline 8.b states, "Psychologists are cognizant of sociopolitical contexts in conducting evaluations and providing interventions; they develop sensitivity to issues of oppression, sexism, elitism, and racism" (APA, 1990, p. 7).

Such guidelines are helpful as the probability of working with racial/ethnic minority clients is increasing (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; McFadden, 1996; Smart & Smart, 1997; Sue et al., 1992). The United States is becoming more diverse in terms of racial/ethnic composition and projections indicate that the rapid growth of racial/ethnic minority populations will continue for several decades (Bernal, 1996). While African Americans are currently the largest racial/ethnic group in America (APA, 1997), "it is estimated by the year 2055, the United States will be a truly pluralistic nation, with no single racial/ethnic group constituting a majority" (APA, 1997, p. 13). A need for psychologists who are competent in serving members of racial/ethnic minority populations has been identified by several authors (e.g., Bernal, 1996; Ponterotto & Casas, 1987; Smart & Smart, 1997; Sue et al., 1992; Sue et al., 1982). Consistent with the APA ethical mandates (APA, 1992), a growing number of psychologists agree that professionals without multicultural training or competence who provide services to clients of varied racial/ethnic and cultural backgrounds may be acting in an unethical and potentially harmful manner (Cayleff, 1986; Ibrahim & Arredondo, 1986; LaFromboise et al., 1996; Sue et al., 1992; Todisco & Salomone, 1991).
With respect to multicultural training, specific multicultural counseling competencies have been operationalized to assist in the development of proficiency in the areas of attitudes and beliefs, knowledge and skills (Arredondo et al., 1996; Sue et al., 1992; Sue et al., 1982) and instruments have been developed to assess various components of multicultural counseling competencies among psychologists-in-training (D’Andrea et al., 1991; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto et al., 1996; Sodowsky, Taffe, Gutkin, & Wise, 1994). Precisely which components, or combination of components, are most influential in the development of multicultural counseling competencies has yet to be determined (Pope-Davis et al., 1995; Robinson, 1997). The paucity of research in this area has been described by numerous professionals in the field (e.g., D’Andrea et al., 1991; Neville et al., 1996; Ponterotto & Casas, 1991; Pope-Davis, Reynolds, Dings, & Ottavi, 1994; Reynolds, 1995).

As indicated, racial attitudes have been identified as a potential factor in the development of multicultural counseling competencies. The study of White racial attitudes has been approached in numerous ways (e.g., James-Valutis, 1993; Johnson & Sedlacek, 1979; Qualls et al., 1992; Rodgers & Sedlacek, 1979; Sedlacek & Brooks, 1971a, 1971c, 1976; Sedlacek et al., 1973; Sedlacek, Brooks, Christensen, Harway, & Merritt, 1976; Sigelman & Welch, 1993; Smith, 1992; Stovall, 1988), yet the relationship between racial attitudes and multicultural counseling competencies among graduate students in psychology has received little attention. Research regarding this relationship has focused primarily on models of White racial identity attitudes and multicultural counseling competencies (e.g., Brown, Parham, & Yonker, 1996; Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994; Sabnani, Ponterotto, & Borodovsky, 1991). In general, such research has received limited
support in the counseling literature (Sue & Sundberg, 1996) due to the numerous psychometric issues involved with instruments designed to assess White racial identity (e.g., Rowe, Behrens, & Leach, 1995). With respect for the questionable psychometric properties attributed to current racial identity measurement, Rowe et al. (1995) suggest that “it would be better to step back from the amorphous construct of White racial identity and look at White racial attitudes” (p. 225).

Gender-Related Variables

Recent figures indicate that 67% of the full-time doctoral students (n = 23,078) and 75% of the full-time master’s students (n = 9,284) in all graduate departments of psychology are White women (APA, 1996a). Within counseling psychology, women have been the majority of doctoral (APA, 1996c, Goodheart & Markham, 1992) and master’s degree recipients since 1986 (Hollis & Wantz, 1990). In general, the proportion of women in counseling psychology has steadily increased (e.g., 1988 (54%), 1990 (60%), 1992 (57%), 1994 (62%) (APA, 1996c). Projections indicate that if the trend continues, eventually women will outnumber men in the profession (Goodheart & Markham, 1992; Pion et al., 1996).

Research on gender-related levels of racism by racial group composition has raised the question as to whether racism is primarily a White male phenomenon (Davis, Cheng, & Strube, 1996). This poses interesting possibilities for the future of a profession which is in the midst of a shift in gender composition. Until further research is conducted in this area, however, available information suggests that the majority of women psychologists-in-training are White women “whose cultural values and worldviews are more similar to those of the dominant culture” (Hays, 1996, p. 332). Attitudes held by women concerning cultural and racial differences
may influence their ability to provide multiculturally competent counseling services to racial/ethnic minority clients (Frankenberg, 1993; Sue & Sue, 1990). The dominant culture from which attitudes emanate is essentially racist (Feagin & Vera, 1995; Parham, 1993; Priest, 1991); therefore, it seems imperative to critically examine the largest group of emerging counseling psychologists with respect to multicultural counseling competencies and attitudes toward African Americans.

Definition of Key Terms

In an effort to facilitate clarity, operational definitions of several key terms are presented below:

African American/Black: These terms are used interchangeably to denote individuals whose ancestors originated in Africa.

Attitudes: In general, attitudes primarily refer to psychological, evaluative processes involving cognitive (beliefs), affective (subjective emotions), and behavioral intentions or reactions toward or away from a particular entity or object (Brislin, 1981; McGuire, 1969; Olson & Zanna, 1993; Ponterotto, Casas, Suzuki, & Alexander, 1995b; Shrigley, Koballa, & Simpson, 1988; Weiten, 1992). "The object may be a person, a policy, an idea, or indeed anything at all that can be evaluated" (Schuman et al., 1997, p. 1).

Culture: Culture may be viewed as “the customary beliefs, social forms, and material traits of a racial, religious, or social group” (Merriam-Webster, 1993, p. 282). The relationship between culture and attitudes has been described as follows: “Culture is a multidimensional concept that encompasses the collective reality of a group of people. It is from this collective reality that attitudes, behaviors, and values are formed” (Lee, 1997a, pp. 15–16).
*Diversity*: While this term shares meaning with the term *multicultural*, *diversity* primarily refers to an array of other self-descriptive characteristics, such as age, gender, sexual orientation, socioeconomic status, and religious affiliation (Arredondo & D'Andrea, 1995).

*Multicultural*: The term *multicultural* refers to ethnicity, race, and culture. Specifically, *multicultural* makes reference to “five major cultural groups in the United States and its territories: African/Black, Asian, Caucasian/European, Hispanic/Latino, and Native American or indigenous groups who have historically resided in the continental United States and its territories” (Arredondo et al., 1996, p. 43). The term *racial/ethnic minority* denotes reference to the same groups, with the exception of Caucasian/European.

*Multicultural Counseling*: *Multicultural counseling* occurs when culture-specific attitudes and beliefs, knowledge, skills (Arredondo et al., 1996; Sue et al., 1992; Sue et al., 1982), and relationship factors (Sodowsky et al., 1994) are incorporated into counseling interactions.

*Racism*: “Racism is a state of mind, a set of values and emotions, and a constellation of behaviors. Individual modes of racism range from hostile domination (acting out bigoted beliefs and hatred) to passive acceptance (ignoring, avoiding, or pretending to be polite and correct)” (Axelson, 1993, p. 173).

*Social Desirability*: A term used to describe a particular response set wherein subjects provide answers to survey questions “in the direction they consider to be a more socially favorable alternative” (Lonner, 1981, p. 284).

*White Culture*: “By definition, White culture is the synthesis of ideas, values, and beliefs coalesced from descendants of White European ethnic groups in the
United States” (Katz, 1985, p. 617). The terms majority, dominant, and mainstream are often used to describe White culture.

White Racial Attitudes: For the purposes of this study, White racial attitudes are defined as the “attitudes of Americans who consider themselves to be ‘White’ toward racial/ethnic minority group members to the extent that they are identifiable and recognized as non-White” (Rowe et al., 1995, p. 225). Throughout this study, the phrase racial attitudes is used to denote the attitudes of White Americans toward African Americans.

Description of the Study

The purpose of this research was to explore the relationship between self-perceived multicultural counseling competencies and attitudes toward African Americans among White female graduate students in counseling psychology. The association between racial attitudes and several variables linked to the development of multicultural competencies was also investigated. Correlation and regression analyses were conducted on data gathered via the administration of surveys within a large Midwestern university.

Specific Research Questions and Corresponding Null Hypotheses

Research Question I: To what extent will completing a multicultural counseling course correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis I: No relationship will exist between completing a multicultural counseling course and attitudes toward African Americans among White female graduate students in counseling psychology.
Research Question 2: To what extent will graduate experiences with racial/ethnic minority faculty correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 2: No relationship will exist between graduate experiences with racial/ethnic minority faculty and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 3: To what extent will receiving additional multicultural training correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 3: No relationship will exist between receiving additional multicultural training and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 4: To what extent will providing clinical services to African Americans correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 4: No relationship will exist between providing clinical services to African Americans and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 5: To what extent will the set of multicultural counseling competencies (as measured by the MCI subscales) correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 5: No relationship will exist between the set of MCI subscales and attitudes toward African Americans among White female graduate students in counseling psychology.
Research Question 6: To what extent will multicultural counseling competence (as measured by the MCI full scale) correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 6: No relationship will exist between the MCI full scale and attitudes toward African Americans among White female graduate students in counseling psychology.

Limitations of the Study

Limitations of the current study involve the use of self-report measures and the type of sample involved. Reliance on self-report may be problematic in that respondents may not distinguish between accurate and inaccurate perceptions (Shedler, Mayman, & Manis, 1993). For example, responses may reflect anticipated behaviors or attitudes, items may be interpreted in a manner which differs from the authors’ intent (Pope-Davis & Dings, 1994, 1995) and, given the current popularity of multicultural issues, responses may be influenced by social desirability (Atkinson, 1985; Sedlacek & Brooks, 1971c; Smith, 1992; Sodowsky et al., 1994). In essence, “Self-report data require self-awareness, honesty, and an objectivity that many people have difficulty achieving, even with the promise of anonymity” (Field, 1990, pp. 62–63). In addition, respondents in this study represent one institution in one region of the country, and therefore results are limited in terms of generalizing to other populations.

Summary

Chapter I provided an introduction and historical context for the current research. Three interrelated and primary systems within the field of psychology were
discussed with respect to their treatment of racial/ethnic minority concerns. Through tracing the origins of these systems, numerous biased practices were identified including differential treatment and the use of a universal approach. Such practices clearly defined a need for the emergence of multicultural counseling. Issues salient to the current study, such as racial attitudes and gender composition of the profession, were also discussed from an historical perspective. The purpose of this introduction was to provide a rationale for investigating the relationship between multicultural counseling competencies and attitudes toward African Americans among White female graduate students in counseling psychology. The need for research in the field, specific statement of the problem, definitions of key terms, description of the study, research questions and hypotheses, and limitations of the study were also addressed.

The chapters which follow are organized in the following manner: Chapter II contains a review of the current literature related to this study; Chapter III includes a description of the research design and the method employed for this investigation; Chapter IV provides the results of the statistical analyses conducted; and Chapter V involves a summary of the study, discussion of conclusions and limitations, as well as implications for future research.
CHAPTER II

REVIEW OF RELATED LITERATURE

Chapter II provides a comprehensive review of current literature relevant to this study. Topics of discussion include the multicultural counseling competencies, a developmental model of attaining multicultural counseling competencies, and variables which have been found to influence the development of multicultural counseling competencies. In addition, the current status of training for multicultural counseling competence in relation to the academy, practica settings, and internship sites is examined. A review of available studies on multicultural training and racial attitudes is followed by a discussion of racial attitudes research based on national adult samples and investigations of gender-related differences. This chapter concludes with a discussion of current changes in the gender composition of psychology.

Multicultural Counseling Competencies

In 1982, the Education and Training Committee of APA’s Division of Counseling Psychology (Division 17) was charged with the task of creating the first explicit, comprehensive document describing multicultural counseling competencies (Sodowsky, 1996). The ensuing position paper outlined 11 minimal characteristics of a culturally skilled counselor, each conceptualized within three broad dimensions: (1) attitudes/beliefs (awareness), (2) knowledge, and (3) skills (Sue et al., 1982). The Committee proposed that training in all three areas was necessary to develop competence. Toward this end, the Committee also made several recommendations.
regarding graduate level training program curricula which specified the inclusion of (a) separate courses on racial/ethnic minority concerns, (b) infusion of racial/ethnic minority issues into existing curricula, and (c) practica and internship sites which offer opportunities for training experiences with racial/ethnic minorities.

A theoretical expansion of the original position paper was provided 10 years later by Sue et al. (1992), who were members of the Professional Standards Committee of the Association for Multicultural Counseling and Development (AMCD), a division of the American Counseling Association. In the revised version, Sue et al. introduced three broad counselor characteristics: (1) becoming aware of one's own assumptions, values, and biases; (2) understanding the worldview of culturally diverse clients; and (3) developing appropriate intervention strategies and techniques. By cross-classifying the three newly proposed counselor characteristics with the three original dimensions (Sue et al., 1982), Sue et al. (1992) presented a matrix consisting of nine competency areas involving 31 skills. Statements of 9 attitudes/beliefs, 11 knowledge, and 11 skills components provide specific descriptors of competency within each area of multicultural counseling. The entire matrix has been described in detail elsewhere (Sue et al., 1992); specific areas of the matrix pertinent to this study are presented below.

The attitudes/beliefs dimension addresses the need for professionals (i.e., counselors and psychologists) to gain awareness of their own racial/ethnic heritage, cultural attitudes, values, and biases and how each influences psychological processes and counseling interactions with racial/ethnic minorities (Sue et al., 1992). The knowledge component stresses gaining an understanding of the manner in which "race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behaviors, and the
appropriateness or inappropriateness of counseling approaches” (Sue et al., 1992, p. 485). This dimension also focuses on the need for professionals to learn how societal variables such as racism and discrimination, as well as personal variables such as racist attitudes and beliefs, affect their professional lives (Sue et al., 1992). The skills category refers to professionals’ ability to translate attitudes/beliefs and knowledge into culturally appropriate intervention strategies which reflect an appreciation of the client’s life experiences and values (Sue & Sue, 1990; Sue et al., 1992). Skills are explained primarily in behavioral terms such as communicating effectively, obtaining assistance from multiculturally competent colleagues or supervisors, and actively seeking training and other sources of information to enhance proficiencies in multicultural counseling (Sue et al., 1992).

In addition to the Sue et al. (1992) proposed competencies, Sodowsky et al. (1994) suggested a fourth dimension, multicultural counseling relationship. This domain addresses specific interpersonal processes which may be involved in multicultural counseling, such as issues of power, control, oppression, trust (Cayleff, 1986; McRae & Johnson, 1991; Sue, 1981), and the influence of professionals’ racial attitudes (Sodowsky, 1996). Competence is developed in “the counselor’s interactional process with the minority client, such as the counselor’s trustworthiness, comfort levels, stereotypes of the minority client, and worldview” (Sodowsky et al., 1994, p. 142).

In 1996, the AMCD Professional Standards Committee published an expanded version of the Sue et al. (1992) multicultural counseling competencies (Arredondo et al., 1996). Perhaps one of the most significant revisions was in the clarification of key terms, such as diversity and multicultural (Arredondo & D’Andrea, 1995). According to the Committee:
Multiculturalism puts the focus on ethnicity, race and culture. Diversity refers to other characteristics by which persons may prefer to self-define. This includes, but is not limited to an individual's age, gender, sexual identity, religious/spiritual identification, social and economic class background and residential location (i.e., urban, suburban, rural). (Arredondo & D'Andrea, 1995, p. 28)

More specifically:

The term multicultural, in the context of counseling preparation and application, refers to five major cultural groups in the United States and its territories: African/Black, Asian, Caucasian/European, Hispanic/Latino and Native American or indigenous groups who have historically resided in the continental United States and its territories. (Arredondo et al., 1996, p. 43)

Thus, with respect to multicultural counseling, it is possible to make a clear distinction between multicultural and diversity. Multicultural counseling occurs when culture-specific attitudes/beliefs (awareness), knowledge, skills (Arredondo et al., 1996; Sue et al., 1992; Sue et al., 1982), and relationship factors (Sodowsky et al., 1994) are incorporated into clinical interactions. Professionals who are competent in these areas appreciate and are sensitive to the history, needs, strengths, and resources of racial/ethnic minorities (Lopez et al., 1989; Sue & Sue, 1990). In essence, a multiculturally competent professional has specific awareness, knowledge, and skills in the areas of ethnicity, race, and culture and is able to utilize these qualities to sensitively engage racial/ethnic minority clients in a manner which is consistent with clients' specific needs. The following section reviews recent research involving the process of becoming a multiculturally competent professional.

Developmental Model

An emerging theory in multicultural training is that the development of multicultural competencies occurs as a fluid learning process generally proceeding from awareness to knowledge to skills (Pedersen, 1994; Sabnani et al., 1991).
Several studies which investigated the effectiveness of training via a single multicultural counseling course seem to support this theory. In one of the earliest studies regarding this notion, researchers asked students in a multicultural counseling course (primarily White doctoral students in clinical and counseling psychology) to keep a journal of their experiences when providing clinical services to racial/ethnic minorities. Analysis of journal content revealed that trainees seemed to undergo a developmental process in attaining cultural sensitivity. Essentially, students lacked multicultural awareness at the beginning of the course and by course completion had gained awareness and knowledge, and were able to integrate new knowledge with pre-existing knowledge (Lopez et al., 1989). Field (1990) found that primarily White trainees in counseling and related fields who completed a 5-week intensive multicultural course appeared to be in the initial phases of multicultural development. That is, respondents seemed to have achieved a level of multicultural sensitivity, yet were not at the point of being able to integrate and/or implement newly acquired multicultural knowledge. Field (1990) postulated that the short duration of the course may have been instrumental in determining trainees' level of multicultural development upon completion.

More recently, Heppner and O'Brien (1994) found that although a group of primarily White clinical and counseling psychology graduate students indicated self-perceived changes in both multicultural awareness and knowledge following completion of a multicultural counseling course, a primary concern remained in how to integrate these changes with actual clinical practices. In a related study, D'Andrea et al. (1991) found that although graduate students in counselor education scored significantly higher in awareness, knowledge, and skills after completing a multicultural counseling course, the least amount of improvement was made in the
area of skills. Similarly, results from a national survey of graduate students (primarily White) in clinical and counseling psychology indicated that completion of multicultural coursework was a significant predictor of multicultural awareness and knowledge (but not skills) for the clinical psychology respondents (Pope-Davis et al., 1995). D'Andrea et al. (1991) suggested that the acquisition of multicultural skills through coursework may be more difficult than the acquisition of multicultural awareness and knowledge.

Conversely, Ottavi et al. (1994) surveyed White graduate students in a counseling program and found that multicultural coursework was a significant predictor of multicultural awareness, knowledge, and skills. And, Ponterotto et al. (1996) found that respondents who had completed a multicultural course scored significantly higher on knowledge/skills (but not awareness) than students without this training experience. Although inconclusive, the collective results across available studies generally tend to support the idea that attaining multicultural counseling competencies may involve a developmental process. In addition, these findings seem to emphasize the need for multicultural practica and internships to help trainees integrate awareness and knowledge gained through coursework with actual clinical skills. Additional variables which have been linked to the development of multicultural counseling competencies are described in the following section.

Influential Variables

In addition to formal coursework, it is possible that various educational and clinical experiences may influence the development of multicultural counseling competencies (Pope-Davis & Nielson, 1996; Pope-Davis et al., 1994). In a study of primarily White graduates of clinical and counseling psychology doctoral programs,
respondents identified the following training experiences as most relevant to their current provision of services to racial/ethnic minority clients (in rank order):
(a) appropriate supervision when working with racial/ethnic minority clients;
(b) multicultural internship experiences; (c) time-limited training experiences, such as multicultural seminars, workshops, and conferences; (d) direct experience working with racial/ethnic minority clients; and (e) multicultural coursework (Allison et al., 1994). Researchers have begun to investigate and identify the role of several of these specific factors which seem to be involved in the development of multicultural counseling competencies (Pope-Davis & Nielson, 1996).

For example, a recent study of primarily White graduate students in clinical and counseling psychology found a significant relationship between multicultural workshop attendance, practica experiences, direct contact hours with racial/ethnic minority clients, and self-reported multicultural awareness among the counseling psychology students. Contact hours with racial/ethnic minority clients was also significantly related to self-reported multicultural knowledge for the counseling psychology students (Pope-Davis et al., 1995). Similarly, Ottavi et al. (1994) found a relationship between practica experiences, direct contact hours with racial/ethnic minority clients and self-reported multicultural awareness among White graduate students in a counseling program. Ponterotto et al. (1996) also found a significant relationship between training variables such as multicultural coursework, workshop attendance, or clinical training with racial/ethnic minority clients and self-reported multicultural knowledge/skills (but not awareness). Although somewhat equivocal, these results suggest that various educational and clinical experiences may influence the development of multicultural counseling competencies among White trainees (Pope-Davis & Nielson, 1996; Pope-Davis et al., 1995).
As noted previously, the clinical practices which emerged from mainstream American psychology have been described as narrow in focus (Ponterotto et al., 1995b; Ridley, 1995); that is, most professionals are trained to serve middle-class White Americans (Lee, 1997a; Sue et al., 1982). Statistically, such training may overlook the counseling needs of 23% of the American population, that is, American racial/ethnic minority groups (U.S. Bureau of the Census, 1990). Concerns raised over the lack of generalizability of mainstream training to all peoples (Hall, 1997; Katz, 1985; Morris & Robinson, 1996b, 1996c; Priest, 1991; Sue, 1977), as well as professional ethical and accreditation standards, have established a need to identify multicultural counseling as a core component of psychology training programs (Altmaier, 1993; Burn, 1992; Casas, Ponterotto, & Gutierrez, 1986; LaFromboise & Foster, 1989). Consistent with Sue et al.'s (1982) recommendations, the APA Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology suggests that such training at minimum involves focused multicultural courses, courses with integrated multicultural components, and field experiences which “involve culturally, ethnically, racially, and linguistically diverse clients or research subjects, and . . . in-service training in multicultural issues” (APA, 1997, p. 3). The following sections investigate the current status of multicultural training for competence in the academy as well as practica and internship sites.

**Multicultural Training in the Academy**

Students who matriculated through psychology programs in the mid-1980s reported limited exposure to multicultural issues (Allison et al., 1994). Since then,
Numerous programs have added multicultural training components to existing curricula (Pope-Davis & Nielson, 1996). For example, a 1988-89 survey of APA-accredited counseling psychology programs ($n = 49$) indicates that 87% of the programs offer a multicultural counseling course, 59% require the course, 45% offer a multicultural specialty, and 63% have between 1–13 courses that include a multicultural focus (Hills & Strozier, 1992). A 1990–91 survey of APA-accredited clinical ($n = 104$) and counseling ($n = 41$) psychology programs found that 73% of the programs offer one or more multicultural counseling courses, 42% require a course in multicultural counseling, and 88% address racial/ethnic minority issues in general courses (Quintana & Bernal, 1995). A 1995 survey of APA-accredited ($n = 49$) and nonaccredited ($n = 17$) counseling psychology programs and counselor education programs found that 89% offer a required multicultural counseling course, 62% have one or more additional required or recommended courses, and 58% integrate multicultural counseling issues into all courses (Ponterotto, 1997). And, a recent survey of APA-accredited counseling psychology programs ($n = 66$) found that 80% have a required multicultural counseling course, 42% have one or more additional required or recommended courses, and 49% of the courses infuse multicultural information (Constantine et al., 1996).

Although some of the reported differences may be due to the type of program surveyed as well as how survey questions were presented, in general it appears that the response of training programs to multicultural initiatives is progressive in certain areas and clearly lacking in others (Hills & Strozier, 1992; Ridley et al., 1994). Some programs appear reluctant to introduce multicultural initiatives at any level of training (LaFromboise et al., 1996), while others have only minimally infused multicultural issues into core philosophy and curriculum, such as by offering a single course on
multicultural counseling (LaFromboise & Foster, 1992; Sue et al., 1992). While single multicultural counseling courses may challenge students' beliefs and attitudes about differences (Brown et al., 1996; Hood & Arceneaux, 1987), some trainees may remain culturally insensitive after completing the course (Steward, Bartell, & Cohen-Morales, 1994). Given the survey nature of many graduate courses, as well as the complexities involved in multicultural issues, it seems unrealistic to expect a single course to produce professionals who are multiculturally competent (Allison et al., 1994; Constantine et al., 1996; Hood & Arceneaux, 1987; McRae & Johnson, 1991; Niles, 1993).

According to Bernal and Castro (1994), exposure to a single course or occasional courses which infuse multicultural information may lead to cultural sensitivity rather than competence. Cultural proficiency requires complete infusion of multicultural concerns throughout every aspect of training, that is from the training environment to the courses involved to the practica offered and finally, to the internship site (Bernal & Castro, 1994). A recent survey of clinical and counseling psychology programs indicates that few programs meet this criteria (Quintana & Bernal, 1995). It appears that most programs are transitioning toward improvement of multicultural training, while a few programs remain resistant to implementing any multicultural initiatives. As noted, graduate training in psychology extends beyond coursework; therefore, the following section discusses training for multicultural competence in applied settings.

Multicultural Training in Practica and Internships

As with program curricula, clinically supervised experiences with racial/ethnic minority populations are not yet a part of all applied training experiences (Midgette &
Meggert, 1991). For example, a 1990-91 survey indicates that 66% of APA-accredited counseling psychology training programs (n = 41) offer practica in community settings which serve racial/ethnic minorities (Quintana & Bernal, 1995). And, a 1995 survey of both APA-accredited (n = 49) and nonaccredited (n = 17) counseling psychology programs and counselor education programs found that only 35% of the programs offer practica sites which provide opportunities to serve racial/ethnic minority clients (Ponterotto, 1997).

The APA (1996b) eligibility guidelines for internship site accreditation (Domain A) require that “respect for and understanding of cultural and individual diversity . . . is reflected in the program’s . . . development of staff and interns and in didactic and experiential training that fosters an understanding of cultural and individual diversity as it relates to professional psychology” (p. 11). A recent national survey of university counseling center internship sites (n = 53) reported that 96% of the sites offer training in multicultural issues (Murphy, Wright, & Bellamy, 1995), a finding which is consistent with previous survey results (e.g., Pope-Davis & Dings, 1994). However, an examination of the specific training components involved appears to dilute a seemingly impressive percentage. For example, respondents in the Murphy et al. (1995) survey indicated that multicultural training most commonly occurs in a general seminar format (77%) using didactic instruction (68%) for approximately 4–5 hours over the course of an internship which typically requires 2,000 hours for completion. Further, in terms of actual clinical training, only 6% of the sites require interns to have a caseload with racial/ethnic minority clients. Training directors who responded to this survey reported a medium to high level of staff commitment to multicultural training, yet the actual amount of time interns spend in
training and in multicultural service provision over the course of the internship seems quite minimal (Murphy et al., 1995).

When graduates of clinical and counseling psychology programs are surveyed, their responses seem to reflect the level of multicultural training received prior to graduation. For example, a recent survey found that far more of the primarily White respondents reported a high level of self-perceived competence in service provision to White clients (92.7%) than to African American clients (37.5%) (Allison et al., 1994). Not surprisingly, the number of racial/ethnic minority clients served during practica and internship was found to predict therapists' self-perceived level of competence in providing services to racial/ethnic minorities post-graduation. And in turn, level of competence was a significant predictor of number of racial/ethnic minority clients on therapists' postgraduation professional caseloads (Allison et al., 1996).

The following section concludes the focus on multicultural counseling competencies and related variables with a review of prior research on multicultural training and racial attitudes. Remaining sections discuss other variables germane to this study, that is, racial attitudes and the shifting gender composition of psychology.

**Multicultural Training and Racial Attitudes**

Although attitudes have been identified as one of the primary areas in the development of multicultural counseling competencies, relatively few studies have directly investigated the relationship between graduate level multicultural training and racial attitudes. In perhaps one of the earliest related available studies, Sharma (1977) explored the relationship between locus of control and racial attitudes among master's level counseling trainees (primarily White) who were enrolled in a course
that addressed race relations and cultural issues. Students who self-identified as having an external locus of control or as having neither an external nor an internal locus of control demonstrated significantly more favorable racial attitudes upon completion of the course. Essentially, a majority of the students in this study benefited from the course. Sharma concluded that these findings revealed the importance of addressing students' racial attitudes through intensive race and culture-related experiences during training.

Two recent studies have relevance to the current investigation. In an investigation based on a qualitative case study design, McCarthy (1992) found that in general White college freshman displayed more accepting racial attitudes following completion of a diversity-focused course. In a preliminary investigation of White female graduate students in counseling psychology, Robinson (1997) found trends which suggested that multicultural training has the potential to influence attitudes toward African Americans in a positive direction. Robinson (1997) called for additional research in this area to delineate which multicultural training components contribute to more favorable racial attitudes among White female graduate students in counseling psychology.

Other than the Sharma (1977) and Robinson (1997) investigations, most studies of graduate students pertinent to this investigation have explored racial attitudes and multicultural issues in relation to White racial identity. The model of White racial identity development (Helms, 1984, 1990) postulates that racial attitudes correspond to or reflect a particular developmental stage (or more recently "ego status," Helms, 1995). Therefore, it may be possible that racial identity development is closely related to racial attitudes held by White trainees (Chambers, Lewis, & Kerezsi, 1995). And, it may also be feasible that racial identity development and the
concomitant racial attitudes may be related to multicultural counseling competencies (Sabnani et al., 1991). Several studies have investigated the relationship between White racial identity development and multicultural counseling competencies among graduate students.

In a national survey sample of White, primarily female, master's and doctoral level counseling psychology students, Ottavi et al. (1994) found that more sophisticated levels of racial identity development (i.e., Pseudo-independence and Autonomy) were moderate and significant predictors of self-reported multicultural awareness, knowledge, skills, and relationship. Two additional studies involving primarily White graduate students found that completion of a multicultural course seemed to be related to White trainees achieving more sophisticated levels of racial identity which in theory, reflect more positive nonracist attitudes (Brown et al., 1996; Neville et al., 1996). In general, these studies provide tentative support (given the psychometric concerns noted on page 22) for the emerging concept that more sophisticated racial attitudes associated with White racial identity development may be related to self-reported multicultural counseling competencies (Ottavi et al., 1994; Sabnani et al., 1991).

Racial Attitudes

A review of the literature reveals that attitudes in general and racial attitudes in particular seem to share certain qualities. For example, both are acquired early in life (e.g., Cushner, 1988; Katz, 1976; McConahay & Hough, 1976; Sears & McConahay, 1973); remain relatively stable throughout life (e.g., Rowe et al., 1995; Sears & McConahay, 1973; Shrigley et al., 1988; Stovall, 1988); reflect prevailing social norms (e.g., Schuman, Steeh, & Bobo, 1985; Turner & Singleton, 1978); tend
to influence behavior (e.g., Brigham & Severy, 1976; Olson & Zanna, 1993; Schuman et al., 1997; Sedlacek et al., 1976; Terry, 1975; Zayas et al., 1996); and are highly resistant to change (e.g., McConahay & Hough, 1976; Rowe et al., 1995; Sears & McConahay, 1973). In addition, White racial attitudes are acquired primarily in the absence of direct contact with African Americans (McConahay & Hough, 1976; Sears & McConahay, 1973) perhaps mainly through parental influence (Allport, 1954; Clark, 1955; Katz, 1976; Sedlacek et al., 1973; Stovall, 1988).

Negative racial attitudes often coexist with negative stereotypes toward a specific group (James-Valutis, 1993; Sedlacek et al., 1976), and positive racial attitudes are often associated with higher levels of education (Schuman et al., 1985; Schuman et al., 1997). Studies involving the racial attitudes of undergraduate samples have been discussed previously; therefore, the following sections focus on recent data obtained through national opinion polls and contemporary studies involving the racial attitudes of White women.

Public Opinion Polls

Trend data from public opinion polls spanning four decades indicate that in general, White American adults seem to be endorsing more positive attitudes and less personal prejudice toward African Americans (Schuman et al., 1997). “The average White . . . places him or herself quite close to the ‘no prejudice whatsoever’ end of a ‘0 to 10’ point prejudice scale” (Gallup Poll, 1997, p. 17). White respondents also appear to be more accepting of integration across all major areas of life, such as employment, education, residential neighborhoods, and public accommodations and transportation (Gallup Poll, 1997; Schuman et al., 1997).
At the same time, "the average American tends to live, work, and send their child to school in environments which are mostly or all White" (Gallup Poll, 1997, p. 4). This situation holds true for attendance at church and social organizations as well (Gallup Poll, 1997). As with the White undergraduate samples, degree of personal contact seems to be important. For example, White adults appear more willing to entertain a single African American dinner guest occasionally, less willing to advocate for integration of a personal social club, and far less willing to approve of interracial marriage (Schuman et al., 1997).

Further, although White Americans clearly deny prejudice within themselves, they tend to perceive other White Americans as having high levels of prejudice against African Americans (44% gave other White Americans a score of 5 or higher on the prejudice scale) (Gallup Poll, 1997). In addition, most White Americans subscribe to the notion that racial discrimination is a past concern, and any current disadvantage suffered by African Americans is due to a lack of motivation or will power to get ahead. These types of beliefs are then reflected in White Americans lack of endorsement for affirmative action policies (Gallup Poll, 1997; Schuman et al., 1997). Clearly, there is less support for the implementation of principles and daily practice of the ideals largely endorsed by White American adults toward African Americans (Schuman et al., 1997). With these kinds of fundamental disparities, it is no wonder that over half of the respondents surveyed (both African American and White) reported a personal belief in the idea that relations between African Americans and White Americans will always be a problem (Gallup Poll, 1997). The following section narrows the focus of the discussion on racial attitudes to recent studies which investigate the attitudes of White women toward African Americans.
Gender-Related Studies

In contrast to earlier findings (e.g., Bogardus, 1959; Proenza & Strickland, 1965; Sheatsley, 1966), more recent studies comparing racial attitudes between White male and female students indicate that some progress may be occurring in the state of race relations between White women and African Americans. For example, Wood (1990) found that when compared to White male students, White females expressed less prejudice toward African Americans, were more sensitive to issues involving prejudice, reported more frequent and more positive contact with African Americans, and were more willing to have African Americans as close friends or marriage partners. Similarly, another recent study of university undergraduates found women to be less prejudiced, more tolerant, and significantly more accepting of racial/ethnic minorities. In addition, when compared to men, women indicated that they perpetrated less racist behaviors (Qualls et al., 1992). Carter (1990) also found a sample of White college women to be less racist than White college men.

The authors suggest the following explanations for these results:

1. Women might have developed greater empathy for racial/ethnic minorities because of their own experiences with injustice (e.g., sexism) (Carter, 1990; Qualls et al., 1992).

2. The socialization process of women may encourage nurturance and compassion for others (Qualls et al., 1992) which in turn influences women's desire to seek interpersonal harmony (Gilligan, 1982).

Given these potential characteristics of women, it seems important to review the numerical increase of women within psychology in general, within counseling psychology in particular, and within the APA.
Gender Composition of Psychology

Significant changes are occurring within the gender composition of psychology (Pion et al., 1996). For example, the past two decades have witnessed an increase in the number of women earning doctorates in psychology as well as a decrease in the number of men receiving such degrees (APA, 1995b; Goodheart & Markham, 1992; Ostertag & McNamara, 1991; Pion et al., 1996). These increases have been notably evident in the health service provider fields in general (school, clinical, and counseling psychology) (APA, 1995b; Pion et al., 1996) and within counseling psychology in particular (Hollis & Wantz, 1994; Tipton & White, 1988). By 1986, women were the numerical majority among doctoral (APA, 1996c; Goodheart & Markham, 1992) and master’s degree recipients in counseling psychology (Hollis & Wantz, 1990). A study conducted in the late 1980s of APA-approved counseling psychology programs aptly describes the emerging counseling psychologist:

If one were to construct a typical first-year graduate student on the basis of the median or modal demographic data, this person would be a 25- to 35-year-old single White female who had done previous graduate work, although not necessarily in counseling, and who had some mental-health-related work experience. She would have grown up in the north central United States in a suburban neighborhood. Her father would be a businessman or professional and her mother a homemaker with a family of moderate size, and her parents would have remained married. (Tipton & White, 1988, pp. 114–115)

The majority of women currently earning doctoral and master’s degrees in counseling psychology are White (APA, 1996a). Sixty-seven percent of the 23,078 doctoral students enrolled full-time across all U.S. graduate departments in psychology are White women (APA, 1996a). In 1994, 3,260 doctoral degrees were awarded across all subfields in psychology (APA, 1996c). Of this number, 496 were
in counseling psychology (APA, 1996c). Sixty-two percent of the counseling psychology degrees were awarded to women (APA, 1996c).

Seventy-five percent of the 9,284 master’s students currently enrolled full-time in all U.S. graduate departments in psychology are White women (APA, 1996a). Approximately 9,401 master’s degrees in counseling and psychology subfields are awarded yearly (Hollis & Wantz, 1990). Nearly 800 of these degrees are in counseling psychology. The male-to-female ratio of master’s degrees awarded yearly in counseling psychology is 9.9 to 18.1, or 276 male graduates to 507 female graduates (Hollis & Wantz, 1990).

The APA has a total membership of 82,664 (APA, 1995a). Of this number, 45% are women (APA, 1996c) and 72% are White (APA, 1995a). Forty-three percent of the White APA members are women (APA, 1995a). Approximately 10% (n = 8,319) of the total number of APA members report counseling psychology as their major field (APA, 1995a). Forty-six percent of the counseling psychologists within APA are women (APA, 1996c) and 80% are White (APA, 1995a).

Of the total number of APA members, approximately 4% (n = 3,415) report membership in Division 17 (Counseling Psychology) (APA, 1995a). Eighty percent of the Division 17 members are White (APA, 1995a) and 38% are women (APA, 1996c). A majority (69.2%) of the 13 officers within Division 17 are women (APA, 1996c). This figure represents the third highest percentage of divisional representation of women officers across all APA divisions, and the largest representation of women officers when gender-specific divisions (e.g., Division 35, Psychology of Women) are omitted.
Summary

This chapter provided a review of the current literature pertinent to this investigation. Several topical areas were discussed with regard to multicultural counseling competencies, racial attitudes, and gender-related variables. Areas specific to multicultural counseling competencies included a description of the multicultural counseling competencies, a theoretical model for the development of multicultural counseling competencies, and variables which influence the development of multicultural counseling competencies. In addition, the current status of training for multicultural counseling competencies was explored within the academy, practica settings, and internship sites. A discussion of the available literature on multicultural counseling training and racial attitudes concluded this particular topical area. The section on racial attitudes involved a discussion of the distinguishing characteristics of such attitudes, findings of national surveys of adult samples, and studies of racial attitudes related to gender. The final topical area included a discussion of the shifting gender composition of psychology in general as well as in the specialty of counseling psychology. The current level of women's participation in the APA was also presented.
CHAPTER III

DESIGN AND METHODOLOGY

Participants and Setting

Sixty-seven doctoral and advanced master’s level students at a large Midwestern university completed the survey instruments. Criteria for inclusion in the restricted sample were (a) self-identify as a White female, (b) completion or partial completion of a master’s level practicum, and (c) enrollment in the counseling psychology program. Participants were primarily in their early thirties (mean = 33.6, $SD = 9.2$) and either married or cohabiting (56.1%, $n = 37$). A large percentage (85.1%, $n = 57$) were in the final stages of earning a master’s degree and 10 respondents were doctoral students (14.9%). Combined, both master’s and doctoral students reported nearly 3 years of graduate training in counseling psychology (mean = 2.8, $SD = 1.0$), with an average of 41 credit hours earned ($SD = 15.2$).

Nearly half of the respondents reported completion of a single multicultural counseling course (47.8%, $n = 32$). Forty percent ($n = 27$) reported participation in at least one of the following activities with a racial/ethnic minority faculty member: research, mentor-mentee, advisor-advisee, or educational project. Sixty-six percent ($n = 44$) reported at least 1–4 hours of supervised clinical experience with African American clients (practica and/or professional hours). And, a majority of participants (71.6%, $n = 48$) reported additional multicultural training experience in at least one of the following settings: agency, workshop, seminar, or professional conference.
Recruitment of Participants

Permission to conduct this study was granted through the Human Subjects Institutional Review Board at Western Michigan University (see Appendix A). Permission to recruit White female participants from advanced master's level classes and all doctoral level classes was obtained from course instructors. A letter of support was obtained from the director of the clinical training facility within the academic department to recruit students who were involved in graduate practica or field experiences (see Appendix B). Course instructors were asked to allow approximately 30–45 minutes of regularly scheduled class time for the purpose of survey administration.

Data Collection Procedure

Participants completed the survey instruments in approximately 20 minutes. In each appropriate graduate class (advanced master's and doctoral), the purpose of the study was explained, prospective participants read a letter of informed consent (see Appendix C), and students who were willing to participate in the study were administered four instruments (in counterbalanced order): Personal Information Questionnaire (PIQ, developed for this study, see Appendix D); Attitudes Toward Blacks Scale (ATB, Brigham, 1993); Marlowe-Crowne Social Desirability Scale-Form M-C 1(10) (M-C 1[10], Strahan & Gerbasi, 1972); and the Multicultural Counseling Inventory (MCI, Sodowsky et al., 1994). The completed instruments were collected and any questions generated by the instruments' content areas were discussed.
Data Excluded From Statistical Analyses

A total of 86 participants completed the instruments. Twenty-two MCIs contained incomplete data. Consultation with the primary author of the MCI revealed that mean substitution was an option if a missing item was considered to have occurred at random (G. R. Sodowsky, personal communication, January 9, 1998). Based upon this suggestion, criteria were developed to determine whether a missing item represented a pattern or if mean substitution could be applied. The following criteria were developed and applied to MCIs with missing items:

1. All MCI scales with more than one missing item were excluded from statistical analyses.

2. MCI scales with the same item missing more than once across all remaining scales were excluded.

3. In MCI scales with a random missing item (those that did not meet the criteria for item 2), the mean substitution for the particular item on the specific scale was used.

Based on these criteria, data from 19 respondents were excluded and mean substitution was used for one unique item in three separate MCI subscales. Data from 67 participants were included in the final analyses.

Items on the MCI are behaviorally stated. For example, several items are preceded by the stem, “When working with minority clients . . .” Therefore, the rationale for excluding responses from 19 surveys was based upon the finding that, in general, missing items represented a pattern on particular MCI scales, which suggested that the student lacked any clinical experience with racial/ethnic minorities. This pattern of findings reflected respondents’ expressed concerns during survey
administration. Several respondents verbally indicated that they had not provided any clinical services to racial/ethnic minorities and, therefore, were unsure as to how to respond to some of the items on the MCI. Exclusion of participants' responses to the instruments based on the criteria presented above increased the likelihood that the remaining results were based upon data from respondents who had provided clinical services to racial/ethnic minorities, which in turn decreased the likelihood of responses based on guesswork or anticipated multicultural counseling behaviors.

Instruments

Measures of the Independent Variables

Multicultural Counseling Inventory (MCI)

The MCI is a 40-item self-report instrument based primarily on the Sue et al. (1982) position paper (Sodowsky et al., 1994). Multicultural counseling competencies are assessed across four factors: skills (Factor 1), awareness (Factor 2), knowledge (Factor 3), and relationship (Factor 4), as well as a full scale which measures general multicultural counseling competencies irrespective of specific competencies. Respondents use a 4-point Likert scale, ranging from very inaccurate (1) to very accurate (4). Sums of subscale items yield average scores for each factor, and sums across items yield an average full scale score. Seven of the eight items on the relationship subscale are reverse-scored to reduce the possibility of a response set. Higher scores indicate greater self-perceived multicultural competence.

Psychometric properties of the MCI appear adequate. A four-factor oblique solution accounted for 36.1% of the variance. Factors were selected on the basis of a scree plot of the eigenvalues and factor interpretability. Each of the 40 MCI items
had its highest loading (.30 or above) on its identified factor. Limited evidence was also found for a general higher order multicultural competence factor, which prompted the authors to “suggest that counseling psychologists score the subscales as well as the full scale of the MCI when evaluating counselor competencies in training and applied settings” (Sodowsky et al., 1994, p. 146).

Sodowsky et al. (1994) report adequate validity for the MCI: graduate student raters reached 100% agreement that the MCI items satisfactorily covered the content domain of multicultural counseling competencies; significant MCI subscale (awareness, relationship) and full scale differences were found between counselors who conducted at least 50% of their work in multicultural counseling compared to those who did not; and graduate students in school and counseling psychology scored significantly higher at posttest on MCI awareness, knowledge, skills, and full scale after completing a one-semester multicultural course.

Using two separate samples (psychology graduate students, counselors, and psychologists; and university counseling center counselors), Sodowsky et al. (1994) found moderate intersubscale correlations ranging from .16 to .41. Pope-Davis and colleagues, in four separate related studies, found moderate to moderately high intersubscale correlations ranging from .19 to .58 (Ottavi et al., 1994; Pope-Davis & Dings, 1994; Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995). These correlations suggest that the MCI subscales seem to measure relatively independent constructs. However, some of the correlations in the Pope-Davis and colleagues studies are moderately high (e.g., .58), which suggests that a factor solution consisting of less than four factors may be warranted (Ponterotto, Rieger, Barrett, & Sparks, 1994).
Sodowsky et al. (1994) report moderate to high reliability for the MCI. Cronbach's alphas for each MCI subscale across two separate studies were skills (.81/.83), awareness (80/.83), relationship (.65/.67), and knowledge (.79/.80). Cronbach's alphas for the full scale were .88/.86 (Sodowsky et al., 1994). Similar Cronbach's alphas were reported in four separate related studies (Ottavi et al., 1994; Pope-Davis & Dings, 1994; Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995), which provided additional support for the reliability of the MCI.

In a recent study of university counseling center counselors and interns, and graduate practicum students, Sodowsky (1996) found nonsignificant and negligible relationships between the MCI, a measure of internal-external locus of control (with emphasis on race), and social desirability. These findings provide preliminary support for the notion that the constructs measured by the MCI are separate than those measured by an internal-external locus of control (with emphasis on race) instrument, and that the MCI full scale may be relatively free of social desirability.

**Marlowe-Crowne Social Desirability Scale-Form M-C 1(10)**

The M-C 1(10) (Strahan & Gerbasi, 1972) is a short form of the 33-item Marlowe-Crowne Social Desirability Scale (M-C SDS, Crowne & Marlowe, 1960). The M-C 1(10) is used in conjunction with self-report measures to control for the tendency to respond in a socially desirable way. Ten items are keyed true or false, yielding total scores ranging from 0 (extremely low in social desirability) to 10 (extremely high in social desirability).

Psychometric properties of the M-C 1(10) appear adequate. The M-C 1(10) was derived from a principal component analysis of the original 33-items on the M-C SDS. Items were selected on the basis of size of item loading and balance among
positively and negatively keyed items (Strahan & Gerbasi, 1972). Fischer and Fick (1993) report high validity for the M-C 1(10). The correlation between the M-C 1(10) and the M-C SDS was .96. Chi-square differences between the M-C 1(10) and the M-C SDS indicate that the M-C 1(10) is a significant improvement in fit over the M-C SDS.

Strahan and Gerbasi (1972) report moderate to high reliability for the M-C 1(10). Kuder-Richardson reliability coefficients across four diverse populations were .70 (university males), .66 (university females), .61 (college females), and .59 (British males). Fischer and Fick (1993) also report high reliability for the M-C 1(10) (coefficient alpha = .88) using a large sample of undergraduate psychology students.

Personal Information Questionnaire (PIQ)

The PIQ is a 23-item questionnaire developed for this study. Respondents report demographic information and educational and professional experiences related to the development of multicultural counseling competencies.

Measure of the Dependent Variable

Attitudes Toward Blacks Scale (ATB)

The ATB is a contemporary 20-item measure of White racial attitudes toward African Americans (Brigham, 1993). Respondents use a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7). Ten of the 20 items are reverse scored. Sums of scores yield a measure of racial attitudes.

A pool of 180 items was developed from an extensive review of previous racial attitude measurement items as well as items emerging from roundtable
discussions involving a racial/ethnic minority student advisory panel. Analyses based on responses from two distinct samples of White college students resulted in a pool of 90 items. Orthogonal varimax rotation of responses to these items resulted in the final 20-item scale. Four factors emerged from a second-order factor analysis of the 20-item scale. The first three factors had moderately high correlations $[r_s (258) = .53–.63]$, and the fourth factor consisted of a single item; therefore only validity and reliability results for the full scale were reported.

Psychometric properties of the ATB appear adequate. Brigham (1993) reports moderate to high validity for the ATB. The ATB displays moderate to high correlations with the Multifactor Racial Attitudes Inventory (.86) (MRAI, Brigham & Severy, 1976); Modern Racism Scale (.70) (McConahay, 1986; McConahay & Hough, 1976); Symbolic Racism Scale (.45) (Kinder & Sears, 1981; Sears & Kinder, 1971); and Direct Self-Evaluative (DSE) attitude measures (.64) (Brigham, 1993). White students who reported a greater level of overall interracial contact also reported more favorable racial attitudes ($r = .22$) (Brigham, 1993).

Brigham (1993) reports high reliability for the ATB. Cronbach’s alpha for the ATB was significantly higher (.88) than for similar, well-established instruments, for example: MRAI, Cronbach’s alpha = .66, Modern Racism Scale, Cronbach’s alpha = .69, and Symbolic Racism Scale, Cronbach’s alpha = .51. Additional analyses for dependent coefficients (Feldt & Brennan, 1989) found that the alpha value for the ATB (.88) was significantly greater than for the MRAI (Feldt’s $t(58) = 23.40$, $p < .001$), Modern Racism Scale (Feldt’s $t(258) = 14.45$, $p < .001$), and Symbolic Racism Scale (Feldt’s $t(258) = 18.27$, $p < .001$) (Brigham, 1993).
Data Analyses

Several statistical methods were employed in order to investigate the relationship between multicultural counseling competencies and racial attitudes among White female graduate students in counseling psychology. Results of the following analyses are presented in Chapter IV.

Correlation Analyses

Correlation analyses indicate the average direction and degree of linear relationship between two variables. Four distinct correlation analyses were conducted to determine if such a relationship exists between attitudes toward African Americans and variables linked to the development of multicultural counseling competencies. Specific variables investigated in this study included (a) completion of a multicultural counseling course; (b) participation in graduate experiences with racial/ethnic minority faculty (i.e., research, mentor-mentee, advisor-advisee, or educational projects); (c) receipt of additional multicultural training experiences (i.e., agency, workshop, seminar, professional conference); and (d) provision of clinical services (professional and/or practica) to African American clients. Each of these analyses involved one dichotomous variable and one continuous variable; therefore, the results were expressed as point biserial correlation coefficients.

Simultaneous Multiple Regression

Regression analysis is similar to correlation analysis in that it indicates the average direction and degree of linear relationship between variables. Regression analysis, however, provides more complex information about a theoretical
relationship between variables and allows for more than one independent variable in
the analysis. The set of variables theoretically related to attitudes toward African
Americans are the specific competencies reflected by scores on each MCI subscale.
Total scores obtained on the MCI subscales were entered as independent variables in
a multiple regression of the dependent variable, total scores obtained on the ATB.
The purpose of this analysis was to examine the contributions of various types of
multicultural counseling competencies on attitudes toward African Americans.

Simple Linear Regression

As noted previously, Sodowsky et al. (1994) recommend that studies
involving the MCI investigate the individual subscales as well as the full scale. Linear
regression was used to examine the relationship between the MCI full scale, which
reflects general multicultural counseling competence, and attitudes toward African
Americans. Total scores obtained on the MCI full scale were entered as the
independent variable in a linear regression of the dependent variable, total scores
obtained on the ATB.

Summary

Chapter III included an overview of the design and method employed in this
study. The type of participants, setting, manner of recruitment, procedure for data
collection, and rationale for excluding certain data were discussed. The measures of
the independent variables (MCI, M-C 1(10), PIQ) and the measure of the dependent
variable (ATB) were reviewed. This chapter concluded with a description of the
types of statistical analyses conducted in this study.
CHAPTER IV

RESULTS

All statistical analyses were conducted using the SPSS computer program with alpha set at less than or equal to .05 ($p \leq .05$). Several preliminary analyses were conducted prior to testing the research hypotheses. A purposive sampling method was used to collect data in this study; therefore, descriptive statistics for the sample are reported. These analyses present sample demographic information and level of participation in activities related to the development of multicultural counseling competencies. In addition, the range, means, and standard deviations of scores across measures of the independent and dependent variables for this sample are reported.

The instruments used in this study are relatively new; therefore, reliability analyses were conducted prior to testing the research hypotheses. Results of reliability analyses for the M-C 1(10), ATB, MCI full scale, and MCI subscales are reported. Final preliminary analyses tested for social desirability in responses provided for items on the MCI and ATB. These analyses were conducted for the following reasons: (a) the response set of social desirability has been identified as a potential confound in measuring racial attitudes (e.g., Sedlacek & Brooks, 1971c; Sedlacek et al., 1971); (b) and the potential for socially desirable responses may be heightened by the current climate encouraging the development of multicultural counseling competencies.

Six hypotheses were tested to address the research questions pertinent to this investigation. Each research question and corresponding hypothesis is provided. The
statistical analysis and corresponding results for each hypothesis are presented. In addition, several tables corresponding to the investigation as well as conclusions reached are included.

Descriptive Statistics

Demographics

Descriptive statistics regarding demographic information designed to elucidate the characteristics of the restricted sample used in this study are presented in Table 1.

Table 1
Demographic Characteristics of Sample

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>67</td>
<td>33.7</td>
<td>9.2</td>
<td>22–56</td>
<td>—</td>
</tr>
<tr>
<td>Credit Hours Completed</td>
<td>66</td>
<td>41.0</td>
<td>15.2</td>
<td>0–112</td>
<td>—</td>
</tr>
<tr>
<td>Year in Program</td>
<td>67</td>
<td>2.8</td>
<td>1.0</td>
<td>1–6</td>
<td>—</td>
</tr>
<tr>
<td>Relationship Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>married/cohabiting</td>
<td>37</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>56.1</td>
</tr>
<tr>
<td>single/divorced</td>
<td>29</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>43.9</td>
</tr>
<tr>
<td>Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>doctor</td>
<td>10</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>14.9</td>
</tr>
<tr>
<td>master</td>
<td>57</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>85.1</td>
</tr>
</tbody>
</table>

As indicated in Table 1, the White female graduate students in this sample were primarily in their early thirties and had completed a substantial number of credit hours across a mean span of approximately 3 years. As noted earlier, most
respondents were either married or cohabiting and were enrolled in the master’s degree program.

**Variables Related to Multicultural Counseling Competencies**

Descriptive statistics for several variables related to the development of multicultural counseling competencies are reported in Table 2.

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multicultural Counseling Course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>35</td>
<td>52.2</td>
</tr>
<tr>
<td>yes</td>
<td>32</td>
<td>47.8</td>
</tr>
<tr>
<td>Training Experience with Racial/Ethnic Minority Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>40</td>
<td>59.7</td>
</tr>
<tr>
<td>yes</td>
<td>27</td>
<td>40.3</td>
</tr>
<tr>
<td>Clinical Experience with African Americans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>23</td>
<td>34.3</td>
</tr>
<tr>
<td>yes</td>
<td>44</td>
<td>65.7</td>
</tr>
<tr>
<td>Additional Multicultural Training Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>19</td>
<td>28.4</td>
</tr>
<tr>
<td>yes</td>
<td>48</td>
<td>71.6</td>
</tr>
</tbody>
</table>

As indicated in Table 2, nearly half of this sample reported completion of a multicultural counseling course and 40% reported participation in at least one training experience with a racial/ethnic minority faculty member. A majority of participants reported that they had provided at least 1–4 hours of clinical services to
African Americans and had received additional multicultural training in at least one nonacademic setting.

**Range, Means, and Standard Deviations for MCI, ATB, and M-C 1(10)**

Mean MCI full scale scores and subscale scores are obtained independently, with higher scores indicating greater multicultural competence. ATB total scores may range from 10 to 130, with higher scores indicating more favorable attitudes toward African Americans. M-C 1(10) scores may range from 0 (very low social desirability) to 10 (very high social desirability). The range of scores, means, and standard deviations for the MCI subscale and full scale scores, ATB total scores, and M-C 1(10) total scores for this sample are reported in Table 3.

The MCI subscale and full scale means may be interpreted via the 4-point scale used in the MCI, where 1 = very inaccurate, 2 = somewhat inaccurate, 3 = somewhat accurate, and 4 = very accurate. For example, the MCI full scale mean of 3.06 indicates that on average, respondents considered the items on the MCI to be somewhat accurate descriptors of their overall multicultural counseling behaviors. As indicated in Table 3, participants reported above average multicultural counseling competencies across all MCI scales (scale midpoint = 2.5).

MCI subscale means reported in this study are, in general, similar to those reported in previous studies using samples of university counseling center interns (Pope-Davis & Dings, 1994), graduate students in clinical and counseling psychology programs (Pope-Davis et al., 1995), and graduate students in a counseling program (Ottavi et al., 1994). MCI subscale means for samples across these studies indicate that participants reported the highest level of multicultural competence in skill, followed by knowledge, relationship, and awareness.
Table 3
Range, Means, and Standard Deviations for MCI, ATB, and M-C 1(10)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI Skill Subscale</td>
<td>2.55–4.00</td>
<td>3.34</td>
<td>.36</td>
</tr>
<tr>
<td>MCI Awareness Subscale</td>
<td>1.50–3.70</td>
<td>2.55</td>
<td>.54</td>
</tr>
<tr>
<td>MCI Relationship Subscale</td>
<td>2.09–3.91</td>
<td>3.25</td>
<td>.37</td>
</tr>
<tr>
<td>MCI Knowledge Subscale</td>
<td>2.00–4.00</td>
<td>3.07</td>
<td>.45</td>
</tr>
<tr>
<td>MCI Full Scale</td>
<td>2.15–3.73</td>
<td>3.06</td>
<td>.31</td>
</tr>
<tr>
<td>ATB</td>
<td>78.00–130.00</td>
<td>108.09</td>
<td>11.79</td>
</tr>
<tr>
<td>M-C 1(10)</td>
<td>0.00–10.00</td>
<td>3.09</td>
<td>2.23</td>
</tr>
</tbody>
</table>

MCI subscale standard deviations for this study are, in general, comparable to those reported for the counseling psychology students in the Pope-Davis et al. (1995) study, the university counseling center interns (Pope-Davis & Dings, 1994), and the counseling graduate students (Ottavi et al., 1994). Findings across these studies indicate that the highest degree of variability is consistently found in scores reflecting multicultural awareness while the least amount of variability is found in scores representing multicultural skill (see Table 3).

Reliability Analyses

Internal Consistency

Kuder-Richardson formula 20 (K-R 20) was used to derive an internal consistency coefficient for the M-C 1(10). The K-R 20 reliability coefficient for the M-C 1(10) for this sample was .67. Although lower than the reliability coefficient...
(0.88) found by Fischer and Fick (1993), the K-R 20 reliability coefficient for this sample is consistent with the K-R 20 reliability coefficients found across four unique samples used in the Strahan and Gerbasi (1972) study (range .59-.70). This finding suggests that, in general, the M-C 1(10) seems to perform in a consistent manner across various samples.

Reliability coefficients (Cronbach's alphas) for the ATB, MCI subscales, and MCI full scale are presented in Table 4. Although moderately high ($r = 0.63$), the reliability coefficient for the ATB obtained for this sample was not nearly as high as that obtained during scale development ($r = 0.88$) (Brigham, 1993). This finding suggests that additional research regarding the psychometric properties of the ATB may be warranted to determine if items on the ATB perform in a consistent manner across various samples.

MCI subscale reliability coefficients reported in this study are similar to those obtained in several previous studies (e.g., Ottavi et al, 1994; Pope-Davis & Dings, 1994; Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995; Sodowsky et al., 1994), and the MCI full scale reliability is similar to those reported in the Sodowsky et al. (1994) studies. Therefore, results obtained in this study provide additional support for the reliability of the MCI subscales and the MCI full scale.

MCI Intersubscale Correlations

MCI intersubscale correlations are presented in Table 5. In general, these correlations are somewhat higher than those reported in the Sodowsky et al. (1994) study, with the exception of the correlations for knowledge and awareness, and for knowledge and relationship.
Table 4
Cronbach’s Alphas for ATB and MCI

<table>
<thead>
<tr>
<th>Measure</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATB</td>
<td>.63</td>
</tr>
<tr>
<td>MCI Skill Subscale</td>
<td>.77</td>
</tr>
<tr>
<td>MCI Awareness Subscale</td>
<td>.79</td>
</tr>
<tr>
<td>MCI Relationship Subscale</td>
<td>.69</td>
</tr>
<tr>
<td>MCI Knowledge Subscale</td>
<td>.79</td>
</tr>
<tr>
<td>MCI Full Scale</td>
<td>.87</td>
</tr>
</tbody>
</table>

Table 5
MCI Intersubscale Correlations

<table>
<thead>
<tr>
<th>MCI Subscale</th>
<th>Skill</th>
<th>Awareness</th>
<th>Relationship</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill</td>
<td>—</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>.49</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>.57</td>
<td>.35</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>.43</td>
<td>.25</td>
<td>.21</td>
<td>—</td>
</tr>
</tbody>
</table>

The MCI intersubscale correlations presented in Table 5 indicate that the subscales are measuring relatively independent constructs. However, the moderate to moderately high relationships found between MCI skill and MCI awareness, relationship, and knowledge lends support to the suggestion by Ponterotto et al. (1994) that the ideal factor solution for the MCI may consist of less than four factors. Moderate to moderately high MCI intersubscale correlations have been noted...
elsewhere as well (e.g., Ottavi et al., 1994; Pope-Davis & Dings, 1994; Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995).

Analyzes of Social Desirability

Pearson correlations were used to test for social desirability among scores for the MCI subscales, the MCI full scale, and the ATB (see Table 6). Results are reported as point biserial correlations due to the nature of the data.

Table 6

<table>
<thead>
<tr>
<th>Measure</th>
<th>( r_{pb} )</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI Skill Subscale</td>
<td>.15</td>
<td>.219</td>
</tr>
<tr>
<td>MCI Awareness Subscale</td>
<td>.12</td>
<td>.353</td>
</tr>
<tr>
<td>MCI Relationship Subscale</td>
<td>.52</td>
<td>.000*</td>
</tr>
<tr>
<td>MCI Knowledge Subscale</td>
<td>.08</td>
<td>.526</td>
</tr>
<tr>
<td>MCI Full Scale</td>
<td>.28</td>
<td>.022*</td>
</tr>
<tr>
<td>ATB</td>
<td>.01</td>
<td>.939</td>
</tr>
</tbody>
</table>

* \( p \leq .05 \).

Significant correlations were found for the MCI relationship subscale (\( r_{pb} = .52, p = .000 \)) and the MCI full scale (\( r_{pb} = .28, p = .022 \)). These results indicate that on average participants' responses regarding self-perceived multicultural relationship and overall multicultural competence were related to higher levels of social desirability. A lack of significant findings for the MCI awareness, skill, and
knowledge subscales as well as for the ATB provides support for the possibility that these scales may be relatively free of social desirability.

Restatement of Research Questions and Null Hypotheses and Corresponding Results

Research Questions and Null Hypotheses 1–4

Research questions 1–4 address the relationship between variables theoretically linked to the development of multicultural counseling competencies and attitudes toward African Americans. Results of Pearson correlation analyses used to test the four corresponding hypotheses are presented in Table 7. These results are reported as point biserial correlations due to the nature of the data.

Table 7

<table>
<thead>
<tr>
<th>Variable</th>
<th>$r_{pb}$</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multicultural Counseling Course</td>
<td>.28</td>
<td>.024*</td>
</tr>
<tr>
<td>Training Experience with Racial/Ethnic Minority Faculty</td>
<td>.38</td>
<td>.002*</td>
</tr>
<tr>
<td>Clinical Experience with African Americans</td>
<td>-.17</td>
<td>.171</td>
</tr>
<tr>
<td>Additional Multicultural Training Received</td>
<td>-.06</td>
<td>.644</td>
</tr>
</tbody>
</table>

* $p \leq .05$.

Research Question 1: To what extent will completing a multicultural counseling course correlate with attitudes toward African Americans among White female graduate students in counseling psychology?
Null Hypothesis 1: No relationship will exist between completing a multicultural counseling course and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 2: To what extent will graduate experiences with racial/ethnic minority faculty correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 2: No relationship will exist between graduate experiences with racial/ethnic minority faculty and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 3: To what extent will receiving additional multicultural training correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 3: No relationship will exist between receiving additional multicultural training and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 4: To what extent will providing clinical services to African Americans correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 4: No relationship will exist between providing clinical services to African Americans and attitudes toward African Americans among White female graduate students in counseling psychology.

Two of the four correlation analyses revealed significant results. Completion of a multicultural counseling course ($r_p = .28, p = .024$) and participation in at least one graduate training experience with a racial/ethnic minority faculty member ($r_p = .38, p = .002$) were related to more favorable attitudes toward African Americans.
among this sample. Based on these results, null hypotheses 1 and 2 were rejected and null hypotheses 3 and 4 were accepted.

**Research Question and Null Hypothesis 5**

The fifth research question addresses the relationship between self-reported multicultural counseling competencies and attitudes toward African Americans. Results of the simultaneous multiple regression conducted to test hypothesis 5 are presented in Table 8.

<table>
<thead>
<tr>
<th>Measure</th>
<th>B</th>
<th>t</th>
<th>R²</th>
<th>R² Adjusted</th>
<th>F</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI Skill Subscale</td>
<td>.20</td>
<td>1.20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCI Awareness Subscale</td>
<td>.08</td>
<td>.57</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCI Relationship Subscale</td>
<td>.03</td>
<td>.21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCI Knowledge Subscale</td>
<td>.14</td>
<td>.97</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model Summary</td>
<td>.13</td>
<td>.07</td>
<td>2.3</td>
<td>.072</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Research Question 5:** To what extent will the set of multicultural counseling competencies (as measured by the MCI subscales) correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

**Null Hypothesis 5:** No relationship will exist between the set of MCI subscales and attitudes toward African Americans among White female graduate students in counseling psychology.
As indicated in Table 8, results of this regression analysis did not reveal a significant relationship between the set of multicultural counseling competencies and attitudes toward African Americans. Based on these findings, null hypothesis 5 was accepted.

Research Question and Null Hypothesis 6

The sixth research question investigates the relationship between self-reported multicultural counseling competence and attitudes toward African Americans. Results of the simple linear regression conducted to test hypothesis 6 are presented in Table 9.

Table 9

Simple Linear Regression of ATB Scores on MCI Full Scale Scores

<table>
<thead>
<tr>
<th>Measure</th>
<th>$B$</th>
<th>$t$</th>
<th>$R^2$ Adjusted</th>
<th>$F$</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI Full Scale</td>
<td>.34</td>
<td>2.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model Summary</td>
<td></td>
<td></td>
<td>.12</td>
<td>.10</td>
<td>8.65</td>
</tr>
</tbody>
</table>

* $p \leq .05$.

Research Question 6: To what extent will multicultural counseling competence (as measured by the MCI full scale) correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 6: No relationship will exist between the MCI full scale and attitudes toward African Americans among White female graduate students in counseling psychology.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
As reported in Table 9, a significant relationship was found between the MCI full scale scores and scores on the ATB, $F(1, 65) = 8.65, p = .005$. This finding suggests that respondents who perceive themselves as multiculturally competent in general may also hold more favorable attitudes toward African Americans. However, these results may have been influenced by social desirability, as preliminary analyses revealed a significant relationship between social desirability and the MCI full scale.

Summary

Chapter IV included descriptive sample data, reliability analyses for independent and dependent measures, preliminary analyses for social desirability, research questions and corresponding null hypotheses, research results, and corresponding tables. Chapter V provides a summary, discussion, and conclusions reached regarding the research findings reported in Chapter IV, as well as suggestions for future research. Limitations of the current study are also described.
CHAPTER V

SUMMARY AND CONCLUSIONS

Chapter V involves a brief summary of Chapters I through IV. The summary includes a restatement of the research questions and corresponding null hypotheses and a discussion of the results and conclusions based on the research findings. A review of the study, recommendations and implications for future research, and limitations of the investigation are presented.

Summary

Introduction and Purpose of the Research

An historical context for this research was presented in Chapter I. Behaviors exhibited within three primary systems of psychology were traced, which resulted in a clearly defined need for the emergence of multicultural counseling and multicultural counseling competencies. Previous studies of the racial attitudes of White Americans as well as the gender composition within the field of psychology were also discussed. Given that the state of race relations within the field of psychology has been primarily determined by White men, and given that White women have been identified as an emerging numerical majority within the field, it seems imperative to study the multicultural counseling competencies and racial attitudes of White female psychologists-in-training.
The purpose of this research was to investigate the relationship between multicultural counseling competencies and racial attitudes among White female graduate students in counseling psychology. Measures of multicultural counseling competencies and attitudes toward African Americans assessed respondents’ self-perceived competencies and attitudes in the areas of interest. In addition, respondents reported their level of participation in several activities related to the development of multicultural counseling competencies, and each activity was then assessed to determine if a relationship existed between the activity and respondents’ attitudes toward African Americans. A measure of social desirability was included to control for the tendency to respond to self-report measures in socially acceptable ways.

Review of the Literature

A review of the current literature related to this study focused on the following major topics: (a) multicultural counseling competencies, (b) status of multicultural training for competence, (c) multicultural training and racial attitudes, (d) racial attitudes of White Americans toward African Americans, and (e) the shifting gender composition of the field of psychology.

Areas specific to multicultural counseling competencies included a description of the multicultural counseling competencies, a theoretical model for the development of multicultural counseling competencies, and variables which influence the development of multicultural counseling competencies. The current status of training for multicultural counseling competencies was explored with respect to the academy, practica settings, and internship sites. Racial attitudes were discussed in relation to the distinguishing characteristics of such attitudes, findings of national surveys of adult samples, and studies of racial attitudes related to gender. Current findings
regarding the shifting gender composition of psychology and the level of women's participation in the APA were also presented.

Method

Data from 67 doctoral and advanced master's level students were included in the analyses. These respondents (a) self-identified as a White female, (b) reported completion or partial completion of a master's level practicum, and (c) were enrolled in either the master's or doctoral level counseling psychology programs. White female students from advanced master's level classes and doctoral level classes were recruited for this study. Participants completed a letter of informed consent and four instruments (in counterbalanced order): Multicultural Counseling Inventory (MCI), Personal Information Questionnaire (PIQ), Marlowe-Crowne Social Desirability Scale-Form M-C 1(10) [M-C 1(10)], and the Attitudes Toward Blacks Scale (ATB).

Respondents were primarily in their early thirties, either married or cohabiting, and in the final stages of earning a master's degree with nearly three years of graduate training in counseling psychology. Nearly half of the participants reported completion of a single multicultural counseling course and 40% reported participation in at least one training activity with a racial/ethnic minority faculty member. In addition, a majority of the respondents reported at least 1–4 hours of supervised clinical experience with African American clients as well as multicultural training in at least one nonacademic setting.

Statistical Analyses

All statistical analyses were conducted using the SPSS computer program with alpha set at less than or equal to .05 ($p \leq .05$). The following analyses were
conducted prior to testing the research hypotheses: (a) descriptive statistics for the sample; (b) the range, means, and standard deviations of scores across measures of the independent and dependent variables; (c) reliability analyses for the M-C 1(10), ATB, MCI full scale and MCI subscales; and (d) tests for social desirability in responses provided for items on the MCI and ATB. The research hypotheses were tested using the following analyses: (a) correlation analyses, (b) simultaneous multiple regression, and (c) simple linear regression.

Restatement of the Research Questions and Null Hypotheses

The specific research questions and corresponding null hypotheses addressed in this study are as follows:

*Research Question 1:* To what extent will completing a multicultural counseling course correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

*Null Hypothesis 1:* No relationship will exist between completing a multicultural counseling course and attitudes toward African Americans among White female graduate students in counseling psychology.

*Research Question 2:* To what extent will graduate experiences with racial/ethnic minority faculty correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

*Null Hypothesis 2:* No relationship will exist between graduate experiences with racial/ethnic minority faculty and attitudes toward African Americans among White female graduate students in counseling psychology.
Research Question 3: To what extent will receiving additional multicultural training correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 3: No relationship will exist between receiving additional multicultural training and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 4: To what extent will providing clinical services to African Americans correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 4: No relationship will exist between providing clinical services to African Americans and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 5: To what extent will the set of multicultural counseling competencies (as measured by the MCI subscales) correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 5: No relationship will exist between the set of MCI subscales and attitudes toward African Americans among White female graduate students in counseling psychology.

Research Question 6: To what extent will multicultural counseling competence (as measured by the MCI full scale) correlate with attitudes toward African Americans among White female graduate students in counseling psychology?

Null Hypothesis 6: No relationship will exist between the MCI full scale and attitudes toward African Americans among White female graduate students in counseling psychology.
Summary of Results

MCI subscale means and standard deviations for this sample are, in general, comparable to previous samples, where participants reported the highest level of multicultural competence in skill followed by knowledge, relationship, and awareness. Regarding variability among subscale scores, the highest degree is consistently found in scores reflecting multicultural awareness, while the lowest amount of variability is found in scores representing multicultural skill. The MCI subscale and full scale reliability coefficients for this sample are, in general, similar to those reported in previous studies. MCI intersubscale correlations for this sample are somewhat higher than those reported during scale development. A significant relationship was found between social desirability and the MCI relationship subscale and between social desirability and the MCI full scale.

The range of scores reflected by the ATB seems to indicate that on average participants hold relatively favorable attitudes toward African Americans. The reliability of the ATB for this sample is acceptable although quite a bit lower than the reliability reported during scale development. Reliability for the M-C 1(10) for this sample was lower than the reliability found in one previous study, yet was consistent with the reliabilities reported across four unique samples in another study.

Three significant relationships were found for the current research hypotheses, each of which was associated with more favorable attitudes toward African Americans: (1) completion of a multicultural counseling course, (2) participation in at least one graduate training experience with a racial/ethnic minority faculty member, and (3) higher scores on the MCI full scale.
Discussion of Results

As with previous investigations, respondents in this study reported the highest level of multicultural counseling competence in the area of skills. Pope-Davis and Nielson (1996) noted that this finding seems to be inconsistent with models of multicultural development, which suggest that multicultural awareness and knowledge provide a foundation for the development of multicultural skills (Carney & Kahn, 1984, Pedersen, 1994). It has been suggested that this response pattern may involve (a) responses based on anticipated behaviors, (b) an assumption of or an inflated rating of level of multicultural skill, (c) a misinterpretation of items on the MCI (Pope-Davis & Nielson, 1996), or (d) a limited range of responses available to participants (Pope-Davis & Dings, 1995).

The MCI intersubscale correlations were somewhat higher for this sample than for previous samples (e.g., Sodowsky et al., 1994). As noted previously, several recent studies also found moderate to moderately high MCI intersubscale correlations. These findings provide support for the suggestion that a factor solution of less than four factors may be warranted for the MCI (Ponterotto et al., 1994). Additional research on the MCI may help determine whether the MCI should remain a four-factor scale or if a scale with fewer factors may provide a more appropriate measure of multicultural counseling competencies.

Significant relationships were found between a measure of social desirability and the MCI relationship subscale, and social desirability and the MCI full scale. These results indicate that respondents who reported higher levels of multicultural relationship, and respondents who reported higher levels of overall multicultural counseling competence, also seemed to register higher in social desirability. Such
findings suggest that social desirability was a potential confound in the MCI relationship subscale scores and MCI full scale scores for this sample. Seven of the eight items on the relationship subscale are reverse-scored, which may render this subscale as vulnerable to response sets as the MCI subscales without reverse-scored items (Pope-Davis & Dings, 1994). The rating of overall multicultural competence is influenced by responses on each subscale, and the influence of the MCI relationship subscale on the MCI full scale in terms of social desirability is unknown. Further research is needed to determine the influence of social desirability on the MCI relationship subscale and the MCI full scale.

None of the specific subscales on the MCI were associated with more favorable attitudes toward African Americans. This finding is rather curious, in that logically, it would appear difficult to develop competence in working with racial/ethnic minority clients without the process of such development influencing racial attitudes. Scores on the MCI full scale, which assess global multicultural competence irrespective of specific competencies, and scores on the ATB were significantly related. This finding, in theory, suggests that an increase in overall multicultural counseling competence influences attitudes toward African Americans in a positive direction. As noted previously, however, the MCI full scale scores may have been influenced by social desirability, which in turn may have influenced the relationship found between the MCI full scale and racial attitudes. This finding is in contrast with results indicated by Sodowsky (1996), who reported a nonsignificant and negligible relationship between the MCI full scale and social desirability. Discrepant findings such as these reinforce the need for additional testing of the MCI with respect to social desirability as well as the need to include a measure of social desirability in this type of research.
Two of the four training experiences theorized to influence the development of multicultural counseling competencies (i.e., clinical experience with African American clients, receipt of additional multicultural training) and, therefore, possibly the racial attitudes of participants revealed nonsignificant results for this sample. The negligible and nonsignificant findings revealed in this study may be due to amount, type, and depth of participants' exposure to these types of training experiences. For example, respondents were primarily master's level students with minimal exposure to African American clients. One third of the sample reported no prior experience with African American clients. Twenty-eight percent of the respondents reported no prior participation in additional multicultural training (e.g., workshop, seminar). Specific details regarding the type and depth of multicultural training received by participants who reported additional multicultural training is not known.

White female graduate students in counseling psychology who had taken a course in multicultural counseling expressed more favorable attitudes toward African Americans than their counterparts who had not had this experience during graduate training. In addition, participants who reported at least one graduate training experience with a racial/ethnic minority faculty member also held more positive attitudes toward African Americans. Indeed, of the variables investigated in this study, participation in academic advising, mentoring, research, or an educational project with a racial/ethnic minority faculty member seemed to have the most positive influence on racial attitudes among this sample.

This finding is consistent with the theory of interracial contact, which suggests that under certain conditions, interracial contact may be highly influential regarding the attitudes of participants (Olson & Zanna, 1993). Interracial contact is more favorable, more likely to reduce stereotypical racial attitudes, and more likely to
increase positive racial attitudes (Amir, 1969; James-Valutis, 1993) within a supportive environment (Amir, 1969; Wood, 1990) where the racial/ethnic minority participant is of equal or higher status relative to the White participant (Amir, 1969; James-Valutis, 1993). In addition, contact should be frequent (Cook, 1990; James-Valutis, 1993), interpersonally meaningful (Amir, 1969; James-Valutis, 1993; Sigelman & Welch, 1993), and centered in activities that are important and mutually beneficial (Amir, 1969; Cook, 1978; Wood, 1990). Activities such as interracial academic advising, mentoring, research, and educational projects seem to meet these conditions. Therefore, the results of this study lend support to the promotion of such activities within counseling psychology training programs.

Review of the Study

The field of psychology has had a long-standing relationship with racism. This relationship was conceived, promoted, and maintained primarily by White males, often with devastating results. An historical context for this phenomenon was introduced in Chapter I, and it was suggested that the relationship between racism and psychology exists within several interrelated systems. For example, the APA remains a system primarily dominated by White males, the academy continues training students to serve White clients, and racial disparities persist within mental health systems.

Multicultural counseling emerged in response to such gross inadequacies. Racial attitudes have been targeted as a primary component in the development of multicultural counseling competencies, yet the relationship between racial attitudes and multicultural counseling competencies has received little attention. The results of this study provide support for a link between the development of multicultural
counseling competencies and more favorable racial attitudes. Two multicultural training experiences were found to significantly influence the racial attitudes of this sample: completion of a multicultural counseling course, and training experience with a racial/ethnic minority faculty member.

For the first time in the history of psychology, White women have emerged as a numerical majority. As such, White women in counseling psychology will have an opportunity to change the state of race relations in the field, which in turn may influence the overall state of race relations in America. Women may be more willing than men to accept the possibility that the field of psychology may be responsible for the status of mental health within America and that racism may be a form of mental illness in need of appropriate treatment. In addition, certain characteristics ascribed to women seem to favor amenability among races and these qualities seem to be reflected in the manner of multicultural training to which women are most responsive. The following section contains specific recommendations and suggestions for additional research in the areas addressed in this study.

Recommendations and Implications for Research

Several recommendations and implications for research designed to promote multicultural counseling competencies and favorable racial attitudes across various aspects of psychology emerged from this study. Each recommendation is presented below, along with one or more corresponding suggestions for research:

Recommendation 1: Increase the number of racial/ethnic minority faculty, opportunities for graduate training experiences with racial/ethnic minority faculty, and support for multicultural training initiatives among White faculty in counseling psychology training programs. Corresponding research might involve investigating
which combinations of racial/ethnic minority faculty and graduate training experiences result in more favorable attitudes toward African Americans. Additional research may explore various work environment designs which promote positive interracial contact between racial/ethnic minority faculty and White faculty, and between racial/ethnic minority faculty and White counseling psychologists-in-training.

**Recommendation 2:** Increase the accountability among White counseling psychologists and trainees for the development of multicultural counseling competencies and favorable racial attitudes. Corresponding research may involve replicating the current study in various regions of the country using collaborative efforts across all APA-approved counseling psychology programs. A larger sample may provide opportunities to study the interactional effects of various multicultural training experiences. Once a baseline of multicultural counseling competence and racial attitudes has been established, it might be of interest to research the actual practices of graduates of counseling psychology programs to determine whether multicultural training experiences have an effect on postgraduate advocacy for multicultural initiatives. Along the same lines, it may be of interest to conduct a similar baseline study of multicultural counseling competence and racial attitudes among current White faculty in counseling psychology training programs, followed by various multicultural training experiences and a longitudinal study to determine the impact of such training on actual professional practices.

**Recommendation 3:** Increase the range of multicultural training opportunities available to White counseling psychologists-in-training. Corresponding research might involve developing and implementing a long-term research-based plan to investigate which multicultural training components seem to be most effective in the development of multicultural counseling competence and favorable attitudes toward
African Americans (e.g., a single multicultural counseling course vs. a series of multicultural counseling courses based on the developmental model; various research experiences such as coauthoring an article with a racial/ethnic minority faculty or designing a dissertation based on some aspect of multicultural counseling; or the use of various instructional formats such as classroom discussion vs. lecture, the use of audiovisual materials, or inviting various racial/ethnic minority psychologists for classroom presentations, etc.).

**Recommendation 4:** Integrate instructional methods that complement the learning styles of White female counseling psychologists-in-training. Corresponding research may involve comparing various training models to determine which methods most effectively influence the development of multicultural counseling competencies and favorable racial attitudes with this population (e.g., interactive vs. lecture, cooperative vs. competitive, etc.).

**Recommendation 5:** Expand opportunities for multicultural training that focus on various racial/ethnic minority groups. Corresponding research might explore White male and female counseling psychologists-in-training attitudes toward various racial/ethnic minority groups. The goal of this research would be to identify potential areas in need of focused training efforts (e.g., attitudes toward African American males, Asian American women, etc.).

**Recommendation 6:** Increase proactive measures within the APA, psychology training programs, and mental health systems to eliminate systemic racism. Corresponding research may involve the creation of antiracism research teams that are collaboratively funded through the APA, psychology training programs, and mental health systems. Such teams might be composed of racial/ethnic minority psychologists who are affiliated with any or all of these interrelated systems as well as
White psychologists-in-training who may serve in an apprenticeship role. The antiracism teams may conduct antiracism research, suggest antiracism initiatives, and enforce antiracism initiatives based on research findings within the APA, psychology training programs, and mental health systems.

Limitations of the Study

Limitations of the current study involve the use of self-report measures and the type of sample involved. Reliance on self-report may be problematic in that respondents may not distinguish between accurate and inaccurate perceptions (Shedler et al., 1993). For example, responses may reflect anticipated behaviors or attitudes, or items may be interpreted in a manner which differs from the authors' intent (Pope-Davis & Dings, 1994, 1995). The most obvious limitation of this investigation was the finding of a significant relationship between social desirability and one of the primary instruments used in the study (MCI). Socially desirable responses confound the interpretation of subsequent analyses and lend ambiguity to the significance of results. In addition, respondents in this study represent one institution in one region of the country, and therefore results are limited in terms of generalizing to other populations.

Conclusions

With respect for the limitations in generalizability noted above, one of the most important aspects of this study was the type of sample involved. Since White women constitute a numerical majority within the profession as a whole, as well as in the specialty of counseling psychology, research of this nature is imperative. The gender composition of the field is changing and a relatively new area of study called...
multicultural counseling is also emerging. Training designed to develop multicultural counseling competencies in the female graduate students of today will be reflected in tomorrow's provision of services to racial/ethnic minority clients. Since racial attitudes have been linked to the development of multicultural counseling competencies, additional studies are needed that incorporate aspects of multicultural training for competence, racial attitudes, and White female graduate students in psychology.

Clearly, in addition to a single course in multicultural counseling and training experiences with a racial/ethnic minority faculty member, the question of which multicultural training experiences for competence contribute to more positive racial attitudes among White female graduate students in counseling psychology remains open to further investigation. Delineating such variables may benefit training programs as they prepare students for service in an increasingly multicultural society.
Appendix A

Human Subjects Institutional Review Board Approval
To:        Dr. Joseph R. Morris  
            Dianne T. Robinson 

From:     Richard A. Wright, Chair  
            Human Subjects Institutional Review Board  

Subject:     HSIRB Project # 96-09-01 

Date:      September 9, 1996 

This is to inform you that your project entitled "The Relationship Between Multicultural Counseling Competencies and Attitudes Toward African Americans Among Female Graduate Students," has been approved under the exempt category of research. This approval is based upon your proposal as presented to the HSIRB, and you may utilize human subjects only in accord with this approved proposal.

Your project is approved for a period of one year from the above date. If you should revise any procedures relative to human subjects or materials, you must resubmit those changes for review in order to retain approval. Should any untoward incidents or unanticipated adverse reactions occur with the subjects in the process of this study, you must suspend the study and notify me immediately. The HSIRB will then determine whether or not the study may continue.

Please be reminded that all research involving human subjects must be accomplished in full accord with the policies and procedures of Western Michigan University, as well as all applicable local, state, and federal laws and regulations. Any deviation from those policies, procedures, laws or regulations may cause immediate termination of approval for this project.

Thank you for your cooperation. If you have any questions, please do not hesitate to contact me.

Project Expiration Date: September 9, 1997
Appendix B

Letter of Support From Director of Clinical Training Facility
September 3, 1996

To Whom It May Concern:

I have reviewed Dianne Robinson's dissertation proposal on the relationship of multicultural counseling and attitudes towards African Americans. Part of her data collection will occur in the Center for Counseling and Psychological Services, which I direct. Her proposal is appropriate for research conducted in the center, and I support her use of the center to secure data for her dissertation.

Sincerely,

Robert Betz, Ph.D.
Professor/Director
Informed Consent

Principal Investigator: Joseph R. Morris, Ph.D.
Research Associate: Dianne T. Robinson, M.S.

I understand that I have been invited to participate in a research project entitled "The Relationship Between Multicultural Counseling Competencies and Attitudes Toward African Americans Among Female Graduate Students." I understand that this research is intended to gain a better understanding of the relationship between multicultural counseling competencies and racial attitudes among White female graduate students. I further understand that this project is Dianne T. Robinson's dissertation project.

My consent to participate in this project indicates that I: 1) self-identify as a White female, 2) have completed or am in the process of completing CECP612, or its equivalent, and 3) agree to complete the 4 questionnaires contained in this survey packet. I will be asked to participate once during the semester. My participation will require approximately 30-45 minutes.

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to me except as otherwise specified in this consent form. I understand that one potential risk of my participation in this project is that I may be upset by the content of the questionnaires. I understand, however, that Dianne T. Robinson is prepared to provide crisis counseling should I become significantly upset and that she is prepared to make a referral if I need further counseling about this topic. I will be responsible for the cost of therapy if I choose to pursue it. One way in which I may benefit from this activity is by having the opportunity to assess my multicultural competencies and racial attitudes. I also understand that others may benefit from the knowledge gained from this research.

I understand that all the information collected from me is anonymous. Anonymity means that my name will not appear on any papers on which information is recorded; therefore, which participant produced which data will be unknown. All forms will be retained for three years by Dianne T. Robinson in a locked file drawer. Only group/aggregate data will be used in analyzing the results of the study.

I understand that I may refuse to participate or quit at any time during the study without prejudice or penalty. If I have any questions or concerns about this study, I may contact Joseph R. Morris, Ph.D. at 387-5112 or Dianne T. Robinson at 387-5100. I may also contact the Chair of Human Subjects Institutional Review Board at 387-8293 or the Vice President for Research at 387-8298 with any concerns. My signature below indicates that I understand the purpose and the requirements of the study and that I agree to participate.

_____________________________  ____________________________
Signature                   Date
Appendix D

Personal Information Questionnaire (PIQ)
Please indicate your response to the following items.

SECTION I: DEMOGRAPHIC INFORMATION

1. Age: _____

2. Relationship status: Single _____ Married _____ Cohabiting or Partnered _____
   Divorced _____ Separated _____

SECTION II: EDUCATIONAL EXPERIENCES

3. Formal degree you are CURRENTLY pursuing:
   a. Master degree in Counseling Psychology _____
      Credit hours completed: _____
   b. Doctorate degree in Counseling Psychology _____
      Credit hours completed: _____

4. Year in program of study:
   First year _____ Second year _____ Third year _____ Fourth year _____
   Fifth year _____ Sixth year + _____

5. Please indicate the number of counseling hours you have provided in graduate PRACTICUM setting(s). Include ONLY those experiences where you have received supervision from a professional in your field of equal or higher degree status:
   0 hours _____ 1-20 hours _____ 21-40 hours _____ 41-60 hours _____
   61-80 hours _____ 81-100 hours _____ 101+ hours _____

6. Please indicate the number of counseling hours you have provided to African Americans in graduate PRACTICUM setting(s). Include ONLY those experiences where you have received supervision from a professional in your field of equal or higher degree status:
   0 hours _____ 1-4 hours _____ 5-8 hours _____ 9-12 hours _____
   13-16 hours _____ 17-20 hours _____ 21+ hours _____
7. Number of graduate PRACTICUM supervision hours spent discussing issues related to African Americans:

0 ____ 1-4 ____ 5-9 ____ 10-14 ____ 15-19 ____ 20+____

8. Overall, I would evaluate these graduate PRACTICUM supervision experiences as (circle response):

-2  -1  0  1  2
Extremely Negative Neutral Positive Extremely Positive

9. Ethnic/racial group identification of graduate PRACTICUM supervisor referred to in items 7 and 8 (above):

Arab American _____  African American or Black _____
Asian American or Pacific Islander _____
American of Spanish Speaking Descent (e.g. Latino, Chicano, Hispanic) _____
Caucasian or White American _____  Native American or American Indian _____
International _____ If yes, indicate country of origin__________________________
Other (indicate)________________________________________________

10. Number of multicultural courses completed during graduate training:

0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8+____

11. Number of courses completed during graduate training that integrated African American culture into general course content (Do not include courses counted for item #10): __________

12. In which of the following settings have you received additional multicultural training (check all that apply):

Agency ______  Workshop/seminar ______  Professional conference ______

13. Number of full-time ethnic minority faculty in graduate training program:

0 ____ 1 ____ 2 ____ 3 ____ 4+____

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
14. Percentage of out-of-class graduate training hours spent interacting with ethnic minority faculty member(s) engaging in the following activities:

a. Research: 0% 25% 50% 75% 100%

Overall, I would evaluate these graduate research experiences as (circle response):

-2 -1 0 1 2

Extremely Negative Neutral Positive Extremely
Negative

b. Mentor-Mentee: 0% 25% 50% 75% 100%

Overall, I would evaluate these graduate mentor-mentee experiences as (circle response):

-2 -1 0 1 2

Extremely Negative Neutral Positive Extremely
Negative

C. Advisor-Advisee: 0% 25% 50% 75% 100%

Overall, I would evaluate these graduate advisor-advisee experiences as (circle response):

-2 -1 0 1 2

Extremely Negative Neutral Positive Extremely
Negative

D. Educational Projects (e.g. workshop development, co-teaching, etc.):

0% 25% 50% 75% 100%

Overall, I would evaluate these graduate educational projects experiences as (circle response):

-2 -1 0 1 2

Extremely Negative Neutral Positive Extremely
Negative
15. Please indicate your therapeutic approach: Behavioral _____ Eclectic _____ 
Client-Centered _____ Cognitive _____ Cognitive-Behavioral _____ Feminist _____ 
Family Systems _____ Object Relations _____ Other (specify) ______________________

16. Primary Career Goal (select one):
Academe (college or university professor) _____ Private Practice _____ 
University Counseling Center _____ General Hospital _____ Outpatient Clinic _____ 
Mental Health Hospital _____ Other (specify) _________________________________

SECTION III: PROFESSIONAL EXPERIENCES

17. Current or previous primary setting of PROFESSIONAL EMPLOYMENT (select one):
Academe (college or university professor) _____ Private Practice _____ 
University Counseling Center _____ General Hospital _____ Outpatient Clinic _____ 
Mental Health Hospital _____ Other (specify) _________________________________

18. Please indicate the number of counseling hours you have provided in PROFESSIONAL EMPLOYMENT setting(s). Include only those experiences where you have received supervision from a professional in your field of equal or higher degree status:
0 hours _____ 1-20 hours _____ 21-40 hours _____ 41-60 hours _____
61-80 hours _____ 81-100 hours _____ 101+ hours _____

19. Please indicate the number of counseling hours you have provided to African Americans in PROFESSIONAL EMPLOYMENT setting(s). Include only those experiences where you have received supervision from a professional in your field of equal or higher degree status:
0 hours _____ 1-4 hours _____ 5-8 hours _____ 9-12 hours _____ 13-16 hours _____

20. Number of PROFESSIONAL EMPLOYMENT supervision hours spent discussing issues related to African Americans:
0 _____ 1-4 _____ 5-9 _____ 10-14 _____ 15-19 _____ 20+ _____
21. Overall, I would evaluate these professional employment supervision experiences as (circle response):

-2  -1  0  1  2

Extremely Negative Neutral Positive Extremely Positive

Negative Neutral Positive Extremely Positive

22. Ethnic/racial group identification of professional employment supervisor referred to in items 20 and 21 (above):

Arab American _____ African American or Black _____

Asian American or Pacific Islander _____ Caucasian or White American _____

American of Spanish Speaking Descent (e.g. Latino, Chicano, Hispanic) _____

Native American or American Indian _____

International _____ If yes, indicate country of origin_______________________

Other (indicate)_________________________________________________

23. In which of the following settings have you provided multicultural training (check all that apply):

Agency _____ Workshop/seminar _____ Professional conference _____

Undergraduate classes _____ Graduate classes _____
Appendix E

Permission to Use the Attitudes Toward Blacks Scale (ATB)
July 11, 1996

Dianne T. Robinson
1109 S. Westredge
Kalamazoo, MI 49008

Dear Dianne:

Here are copies of the questionnaire and a scoring summary. Sorry they took so long. You have my permission to use them in your research.

Best of luck with your research. Please keep me posted as to your findings.

Cordially,

Jack Brigham
Professor

JB/sw
Enclosure
Appendix F

Permission to Use the M-C I(10)
July 2, 1976

To Whom It May Concern:

Mrs. Dianne T. Robinson has my permission to use any of my short-from Marlowe-Crowne Social Desirability Scale versions for research purposes (Strahan & Gerbasi, *Journal of Clinical Psychology*, 1972, 28, 191-193).

Sincerely,

Robert Strahan
Emeritus Professor of Psychology & Statistics
Appendix G

Permission to Use the Multicultural Counseling Inventory (MCI)
August 5, 1996

Dear Ms. Robinson:

Thank you for your purchase of the Multicultural Counseling Inventory (MCI). I have enclosed the instrument for your use as outlined in the Agreement for Procedural Use.

For scoring purposes (note: details of scoring are only available from the primary author of the instrument, Dr. G. R. Sodowsky).

Good luck on your research. Please contact me at (402) 489-2017 if you have any further questions.

Sincerely,

Gargi Roysircar Sodowsky
Multicultural Consultation
1231 Eldon Drive
Lincoln NE 68510

enclosure
BIBLIOGRAPHY


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.


