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The Effects of a Course Oriented In Critical Race Theory on White Counselor Trainees' Multicultural Counseling Competence, White Privilege Attitudes, and Cross Racial Contact

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THE EFFECTS OF A COURSE ORIENTED IN CRITICAL RACE THEORY ON WHITE
COUNSELOR TRAINEES' MULTICULTURAL COUNSELING
COMPETENCE, WHITE PRIVILEGE ATTITUDES, AND
CROSS RACIAL CONTACT

by

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THE EFFECTS OF A COURSE ORIENTED IN CRITICAL RACE THEORY ON WHITE COUNSELOR TRAINEES' MULTICULTURAL COUNSELING COMPETENCE, WHITE PRIVILEGE ATTITUDES, AND CROSS RACIAL CONTACT

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Western Michigan University, 2020

The current study examined the effects of a single and required Critical Race Theory (CRT)-oriented multicultural course on White, master-level counselor trainees with and without clinical experience. More specifically, the study examined differences in White counselor trainees' responses to instruments that assessed White privilege attitudes, multicultural counseling competence, and cross-racial contact comparing trainees that had taken the required multicultural course with those who had not. Previous research suggests that when a single multicultural counseling course is a requirement of counselor training, multicultural counseling competence and White privilege awareness tend to increase. In the current study, a CRT-oriented course was used to understand its effects on White master-level trainees' cultural competence, White privilege awareness, and cross-racial contact as the course is designed to prioritize race, White supremacy, systemic racism, and White privilege. This paradigm may be a shift from multicultural counseling courses that prioritize other issues of diversity such as sexual orientation, gender, and disability. The sample included 168 White master-level counselor trainees enrolled in a department that houses 57% of faculty of color. Multicultural counseling competence, White privilege attitudes and behaviors, and cross-racial contact were examined in

the current study. Thus, quantitative analyses were used to understand how a CRT-oriented course, clinical experience, gender, and time spent in training impact all three variables. Multivariate analysis of variance (MANOVA) tests were conducted and correlations were examined. The results indicate that the department CRT-oriented course impacts White Privilege Remorse (e.g., shame, guilt, and remorse about having White privilege and its systemic effect on Whites and people of color) and Multicultural Counseling Knowledge (e.g., cognition and information attained through formal education and various other life experiences and perceptions that foster a culturally inclusive understanding of how and why a client exhibits specific behaviors). The results also reveal several positive correlations between multicultural counseling competence, cross-racial contact, and White privilege attitudes. For example, Multicultural Counseling Knowledge was correlated with five out of six variables examined in the study. It yielded a near-zero correlation with only one aspect of White privilege attitudes and behaviors. Meanwhile, Anticipated Costs of Addressing White Privilege was not statistically significantly correlated with any of the other variables in the study. Cross-racial contact, clinical experience, gender, and time spent in the program were not statistically significant in the present study. These data are explained further and provide evidence for future research and training implications.

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Acknowledgments – Continued

Dré: Thank you for three years of keeping me fresh, making me forget, and always supporting my hustle. I *always* looked forward to Thursdays. You have made such an impression on my life. You will be my forever barber and my forever brother.

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For my final act, I have transformed an experience into a theory; a theory into words; words into chapters; and chapters into a 273-page document demonstrating my dedication to the lives of Black individuals who prioritize their mental health despite White supremacy's chokehold. I dedicate this work to Black individuals that need emerging White counselors to do better. This dissertation is a reminder to every Black person that at least one person in this world gives a shit.

***

Black Lives *HAVE ALWAYS* Mattered.

Dawnielle D. Simmons

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CHAPTER I

INTRODUCTION

People of color continue to represent an increasing proportion of the U.S. population. According to the 2018 U.S. census (U.S. Census Bureau, 2018), racial and ethnic minorities collectively made up 41% of the nation's population. Against a backdrop of highly visible race-related issues (e.g., police brutality, inadequate healthcare, low academic achievement, and poor mental health), the country's *Generation Z, Millennial,* and *Generation X* populations are no longer asking, but demanding that professionals provide services through a culturally competent lens that will minimize marginalization and foster equity (Babu, 2017; Chelcee, 2019; Thorne, 2018). This standard, long supported by the American Psychological Association (APA; APA, 2003; 2017) and the American Counseling Association (ACA; ACA, 2014) requires deconstructing monocultural biases in research, practice, education, and training in counseling and psychology professions (Sue, 2001). Efforts to usher in culturally grounded mental health practices began as early as the 1950s with the inception of the Civil Rights Movement.

The Civil Rights Movement was catalytic in addressing and calling attention to unethical practices of medical and psychology professionals; behaviors that aligned with the social and cultural milieu of White supremacist America during that time. To address the prevalence of mental health concerns, the Community Mental Health Act (CMHA) was enacted in 1963 (Smith & Robinson, 1995). Enactment of the CMHA meant reallocation of federal funding to community mental health centers which led to the mass dissemination of services for individuals struggling with mental health.   Subsequently, diverse treatment options were developed via discovery of new modalities that transcended mono-culturalism and fostered a culturally relevant

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lens that inspired inclusive outpatient services to people of color affected by White supremacy and LGBTQ+ individuals suffering from the HIV/AIDS epidemic. The CMHA also led to extensive vocational resources with veterans and working-class earners in mind (Smith & Robinson, 1995). The American Personnel and Guidance Association (APGA), currently known as the American Counseling Association (ACA), and the counseling psychology profession of the American Psychological Association (APA) had fewer distinguishing identities at this time. Therefore, counseling and counseling psychology emerged as professional platforms that addressed human development, social issues, vocational concerns regarding veterans, and mental health consequences of socio-political warfare.

Dr. Martin Luther King Jr.'s address to social scientists at the American Psychological Association in 1967 (King, 1967) urged the profession to engage in creative maladjustment; to resist the notion of adjusting to racism, White supremacy, bigotry, and violence against people of color. In other words, he challenged APA to commit to decolonizing the profession by creating ethical standards that engender inclusive training and practice. A major success of Dr. King's call to counseling and psychology professions was greater visibility of psychologists of color who developed and disseminated research exclusively relevant to people of color (APA, 2003). For example, significant contributions to the multicultural counseling literature emerged with an emphasis on and commitment to enhancing mental health professionals' cultural competency when working with diverse populations (Arredondo & Perez, 2003; Arredondo, et al., 1996; Sue, 2001; Sue, Arredondo, & McDavis, 1992; Sue, Bingham, Porch-Burke, & Vasquez, 1999). Pioneers in the profession such as Derwald Wing Sue, Patricia Arredondo, Thomas Parham, and the late Joseph White established theories that inform the profession in ways that hold mental

health professionals accountable to their minority clients today (Sue et al., 1982; Sue & Sue, 2003; Terrell & Terrell, 1981; White & Henderson, 2008).

Through serving the mental health profession as psychologists, several multicultural counseling pioneers represented ACA and APA as counseling psychologists. ACA was the first to call for development of multicultural counseling guidelines as the counseling profession is historically social justice oriented in areas that the psychology profession warrants catch up. ACA is committed to a high standard of cultural competence in all areas of diversity, but not without the contribution of psychologists that perpetuate benevolent practice of mental health. In 1992, this commitment eventually led Thomas Parham, president of the Association for Multicultural Counseling and Development (AMCD) and his committee to produce 31 multicultural counseling competencies in the document "Multicultural Counseling Competencies and Standards: A Call to the Profession" (Sue et al., 1992). A little more than a decade later, the APA multicultural guidelines were established (APA, 2003).

The APA Multicultural Guidelines (2003) were published with the goal of influencing psychological training, education, and practice through a culturally competent lens. In 2017, the APA Council of Representatives adopted new multicultural guidelines that encourage an ecological approach to working with historically underrepresented clients (APA, 2017). For example, one guideline specifies that mental health professionals should aspire to understand historical and contemporary contexts of power, privilege, and oppression within the profession, and be willing to address institutional barriers related to inequity and limited access when working with marginalized clients (APA, 2017). Though the publication of the 2017 APA Multicultural Guidelines reiterated APA's commitment to multiculturalism and cultural competency, racial/ethnic representation in the profession remains disparate.

In 2015, 88% of health service psychologists in the U.S. were White, 3% were Asian, 4% were Hispanic, 3% were Black/African American, and 3% were multiracial or identified as racial/ethnic "other" (Lin, Stamm, & Christidis, 2018). Similarly, in 2015, 68% of psychology doctorates were awarded to Whites, while 32% were awarded to racial/ethnic minorities (U.S. Census Bureau, 2015). Finally, in 2017, a team of APA affiliates conducted a study that captured more than 500 departmental responses related to the training of master and doctoral students in psychology. The report represents data from the 2014-2015 academic year. Findings indicate that 71% of master-level counselor trainees were White, 11% were Hispanic, 9% were Black/African American, 6% were Asian/Pacific Islander, 3% were Multi-ethnic, and .05% were American Indian/Alaska Native (APA, 2016). Additionally, CACREP reported master-level enrollment data for 2012-2015. By 2015, there were a reported 39% non-White master-level counselor trainees. About 46% of doctoral-level trainees enrolled in a CACREP-accredited program were reported to be non-White individuals (Meyers, 2017). These data show that the profession is still predominantly White, and thus underscore the importance of multicultural curricula in training programs to better serve clients of color.

Problem Statement

Despite historical challenges and participation in an oppressive political and social milieu of our country from the late 1800s to date, ACA and APA have become more inclusive while developing a platform that addresses social inequity. Through the contribution of psychologists of color and White allies, culturally competent research, clinical practice, and training has become a consideration in the profession via professional guidelines in psychology (Arredondo & Perez, 2003; Arredondo et al., 1996; Sue et al., 1982, 1992, 1999). However, the counseling profession has prioritized culturally competent research, clinical practice, and training not only

as professional recommendations, but as ethical standards that counselors are expected to abide by (Bienvenue & Ramsey, 2006; Lee, 2008; Lee & Diaz, 2009; Sheu & Sedlacek, 2009). For example, the American Counseling Association (ACA) recently updated their competencies to include proficiency in: (a) understanding cultural factors; (b) recognizing the significance of counselor's own cultural background and sociopolitical position as it relates to power; (c) privilege and oppression; (d) identifying and understanding systemic barriers; and (e) developing a plan of action that will address systemic barriers to help clients access quality mental health care (Toporek & Daniels, 2018). APA and ACA set the standards for counseling professionals and have spent the last several decades improving their understanding of multiculturalism by establishing ethical standards and competencies that utilize a sociopolitical framework to better serve marginalized clients (ACA, 2018; APA, 2017). Training programs are expected to maintain their CACREP and APA accreditation by adhering to the ethical guidelines established by their professional associations. Thus, it is expected that graduate training programs in mental health disciplines provide multicultural training to meet the needs of an increasing population of diverse individuals with complex issues.

The most common approach to multicultural training is a single-course format that teaches counselor-trainees to understand culturally relevant issues when working with historically marginalized clients (Sammons & Speight, 2008). By the 1990s, roughly 90% of counseling training programs offered a multicultural counseling course (Hill & Strozer, 1992). Though counseling and counseling psychology training programs are encouraged to integrate multicultural principles throughout training per ACA Code of Ethics and APA and ACA multicultural guidelines, there lacks consistency of multicultural training in master or doctoral graduate programs across the country (O'Donohue, 2016; Pieterse, Evans, Risner-Butner,

Collins, & Mason, 2009; Ponterotto, Rieger, Barrett, & Sparks, 1994). In fact, O'Donohue's (2016) article explores 18 major concerns with the APA Code of Ethics due to lack of clarity, inconsistency, epistemic assumptions, and impossibility for adherence, showcasing the challenges of mandating and scrutinizing training programs' implementation of the APA Code of Ethics as it relates to oppression, privilege, bias, prejudice, and stereotyping. In practice, provision of multicultural training and the extent to which training meets the guidelines of the American Psychological Association remains at the discretion of training programs. Furthermore, the APA Code of Ethics does not incorporate language such as, 'diversity' or 'multicultural/ism' anywhere in the document. This literary exclusion reinforces the notion that 'diversity' and 'multicultural/ism' in practice, research, and training are optional and not bound by ethical standards set forth by the American Psychological Association. Meanwhile, ACA's Code of Ethics prioritize multicultural counseling competence as evidenced by its inclusion of the words, 'multiculturalism' and 'diversity' 31 times. This distinction further exemplifies the lack of consistency between two professions that emphasize culturally competent client care, research, and training.

Mena and Rogers (2017) conducted a study on factors associated with multicultural teaching competence. The findings suggest that faculty that have attended graduate training programs that prioritized multiculturalism and *were* required to take at least one multicultural course demonstrate more multicultural teaching competence. These faculty are likely to integrate multiculturalism and emphasize social justice concepts in course content and teach from a more culturally competent lens than faculty that have not participated in multicultural counseling training. In other words, faculty that are not required to enroll in a multicultural counseling course during graduate training may not have the social justice or multicultural

orientation to provide their students with the necessary course content to prepare them to serve marginalized populations.

Multicultural training can exist in various formats such as course content, workshops, practica, and research projects (Jones, Sander, & Booker, 2013; Ridley, Mendoza, & Kanitz, 1994; Rogers & O'Bryon, 2014). To optimize multicultural training, integration in all of the aforementioned areas would elicit cultural competency across multiple contexts, but some programs may not have the resources, expertise, or willingness to prioritize such integration. Thus, course offerings may serve as the only training in multicultural counseling.

Scholars have examined the impact of multicultural counseling training by assessing multicultural counseling competences in master-level and doctoral-level trainees for the last several decades (Arredondo et al. 1996; D'Andrea, Daniels, & Heck, 1991; Neville at al., 1996; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998; Sue et al., 1982; Tomlinson-Clarke, 2000). Outcome measurements include White racial identity attitudes (Brown, Yonker, & Parham, 1996; Neville, Heppner, Louie, Thompson, Brooks, & Baker, 1996; Constantine, 2002; Ottavi, Pope-Davis, & Dings, 1994;), implicit racial bias (Abreu, 1999; Boysen & Vogel, 2008; Boysen, 2009; Castillo, Brossart, Reyes, Conoley, & Phoummarath, 2007), cross-cultural contact (Díaz-Lázaro & Cohen, 2001; Sue et al., 1982), color-blind racial attitudes (Chao, Wei, Good, & Flores, 2011; Neville, Spanierman, & Doan, 2006), and White privilege awareness (Ancis & Szymanski, 2001; Constantine, 2002; Hays, Chang, & Dean, 2004; Lui, Pickett, & Ivey, 2007; Helms, 1995; Mindrup, Spray, & Lamberghini-West, 2011; Neville, Worthington, & Spanierman, 2001; Richardson & Molinaro, 1996; Pinterits, Poteat, & Spanierman, 2009). Scholars have also examined the difference in White privilege attitudes and behaviors and multicultural counseling competence in trainees that

have received multicultural training compared to trainees that have not (Jones, Begay, Nakagawa, Cevasco, & Sit, 2015; Mindrup et al., 2011). Additionally, researchers have examined the efficacy of enrollment in a single multicultural counseling course as a tool to prepare trainees for practice compared to trainees that enrolled in multiple multicultural counseling courses (Arredondo & Arciniega, 2001; Castillo et al., 2007; Parker, Moore, & Neimeyer, 1998; Pieterse et al., 2009; Seto, Young, Becker, & Kiselica, 2006). Several studies have recommended that multicultural education and practice be integrated across several platforms (e.g., courses, research teams, program committees, etc.) within a training program to better prepare trainees to work with diverse clients (Collins & Pieterse, 2007; D'Andrea & Daniels, 1991; Hartung, 1996; Kim & Lyons, 2003; Malott, 2010; Reynolds, 1995; Sue & Sue, 2008). Moreover, in the last few decades, researchers have examined multicultural course content. They have encouraged training programs to abandon historical texts that have been used to train emerging clinicians on "monolithic experiences" of Black/African American, LGBTQ individuals, or Asian Americans (Mena & Rogers, 2017; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016; Celinska & Swazo, 2016; Sue et al., 1992; Sue et al., 1999).

In spite of this recommendation from scholars in the profession and support from APA, training programs may still use ineffective training formats that further marginalize underrepresented individuals. Further, with no standardized multicultural counseling course format, there is no way to prepare all trainees to practice through a culturally competent lens. There is no guarantee that trainees will receive adequate multicultural counseling training by completion of their program.

Given the demographic reality of the profession, White, female trainees lead the profession and thus control how therapy is practiced in the U.S. Despite good-intentions and willingness to address client concerns, White trainees often unintentionally enact microaggressions in counseling sessions (Sue & Sue, 2003, 2008; Sue, 2016; Sue, Lin, Torino, Capodilupo, & Rivera, 2009). These microaggressive acts are problematic and have been reported to cause clients of color harm that may threaten the therapeutic alliance (Brantley, 1983; Constantine, 2007). Further examination of client perceptions of their counselor's cultural competence indicates that clients of color that experience suboptimal therapy due to a lack of cultural awareness or inability to critically interrogate institutionalized racism, report difficulty forming a meaningful relationship with their therapist (Constantine, 2007; Horvath & Bedi, 2002; Owen, Tao, Imel, Wampold, & Roldolfa, 2014; Ward, 2005).

Overall, the literature on the efficacy of multiculturalism in graduate training programs, White counselor multicultural counseling competency, White privilege awareness in the profession, and experiences of clients of color are well documented. However, the literature has not examined the effects of a required Critical Race Theory (CRT)-oriented multicultural counseling course on White privilege awareness, multicultural counseling competence, and cross-racial contact in master-level counselor trainees. A CRT-oriented course utilizes a more traditional approach to conducting multicultural counseling training (e.g., training that exclusively emphasizes issues related to racial/ethnic groups to foster multicultural counseling competence). The CRT-oriented course used in this study is taught from a similar format in that counselor trainees are taught to understand the profession and their role as emerging clinicians from a critical race orientation. In other words, trainees are expected to develop an understanding of White supremacy and its effects of marginalization on race/ethnicity—how

their whiteness functions as a system of privileges that have historically oppressed communities of color in counseling and psychology professions.

The current study examined how a required CRT-oriented multicultural counseling course impacts White privilege awareness, multicultural counseling competence, and cross-racial contact in master-level counselor trainees across three groups of trainees. More specifically, counselor-trainees who had not yet taken the required multicultural course were compared with counselor-trainees that had taken the required multicultural course but had not yet participated in practicum training, and those that had both taken the required multicultural course and participated in practicum. Multicultural counseling competence, White privilege awareness, and cross-racial contact are all relevant variables that highlight trainee cultural competence per previous studies conducted in this area (Jones et al., 2015; Mindrup et al., 2011)

Examining the efficacy of a multicultural counseling course across several relevant variables will offer insight and may lead to shifts in the way training programs prepare counselor trainees for the profession. Examining these specific variables in the current study may provide the profession with more support for integrated multicultural curriculum and an emphasis on the need for more than just one, but at the least, one mandatory multicultural counseling course that counselor trainees must take to become licensed professionals.

Purpose of the Study

The current study examined the effects of a single, required, CRT-oriented multicultural counseling course on White, master-level counselor trainees with and without clinical experience. More specifically, the study examined differences in White counselor trainees' responses to instruments that assessed White privilege awareness, multicultural counseling competence, and cross-racial contact comparing trainees that had taken the required multicultural

course with those who had not. Additionally, this study examined the aforementioned variables in White, master-level counselor trainees that were enrolled in a training program that has a strong emphasis on race and other issues of diversity. This emphasis contributes to recruitment of a diverse community of learners. For example, doctoral students of color represent nearly 58% of the program. Master students of color represent about 23% of people of color. The faculty is 39% Black/African American. While there is a growing body of literature examining multicultural counseling training, White privilege awareness, and multicultural competency, the importance of cross-racial contact in counselor training has received less attention. Drawing on the vast and expansive literature on intergroup contact (Allport, 1956; Brown & Hewston, 2005; Dovidio, Love, Schellhaas, & Hewstone, 2017; Pettigrew, 1997; Pettigrew & Tropp, 2013), this study also explored the predictive value of cross-racial contact on multicultural counseling competence and White privilege awareness.

This study also explored the differences between male and female counselor trainees. The research that addresses White privilege attitudes and behaviors report that female respondents have more White privilege awareness than male respondents and have a more positive response to the belief that White privilege exists (Ancis & Szymanski, 2001; Brown, Parham, & Yonker, 1996; Davis, 2004; Mindrup et al., 2011). Meanwhile, it has been reported that because White men benefit from both male privilege and White privilege, how they experience power and entitlement differs from what White women experience (Scott & Robinson, 2001). White, working class men have reported feeling threatened by people of color with regard to employment opportunities (Fine & Weis, 1998). Additionally, Feagin and O'Brien (2003) found that White men experience substantial geographic, social, and emotional distance from people of color, thus limiting their cross-racial contact. Spanierman, Beard, and

Todd (2012) found that though White men and White women did not have significantly different racial affect patterns, White women are more likely than White men to exhibit anti-racist affect type (i.e., anti-racists report high levels of multicultural education, racial diversity among friends, and cultural sensitivity) compared to insensitive and afraid affect type (i.e., insensitive and afraid White individuals report lowest levels of multicultural education, lowest racial awareness, least likely to enact cultural sensitivity, and least supportive of affirmative action practices). These reports suggest that White male refusal to initiate and maintain cross-racial contact as well as acknowledge their White privilege, may be guided by an underlying fear of losing their unearned privilege. Thus, differences in cross-racial contact, multicultural counseling competencies, and White privilege attitudes between men and women were examined in this study.

Theoretical Frameworks

This study is grounded in two theoretical perspectives. Allport's Contact Hypothesis and Critical Race Theory are used to ground the study as this research examines White master-level counselor trainees and their multicultural counseling competence, White privilege attitudes, and cross racial contact. Additionally, a CRT-oriented course was utilized to understand master-level counselor trainees' responses to various instruments used in the study. The following sections will describe the two theories and further explain their relevance in the study.

Contact Theory

Gordon Allport was among the first to suggest that cross-cultural or cross-group participation can reduce racial prejudice in myriad contexts (Allport, 1954). Allport's contact hypothesis states that face-to-face contact between distinguishable and defined groups in situations that include optimal conditions, will improve attitudes and behaviors towards diverse

others (Pettigrew & Tropp, 2000). Though Allport's theory has provided the framework for intervention tools used to reduce racial bias and prejudice, his work demonstrated that simple contact by proximity alone does not eradicate racial bias and tension. In fact, in his seminal work, he discovered that proximity leads to a manifestation of racial prejudice without four conditions (DeRicco & Sciarra, 2005). He posited that these four conditions are necessary in order for contact theory to reflect the desired outcomes of reduced racial bias and prejudice.

The first condition of Allport's contact hypothesis is equal status. This condition suggests that marginalized individuals must believe the environment is equitable and free of hierarchical structures in place. It is often difficult to achieve equity as the United States is racialized and predicated on hierarchical racial constructs. These constructs inevitably convey inequitable environments that position White people higher with the most power in any given space. Despite this, there are environments that regularly yield such equity like sports teams (Chu & Griffey, 1985), sectors of the military during times of war (Landis, Hope, & Day, 1984), counseling sessions (DeRicco & Sciarra, 2005), and interracial relationships (Emerson, Kimbro, & Yancey, 2002).

The second condition suggests that the in-group and out-group must engage in interdependent work towards a common goal. When individuals are expected to work collectively to achieve a common goal, there is less emphasis on racial composition of the group. In striving to win, interracial groups need each other to achieve their goal, and this inspires intergroup cooperation (Pettigrew, 1998). Intergroup cooperation fosters a non-competitive culture used to reach a common goal. Attainment of goals without the threat of competition are critical to positive cross-cultural engagement (Pettigrew, 1998).

The third condition is institutional support. Trust and dependency must be present for both groups per this condition. This kind of support establishes norms of acceptance. Intergroup contact is more accepted when this is present (Pettigrew, 1998; Pettigrew & Tropp, 2006).

Finally, the fourth condition is face-to-face interaction, which must be meaningful, frequent, and come with the expectation that friendship may be an outcome of the cross-cultural experience (Chavous, 2005; DeRicco & Sciarra, 2005).

For the current study, contact theory serves as a relevant framework for examining how contact may predict White counselor trainees' MCC and their White privilege awareness. For example, contact theory was used as a framework to establish its correlational properties to White privilege awareness and multicultural counseling competence (DeRicco & Sciarra, 2005).

Critical Race Theory

Critical race theory (CRT) was used in this study as a framework as a CRT-oriented multicultural counseling course was implemented to examine cross-racial contact, White privilege attitudes, and multicultural counseling competence in White master-level counselor trainees (Haskins & Singh, 2015). Critical race theory was also used to conceptualize the research discussed in Chapter II to underscore the insidiousness of White supremacy in scholarship with respect to the counseling psychology profession. Critical race theory has been used extensively to: (a) examine White supremacy in higher education (McCoy & Rodricks, 2015); (b) improve methodological approaches such as using counter-storytelling to collect data on historically marginalized communities (Covarrubias & Velez, 2013; Solórzano & Yosso, 2002); (c) evaluate student racial identity development (Abes, 2009; Harper & Hurtado, 2007; Patton, McEwen, Rendón, & Howard-Hamilton, 2007); (d) understand cultural underpinnings of behavior in marriage and family therapy (McDowell & Jeris, 2004); (e) and understand cross-

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cultural relationships between counselors and clients of color (Constantine & Sue, 2007; Sue, Bucceri, Lin, Nadal, & Torino, 2007; Sue et al., 2011). The tenets of critical race theory (CRT) have been designed to interrupt racism and other forms of oppression and are useful for examination of how White counselor trainees understand their privilege and exhibit multicultural counseling competence. Tenets one, three, four, six, and seven are particularly relevant to this study and will be explained further.

The first tenet, permanence of racism, posits that racism is always functioning. Racist hierarchical structures control policy, politics, economics, and social capital. For White people, the presence of racism means they always benefit from their Whiteness (McCoy & Rodricks, 2015). When microaggressions are not acknowledged and remain invisible, individuals begin to think racism no longer exists or that the incident is isolated and caused by the victim (Taylor, Gillborn, & Ladson-Billings, 2009). The primary goal of CRT is to expose racism as foundational and a stable part of our existence. Without acknowledging its presence, society fails to function as racially salient and interrogative of systems that perpetually exclude and disenfranchise people based on skin color. In this study, acknowledgement of White privilege was examined and measured as a necessary step in not only understanding power, privilege, and oppression when working with clients of color, but also as a potential precursor to multicultural competency and willingness to employ it in practice.

The third tenet, interest convergence theory, posits that people of color advance when their interests converge with the interests of White people. Essentially, only when White people truly believe that racism does not benefit them, will they be moved to challenge it. Further, this tenet interrogates the fidelity of White allyship as it posits that White people are moved to align with anti-racist practice for economic self-interests and financial mobility (e.g., a White director

of a non-profit may hire people of color if the outcome is government funding, diverse donors, and access to grants that target people of color). In other words, though interest convergence may yield productive White, anti-racist behavior, it is not without the self-serving qualities of doing something "good;" even if means engaging in anti-racist behavior for something as simple as assuaging one's guilt. This tenet is relevant to the current study as White counselors' awareness of White privilege and their understanding of the effects of racism were examined.

The fourth tenet, intersectionality, posits that racism intersects with other subordinate identities (e.g., sexual orientation, gender, social class, etc.; Yosso, 2005). This tenet is reflective of the interrogative qualities that must be developed in order to engage in critical discussion and critical reflection of Whiteness within the counseling profession as has been discussed extensively in the multicultural counseling literature. For example, White counselors are expected to reduce power in the counseling room as much as possible. Whiteness comes with privileges and advantages that White counselors need to be prepared to interrogate to reduce whiteness as a system of power when working with clients of color.

The sixth tenet, critique of liberalism, posits that critical race scholars challenge concepts of meritocracy, color-blindness, race neutrality, and incremental change (Barltlett & Brayboy, 2005; Decuir & Dixon, 2004; Ford & Airhihenbuwa, 2010; Solórzano & Yosso, 2011). Examination of color-blind racism is particularly salient as recent studies have addressed how color-blind practice in counseling causes therapeutic ruptures in cross-cultural counseling relationships (Neville, Lilly, Duran, Lee, & Browne, 2000; Neville et al., 2001; Sue, 2009). Critical race theory challenges color-blind racism as this perspective directly fails to consider the permanence of racism (tenet one). Individuals committed to multicultural competency must

consistently remain aware and challenge the ways color-blind ideology, White privilege, and racism show up when working with clients of color.

The seventh tenet, commitment to social justice, posits that we must be committed to creating a system where resources are distributed equitably, and members of society are psychologically safe and secure. The counseling psychology profession continues to work from a social justice platform by emphasizing multiculturalism in training programs, therefore counselor trainees are encouraged to prioritize multicultural counseling competence.

Critical race theory was used in the current study to highlight the importance of conducting research through a critical race lens that interrogates White supremacist standards that have been accepted in counseling psychology; standards that have been adopted by emerging counselors in the field, and through training, reinforced by some gatekeepers of the profession. Secondly, contact theory was relevant to this study as it directly addresses the intimate nature of counselor and client interaction that ideally addresses all four conditions of Allport's contact hypothesis.

The following research questions guide the current study and address the main points articulated in the problem statement.

Research Questions

1. Does completing a required CRT-oriented multicultural course affect multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact?

    a. Does completing a required CRT-oriented multicultural course in combination with clinical practice affect multicultural competence, White privilege attitudes

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and behaviors, and likelihood of cross-racial contact more than without clinical practice?

2. Do relationships exist among White, master-level counselor trainees' self-reported multicultural counseling competence, their White privilege attitudes and behaviors, and cross racial contact?

3. Does multicultural competence differ across gender identity or length of time in academic training?

Research Hypotheses

H_1: Having a multicultural course with or without clinical practice affects multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact. More specifically, White counselor trainees who have completed a required CRT-oriented multicultural course will: (a) score higher on the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002); (b) score higher on the White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009); and (c) score higher on the Contact Questionnaire than counselor trainees who have not completed this required course.

H_{1a}: Having a multicultural course with clinical practice affects multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact more than without clinical practice. More specifically, White counselor trainees who have had clinical experience by way of the department required practicum course and field placement internship will: (a) score higher on the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002); (b) score higher on the White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009); and (c) score higher on the Contact Questionnaire than counselor trainees who have not had clinical experience.

H$_2$: A relationship exists among White, master-level counselor trainees' self-reported multicultural counseling competence, their White privilege attitudes and behaviors, and cross-racial contact. More specifically, scores on the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002) will yield a statistically significant and positive correlation with scores on the White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009), and the Contact Questionnaire.

H$_3$: Differences exist among White, master-level, counselor trainees' gender identity, current academic year, and their multicultural competence. More specifically, women will report higher scores than males on the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002) as previous research suggests that women tend to score higher on measurements that assess multicultural counseling competence (Constantine, 2000). Women will also report higher scores than males on *all* WPAS subscales as previous research reports gender differences in White privilege awareness (Pinterits et al., 2009; Spanierman et al., 2004). With respect to academic year, it is suspected that more time in training yields greater White privilege awareness and multicultural counseling competence.

Definition of Terms

This section is comprised of terms that are defined specifically for this study. These concepts are elaborated throughout the document but are defined in this section for accessibility and organizational purposes.

Counselor Trainee: is a student currently enrolled in a master's degree program in counselor education or counseling psychology. Trainees may be seeking specialized degrees in clinical mental health counseling, college counseling, marriage, couple and family counseling,

school counseling, and rehabilitation counseling. Trainees represent varying levels of training and experience.

Cross-Racial Contact: interaction that is measured by how often an individual interacts with people from a different race/ethnicity, regardless of the nature of the interaction (Bowman & Park, 2014).

Intergroup Contact: is the coming together of members from different groups in structured or unstructured settings (Allport, 1954); it refers to "actual face-to-face interaction between members of clearly defined differing groups" (Pettigrew & Tropp, 2000, p. 95).

Microaggressions: are *"subtle, stunning, often automatic, and non-verbal exchanges which are 'put-downs' of Blacks by offenders"* (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 66); these "often, every day slights, whether intentional or unintentional, communicate hostility that stem from stereotypes that are used to denigrate people who belong to marginalized communities" (Sue et al., 2007); "the subtle and commonplace exchanges that somehow convey insulting or demeaning messages to people of color (Constantine, 2007, p. 2).

Multicultural Counseling Competency: is "the ability to engage in actions or create conditions that maximize the optimal development of client and client systems. Multicultural counseling competence is defined as the counselor's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic democratic society. This is the ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds (Sue & Torino, 2005, p. 8).

White Privilege: represents a means by which White people achieve societal rewards on the basis of socially determined indicators such as race as contrasted with merit (Ancis & Syzmanski, 2001). White privilege includes unearned entitlements (e.g., experiences all people

should enjoy such as feeling safe in public spaces) and conferred dominance (e.g., granted White individual dominance over people of color such as the use of Eurocentric-based curriculum that is used in predominantly White institutions that validates White existence; McIntosh, 1998).

Summary

Chapter I provides historical information about the evolution of the counseling psychology profession and why the standards of multicultural counseling competence were established and required for emerging and practicing counselors from an ethical perspective. The problem statement, theoretical frameworks, and research hypotheses are articulated in this chapter as well. Chapter I concludes with definition of terms.

The remainder of this dissertation is formatted in the following manner. Chapter II is an overview of relevant literature related to the present study. Chapter III describes the methods used in the present study. Chapter IV is a presentation of the findings in the present study. Lastly, Chapter V concludes the dissertation with a summary of the study, discussion of the findings, articulation of the limitations, and suggestions for future training, practice, and research.

CHAPTER II

LITERATURE REVIEW

The purpose of this chapter is to provide a review of the literature relevant to the investigation of the effects of a required CRT-oriented multicultural counseling course on White counselor trainees' multicultural counseling competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact. Subsequent sections summarize findings from existing research to guide development of the study. The first section is foundational in that it includes an overview of the development and understanding of multicultural counseling competence in the profession and how it evolved as a guidelines and recommendations for the profession. The second section includes an overview of the development of multicultural counseling courses and the various aspects of course development that foster culturally competent training. This section also includes an overview of current course requirements and scholarship on the efficacy of a single multicultural counseling course. The third section includes a robust review of cross-racial contact that includes an understanding of Allport's Contact Hypothesis and its limitations, as well as literature concerning cross-racial contact in the context of counselor training. The fourth section includes an overview of White privilege and its influence on master-level counselor trainees in the college classroom and clinical practice. The final section includes a summary of Chapter II and reiteration of research questions.

Multicultural Counseling Competence (MCC)

Defining and Standardizing MCC

Multicultural counseling competence (MCC) is a concept that has since been revised, standardized, and set forth by counselors and psychologists in the profession. These

professionals have been relatively successful in emphasizing the prioritization of counselor-awareness and knowledge when working with clients of color (Arredondo et al., 1996). MCC is meant to address a power differential that inherently exists in the counselor/client relationship (De Varis, 1994) as well as privileged identities that reinforce systems of power relevant to social identities such as race, gender, sexual orientation, class, and religion (Constantine & Ladany, 2001). Though MCC has been extended to address intersected issues of diversity, it was initially designed to address the overarching system of oppression rooted in White supremacy. As such, the Civil Rights Movement provided a platform from which the counseling and psychology professions could develop a multicultural counseling framework.

Prior to the multicultural movement in the counseling psychology profession, the Civil Rights Movement served as an example for collective thought and action that addressed racism in the U.S. (Clark, 1966). The Civil Rights Movement was critical to the human service profession as it functioned as a framework for creating inclusive services and programming once professionals were called to demystify prior research that described Black individuals as functioning from a deficit model (Clark & Clark, 1950; Goodman, 1952; Pettigrew, 1971; Silberman, 1970). Interrogation of prior research led to the development of culturally relevant models and culturally competent training for future professionals in the counseling and psychology professions (Jackson, 1975; Pedersen, 1988; Parham, 1990; Sue, 1981). The Civil Rights Movement also served to hold current professionals accountable while creating inclusive work environments for people of color with the development of professional organizations meant to attend to professional needs of racial and ethnic psychologists of color (Neville & Carter, 2005). These organizations include, but are not limited to, the Association of Black

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Psychologists, Association of Psychologists Por La Raza, and Asian American Psychological Association.

As psychologists of color penetrated the profession with their groundbreaking research, they led the industry by legitimizing psychological effects of racism on people of color that manifested as depression, anxiety, and suicidality (Burke, 1984; Franklin, Boyd-Franklin, & Kelly, 2006; Harrell, 2000; Pierce, 1970; Pillay, 1984). Their research led to recommendations for the counseling and psychology professions that fostered new strategies for addressing psychological wellbeing of people of color (Sue et al., 1982; Sue et al., 1992). These strategies were discovered to be culturally relevant and better suited for people of color. Culturally relevant recommendations stemmed from psychological disturbances that were better explained by socio-cultural context found exclusively in people of color. These behaviors are otherwise known as microaggressions.

Dr. Chester Pierce, an African American psychiatrist and scholar, first introduced the term microaggressions in 1970 (Pierce, 1970). Pierce argued that the history of the U.S. makes it difficult for Blacks to navigate social environments with Whites without the inner conflict of wanting to believe White behavior is genuine, while managing their "sixth sense", which is often activated by subtler racist encounters (Pierce, 1970; Pierce, 1982; Sue, 2010). At this time, microaggressions were exclusively defined as a form of race-related trauma that Black individuals experience due to White supremacy. A little over a decade later, Pierce's work led to exploration of this phenomenon by several counseling psychologists who would later extend his work and develop the meaning of multicultural counseling competence (Sue et al., 1982). Theorized within historical and sociopolitical contexts of the U.S. at the time, *multiculturalism*

referred to race, ethnicity, and culture, while *diversity* referred to dimensions of personal

identities and differences (Arredondo & Glauner, 1992; Arredondo et al., 1996).

A seminal article defining multicultural competence (Sue et al., 1982) proposed three

major areas necessary to competently engage clients with marginalized identities. These three

areas were awareness, knowledge, and skills. Awareness referred to understanding one's own

personal beliefs, values, biases, and attitudes; knowledge referred to having the intellectual

capacity to understand the worldview of culturally diverse individuals and groups; and skills

referred to utilization of culturally appropriate interventions and strategies (Sue & Sue, 2013).

These three constructs will be addressed and discussed later in this chapter.

By the early 1990s, multiculturalism had been identified as the 'fourth force' in

counseling (Pedersen, 1991) and had inspired an influx of publications offering various

conditions of multicultural counseling that needed to be integrated in the profession. Defining

multicultural counseling constructs required critical examination of the social climate and

identifying needs of a radically growing demographic that shifted multicultural training and

practice from monocultural and monolingual to diverse and multicultural (Sue et al., 1992; Sue

& Sue, 2013).

Examination of the insidious monocultural and colonized framework that predicated the

counseling profession (Portman, 2009) led to interrogation of traditional and ineffective

counseling methods and techniques applied to people of color. This traditional training style was

often taught in training programs (Casas, Ponterotto, & Gutierrez, 1986; Sue, 1990; Sue & Sue,

1990). Sue et al. (1992) were among several scholars of color (e.g., Parham & Helms, 1981;

Thompson & Jenal, 1994) who called attention to a White middle-class value system that was

used to standardize case conceptualization training, culturally insensitive research initiatives, and

unproductive counseling techniques that reinforced pathology over cultural context (Sue & Sue, 1990). Specifically, the Association for Multicultural Counseling and Development (AMCD), a division of the American Counseling Association, commissioned Derald Wing Sue, Patricia Arredondo, and Roderick McDavis to develop multicultural competencies for the profession (Toporek, Lewis, & Crethar, 2009). This professional challenge urged counseling psychologists to redefine the ethical standards of ACA and APA to include a multicultural framework for treating marginalized populations. This call to the profession led to the inception of multicultural counseling that encouraged a strength-based approach versus pathologizing clients of color. It encouraged movement toward culture-specific research, inclusive developmental models, and production of instrumentation that measured the experiences of clients of color and multicultural counseling competence (MCC). The profession was called to interrogate White supremacy in practice while promoting intentionally inclusive practice incorporating sociopolitical, historical, and other environmental factors that collectively serve to empower and disempower clients of color (Arredondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005).

Sociopolitical Emphasis on Counselor Training

In order to respond to the call for development of effective multicultural counseling practices, a sociopolitical reality needed to be recognized (Sue et al., 1992). People of color and White people have a shared worldview that is linked to historical and contemporary experiences of racism and oppression due to slavery, Jim Crow laws, segregation, and mass genocide (Helms, 1990; Parham, 1990; Sabani, Ponterotto, & Borodvsky, 1991). This shared, paradoxical experience creates an inevitable barrier to achieving alliance and safety in counseling especially when White counselors exercise their inherent internalized White superiority perspective when working with clients of color (Constantine, 2007). In that same vein, clients of color, who

rightfully approach counseling with healthy suspicion (Sue et al., 1992; Vontress, 1969),

reluctantly engage in counseling sessions with vulnerability and trust. This is a result of their

astute understanding of historical socially oppressive practice in psychology and the medical

profession. For example, the Tuskegee Syphilis Experiment (1932; Brandt, 1972), the Henrietta

Lacks Experiment (1951), and sterilization practices over several centuries to indigenous Native

American women (Lawrence, 2000) have all been historical representations of Black and brown

genocide perpetuated by the mental health and medical professions.

Additionally, Sue and colleagues (1990) indicated that White counselors also needed to

recognize that therapy does not happen in isolation of events that occur in society. Ongoing

incidents of marginalization and systemic oppression have since been shown to promote post-

traumatic stress disorder symptoms (Crawford, Nobles, Leary, 2003; Sanchez-Hucles, 1998),

minority stress (Meyer, 2003; Meyer, Schwartz, & Frost, 2008), and negative physiological

responses through vicarious or lived experiences (Harrell, 2000; Heard-Garris, Cale, Camaj,

Hamati, & Dominguez, 2017). Political forces that affect education, laws, policies, greater

intolerance, and limited access to resources collectively contribute to poor mental health

(Fortuna, Porche, & Alegria, 2009; Metzl, MacLeish, 2015). These considerations were

articulated and examined as benchmarks to integrating multiculturalism into the counseling

profession. In order to successfully implement these changes, new professional guidelines were

needed for counselors and psychologists.

ACA Code of Ethics

In 1995, the ACA Code of Ethics was revised to include and prioritize multicultural

considerations (ACA, 1995). The rules established in the code of ethics were used as a standard

practice of care that counselors would be expected to implement when working with diverse

populations. Multicultural expectations were reinforced and made prominent through pervasive inclusion in the code of ethics. For example, the preamble included the following statement, "recognize diversity in our society and embrace a cross-cultural approach" (ACA, 1995, p.1). Additionally, specific references to cultural diversity were made in 13 standards found throughout the code of ethics. The purpose of this revision was to not only standardize multicultural competence, but to mandate its presence as an essential aspect of ethical practice. Departure from multiculturally competent practice would be an ethical misstep and in violation of the principles establish by the profession based on enumeration of such standards in the ACA Code of Ethics. Such principles include and are not limited to, gain self-awareness by addressing personal values, attitudes, and belief systems, avoid imposing values on clients, and understanding privileged identities and how those affect values and beliefs (ACA, 1995).

Over the years, the ACA Code of Ethics has produced several revisions (1974, 1981, 1988, 1995, 2005, and 2014; ACA, 2014). The current edition is 24-pages long and contains the word "diversity" 31 times. This inclusion specifically focuses on expectations for counselors with respect to their work with clients. For example, counselors must respect the diversity of clients; counselors must seek consultation or supervision when working with diverse clients when cultural competency is not present; counselors must be sensitive to cultural diversity of families; counselors must address diversity and multicultural considerations in a supervisory relationship; and counselors must infuse diversity and multiculturalism in courses, workshops, and training of future counselors (ACA, 2014). The code of ethics also includes a glossary of terms that define multicultural/diversity competence, multicultural/diversity counseling, and multicultural/diversity considerations (ACA, 2014). Inclusion of multicultural language and prioritization of cultural competence is an evolutionary initiative that fosters equity and inclusion

for clients that are typically underrepresented and marginalized. Therefore, the code of ethics serves as a multicultural standard for which counselors must practice. The American Psychological Association, also a governing body, developed multicultural guidelines to foster culturally competent professionals, but has a code of ethics less equipped to addresses multicultural concerns. This distinction is discussed in the following section.

APA Code of Ethics and Multicultural Guidelines

Less than a decade after ACA revised their 1995 Code of Ethics to include multicultural guidelines for practice, APA revised their Code of Ethics. However, in lieu of incorporating ethical standards of multicultural competence in the document, APA approved a separate document known as the Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists in 2002. Though multicultural guidelines were developed to address socio-cultural considerations and systemic power and privilege in the psychology profession, the guidelines are a separate document that at best put social pressure on professionals to provide services from a multiculturally competent lens, and at worst, are ignored and rarely implemented in training and practice. In the 1995 revision of the APA Code of Ethics there was no mention of 'diversity' or 'multicultural/ism' in the entirety of the document. To date, there is still no mention of 'diversity' or 'multiculturalism' in the APA Code of Ethics despite amendments being made in 2010 and 2016.

The final version of the Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists was later published in the 2003 issue of the *American Psychologist,* a peer-reviewed academic journal of the American Psychological Association (APA, 2003). In the final version of the guidelines, six major recommendations were established to address counselor bias and acknowledge the socio-political and socio-

cultural reality in which all individuals are socialized and informed. History, politics, social

norms, and cultural expectations are identified as salient factors in development, warranting

recognition and understanding in professional practices (APA, 2002, 2003). The first guideline

encourages psychologists who hold power and privilege—in this case, Whites—to acknowledge

that they may hold beliefs and values that detrimentally influence perceptions and interactions

with individuals who are racially and ethnically different from them (APA, 2002 p. 3). In other

words, psychologists are expected to consider their biases and how those biases influence their

interaction with clients that may hold less dominant racial/ethnic identities. This guideline is

primary as it directly challenges socially oppressive underpinnings of the profession by

addressing inherent power differentials when working with clients; especially clients with

marginalized racial and ethnic identities. Guideline two encourages psychologists to take

multicultural training seriously and understand its value on the therapeutic relationship when

working cross-racially/ethnically with clients (APA, 2002 p. 3). Guideline three calls educators

to employ constructs of multiculturalism and diversity in education (APA, 2002 p. 3). For

example, training programs are now expected to prepare emerging psychologists to provide

culturally competent counseling to clients of color. Guideline four addresses research and

recognizing the importance of culture-centered, and ethical research that is inclusive and reflects

the truths of those historically marginalized (APA, 2002). Guideline five encourages

psychologists to utilize multicultural counseling competence in practice via clinical

interventions, treatment, and when developing a theoretical orientation in which to ground their

clinical work (APA, 2002). The last guideline encourages psychologists to address macro-

systemic concerns though organizational change and developing policy that standardizes practice

for future practitioners and educators (APA, 2002). The *2003 APA Multicultural Guidelines*

were recently updated in 2017. While the new guidelines are important for reflecting a contemporary social climate, they remain separate from the code of ethics, and thus subject to limited impact on the profession.

In 2017, the APA Council of Representatives appointed five prolific scholars with expertise in multicultural counseling competence in the profession to participate in a taskforce to develop the new guidelines. Taskforce members were Caroline S. Clauss-Ehlers; David A. Chiriboga; Scott J. Hunter; Gargi Roysircar-Sodowsky; and Pratyusha Tummala-Narra. These scholars supported adoption of new multicultural guidelines that were conceptualized and developed from an ecological understanding of systems and human development (APA, 2017). The *2003 APA Multicultural Guidelines* identified six recommendation areas, whereas the *2017 APA Multicultural Guidelines* identify 10 areas (APA, 2017). The 2017 guidelines mark a significant extension from the 2003 guidelines as the developers intended to reflect current trends in the literature and consider contextual factors of intersectionality among and between group identities beyond race and ethnicity (APA, 2017). The 2017 guidelines encourage psychologists to understand identity complexity and fluidity, and to appreciate intersectionality and how it shapes an individual's social context. Psychologists are encouraged to recognize and understand the role of language and communication, and to acknowledge how language and communication have been standardized and can often thwart one's ability to recognize power and privilege within the therapeutic relationship. The 2017 guidelines further emphasize the importance of social constructs and the role of physical environment and how that affects clients' lived experiences and worldviews. Professionals are also encouraged to take a strength-based approach when working with clients that have not only a domestic, but a global perspective from which their lived experience is rooted.

Additionally, the 2017 guidelines utilize a conceptual framework that incorporates Brofenbrenner's (1977, 1979) ecological model. Brofennbrenner's ecological model is useful in that it posits that human development is defined as ongoing change in the way a person perceives and deals with or adapts to the environment (Brofenbrenner, 1977). The environment that Brofenbrenner refers to is a set of nested structures that are comprised of a range of systems that directly affect human development (microsystem) to systems that peripherally or vicariously affect human development (macrosystem). Between micro and macro systems exist a mesosystem, and exosystem. Brofenbrenner (1979) also introduces another system that is both additive and relevant to human development with relation to time. The chronosystem deals with historical trends and transitions; the historical context that surrounds individual experience. Brofenbrenner's ecological model captures the holistic and evolutionary experience of human development and adaptation. It informs psychologists on client-resilience and relevant contextual factors and reinforces the notion that therapy does not happen in isolation of events that occur in society.

The *2017 APA Multicultural Guidelines* use intentional language like 'strength-based,' 'developmental stages,' 'intersectionality,' 'power,' 'privilege,' and 'oppression.' This newest set of recommendations to psychology professionals addresses international and global concerns that prioritize awareness beyond domestic issues. In 212 pages, the 2017 multicultural guidelines come equipped with case illustrations, discussion questions, and instructions on how to conceptualize and apply Brofenbrenner's five-layer ecological model for client care and practice (APA, 2017). The document is robust and designed to give psychologists a framework for multicultural counseling competence within the areas of practice, research, consultation, and education.

While this is true, the 2017 *APA Multicultural Guidelines* functions as a framework *in addition* to the APA Code of Ethics. This may send an implicit message that multicultural considerations are not prioritized from an ethical perspective that would inevitably increase professional and legal consequences of culturally relevant missteps by psychologists. Meanwhile, the ACA Code of Ethics incorporates intentional language relevant to multiculturalism and training, sending an explicit message that counselors can be held accountable for violation of the ACA Code of Ethics by not providing culturally competent counseling.

Despite limitations of the APA Code of Ethics, guidelines like the 2017 *APA Multicultural Guidelines* have been created to prioritize multiculturalism and issues of diversity in the psychology profession. The multicultural guidelines would not exist without the leadership of counseling psychologists compelled to address mental health demands of an evolving demographic of racial/ethnic individuals and the insurgence of socio-political movements in the U.S. in the 1980s. These individuals developed a multicultural perspective in counseling that would later be renamed multicultural counseling competencies and adopted as a standard for curriculum reform and training of helping professionals with an emphasis on attitudes and beliefs, knowledge, awareness, and skills (Sue et al., 1992).

Dimensions of Personal Identity

Prior to establishing the three areas of multicultural counseling competencies, Arredondo and Glauner (1992) developed the Dimensions of Personality Identity Model (PDI) that communicates several premises that serve as a framework for examining individual differences and shared identities. When used in a counseling context, this model demonstrates the

complexity and holism of individuals while underscoring the influence of beliefs and attitudes, awareness, knowledge, and skills when working with clients of color (Arredondo et al., 1996).

The Dimensions of Personal Identity Model (PDI; Arredondo & Glauner, 1992) was developed to serve client-needs from a culturally responsive paradigm. For example, the developers posit that we are all multicultural individuals; we possess personal, political, and historical culture; we are affected by sociocultural, political, environmental, and historical, events; and multiculturalism intersects with multiple aspects of diversity (Arredondo et al., 1996). The model is comprised of three dimensions that examine the biosocial human experience. Dimension A captures "fixed" characteristics or what one would consider "inherent" identities such as age, gender, culture, ethnicity, and race. To avoid an ahistorical misstep, it is necessary to note that a limitation of this model is the assumption that gender and race are fixed and inherent rather than constructed and assigned at birth. Given contemporary discussions of gender and the emergence of non-binary expressions of gender, use of this model to understand multicultural counseling competence (MCC) should incorporate a critical lens that fosters inclusivity and culturally relevant practice. Additionally, some of Dimension A characteristics hold "protected class" status based on government classifications. This means that if a client that has been disenfranchised because of race in the workplace, they may require additional support that transcends counseling and requires social justice advocacy in the form of case management and legal representation. This example leads to Dimension C, which emphasizes seeing individuals in context.

Dimension C grounds us in historical, political, sociocultural, and economic contexts. Essentially, the human experience is not relegated to a vacuum. For example, a historical moment in the United States includes the erasure of ethnic identity and the construction of race

and whiteness as an institution (Buck, 2001; Omi & Winant, 1986). Due to this sociological

phenomenon, resources are allocated to specific groups of individuals based on "racial

membership." This means that clients of color will have vastly different experiences than White

clients (Arredondo et al., 1996; Constantine, 2007). Feminist movements are another example of

political discourse used to change policy and systems. The discussion on women's rights and

gender equity penetrated the workplace and higher education during first and second wave

feminist movements.   However, voices of White women were the most resonant and did not

address the intersection of White supremacy and gender and the ways White women benefit from

racial oppression (Collins, 2002; Daniels, 2016; Frankenberg, 1993). For example, two female

clients, one Latina and one White, do not have the same experiences though they have a shared

gender identity expression. The culturally competent counselor would understand this

complexity, underscoring the importance of considering the historical influence of presenting

concerns in therapy.

Dimension B addresses aspects of identity that have been influenced by societal norms

and access. Dimension B is discussed last as it may represent "consequences" of Dimensions A

and C as Dimension B is influenced by characteristics of Dimensions A and the major historical,

socio-political legacies of Dimension C. For example, educational background, geographic

location, religion, work experience, income, and marital status all represent aspects of human

identity that guide how one moves through the world. For instance, educational pursuits by

women and people of color have become more frequent as a result of Title VII of the Civil

Rights Act. Due to legislative mandates, colleges and universities can no longer discriminate

based on race, gender, religion, ability, nationality, etc. Historically, affirmative action has been

perceived as a quota system that stipulates that employers must hire a certain number of people

of color and women. In turn, the institution of whiteness, predicated on White supremacist thought, perceives this legislative shift as a form of "reverse racism" and inherently unfair. Failing to understand the historical consequences of redlining (systemic denial of various services based on neighborhood affiliation often associated with race) and Jim Crow laws (e.g., separate and inherently unequal), it is assumed that underrepresented groups are institutionally admitted for the purpose of meeting a quota. When this assumption is not corrected with education and context, workplace and academic environments foster hostility and otherness. The client of color who comes to therapy to address these concerns and is met with a lack of cultural understanding and humility, often suffers in silence and terminates treatment (Arredondo et al., 1996; Constantine, 2007; Day-Vines et al., 2007; Sue & Sue, 1990).

The PDI model is foundational in that it demonstrates the complexity and holism of individuals. The model facilitates critical thought and discussion on the intersectionality of identities and the contextual factors that contribute to the human experience. It reifies the "multicultural self", acknowledges the uniqueness of each person and serves as the framework for multicultural counseling competencies (Arredondo et al., 1996). With respect to multicultural counseling competencies, the model provides a framework for understanding client care from a multicultural perspective and from a place of consideration that reinforces multidimensionality and reduces bias and stereotyping. The model furthers institutional influence and holds the profession accountable to the people it serves while illustrating the intersection of identities and the dynamics of power, privilege, and oppression. This intersection influences the counseling relationship and underscores the importance of multicultural counseling competences. As described in the following subsections, multicultural counseling competencies are organized into three broad domains: (a) awareness; (b) knowledge; and (c)

skills. Effective understanding and application of these competencies further requires focus on: (a) counselor self-awareness; (b) client worldview; (c) counseling relationship; and (d) counseling and advocacy interventions (Arredondo et al., 1996; Ratts et al., 2016; Sue et al., 1990).

Multicultural Counseling Awareness

Multicultural counseling awareness is a competency that is meant to address counselor attitudes and beliefs, biases, assumptions, and values (Arredondo, 1999). For example, a counselor may assume that their Vietnamese client is from Vietnam rather than St. Louis, MO. Without considering the possibility of the client's second-generation status, the counselor may reference "home" as a foreign experience to the U.S. To correct this cultural misstep, the counselor, per expectations of the profession regarding awareness, is expected to acknowledge assumptions, worldviews, values, and beliefs. Additionally, counselors are expected to acknowledge their privileged and marginalized statuses in society and critically reflect on how these impact their worldview (Ratts et al., 2016).

With respect to worldview—how individuals perceive their experience through various lenses—multicultural counseling competencies include acknowledging client worldview and considering historical contexts and its contemporary impact on the client. It also includes acknowledging how worldviews influence identity development processes; acknowledging strengths and limitations in working with clients from privileged and marginalized groups. Finally, it includes acknowledging that there are within-group differences that transcend a monolithic experience of specific groups that may otherwise be assumed (Sue et al., 1990; Ratts et al., 2016).

In the counseling relationship, counselors are expected to acknowledge that their own privileged or marginalized worldview, attitudes, beliefs, and values influence the counseling relationship. It is incumbent upon the counselor to acknowledge the power of cross-racial communication and that the relationship may extend beyond the traditional office setting and into the community if the client is unable to commute to the office. The counselor is expected to acknowledge that culture, stereotypes, power, privilege, and oppression influence the counseling relationship.

Multicultural Counseling Knowledge

Multicultural counseling knowledge is a competency meant to address cognition and information attained through formal education and various other life experiences and perceptions that foster a culturally inclusive understanding of how and why a client exhibits specific behaviors (Arredondo, 1999; Sue et al., 1990). For example, when a counselor fails to seek education on a client that holds racial/ethnic identities different from the counselor, they run the risk of ahistorical missteps or failing to recognize their power and privilege in the counseling session. Per ACA and APA professional expectations, the counselor is expected to develop knowledge of resources to become aware of their own assumptions, worldviews, values, beliefs, and biases. There is an expectation that counselors develop knowledge about their privilege and marginalization through study of history and participation in cultural events; to further understand how their privileged and marginalized statuses lead to advantages and disadvantages in society (Ratts et al., 2016).

Regarding client worldview, counselors are expected to develop knowledge of how stereotypes, discrimination, power, privilege, and oppression influence privileged and marginalized clients. They are expected to develop how to work through the discomfort that

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comes from exploring and examining privilege and marginalization; develop knowledge of their strengths and limitations in working with clients from privileged and marginalized groups. Finally, they are expected to develop knowledge of multicultural and social justice theories, identity development models, and research relevant to the lived experiences of marginalized communities and to report that information from a decolonized lens (Ratts et al., 2016).

With respect to the counseling relationship, counselors are expected to develop the competencies outlined in the previous paragraph (e.g., develop how to work through the discomfort that comes from exploring and examining privilege and marginalization) as well as develop knowledge of cross-cultural communication theories when working with privileged and marginalized clients (Ratts et al., 2016). They are expected to develop an understanding of culture and how the therapeutic relationship thrives on the safety of the therapeutic environment and competency of the counselor when addressing client concerns.

Multicultural Counseling Skills

Multicultural counseling skills is a competency meant to emphasize professional development opportunities for the counselor (Arredondo, 1999). Counselors are expected to acquire reflective and critical thinking skills to gain insight into assumptions, values, beliefs, biases, and worldviews of privileged and marginalized individuals (Ratts et al., 2016). They are expected to acquire skills to competently and productively communicate how their privileged and marginalized statuses influences their worldview; acquire evaluation skills to assess their privilege and the degree to which it influences the therapeutic space; and acquire analytical skills to reflect competently on their privilege and how it compares to marginalized individuals in any given context (Ratts et al., 2016).

With regard to client worldview, counselors are expected to acquire culturally responsive critical thinking and evaluation skills to analyze how historical events and contemporary concerns shape client experiences, and to gain insight into how stereotypes, discrimination, power, privilege, and oppression influence privileged and marginalized individuals (Ratts et al., 2016). Counselors are further expected to acquire culturally responsive conceptualization skills when assessing client behavior and providing consultation; and to acquire analytical skills to interpret and interrupt the attitudes, beliefs, prejudices, and biases they hold about privileged and marginalized groups (Ratts et al., 2016). Relevant to the counseling relationship, counselors are expected to acquire skills to determine how beliefs, attitudes, and biases held by a privileged counselor and a marginalized client influence the counseling relationship (Ratts et al., 2016).

Finally, with respect to awareness, knowledge, and skills, privileged and marginalized counselors are expected to intervene with and on behalf of clients that may experience disenfranchisement at institutional, global, public policy, and international levels. Counselors are expected to understand when this intervention is necessary and how to access resources to facilitate the intervention (Sue et al., 1990). They are expected to understand that systemic resistance seeks to challenge and undermine client agency and stifles advocacy at various levels. This also includes assisting privileged clients to unlearn their privilege and oppression by practicing from a decolonized perspective regarding the profession (Ratts et al., 2016). For example, when a White client promotes color-blind racist ideology in session, it is the responsibility of the counselor to recognize potential consequences of this worldview and how it interacts with a broader system of oppression. This form of critical intervention does not directly address the client's presenting concern (e.g., depression), but it fosters growth and resilience; skills that are relevant to client care.

Conclusion

Sociopolitical movements in the 1950s and 1960s were instrumental in providing visibility for and prioritization of identity-based issues in politics, education, and the workplace. For the counseling and psychology professions, the development of multicultural counseling competencies (MCCs) served as the "fourth force" in counseling and psychology that was meant to address a professional deficit (Pedersen, 1991). The multicultural counseling movement started the decolonizing process by redefining counselor training and re-standardizing areas of the profession such as practice, research, consultation, and education. This initiative has undergone several iterations of standardization as ACA and APA have developed ethical codes, guidelines, and strong recommendations over several decades to stabilize multicultural counseling training.

The expectations of the profession's ethical codes (ACA, 2014) and multicultural guidelines (APA, 2017) suggest that counselor trainees are expected to serve diverse populations by maintaining awareness of their own racial/ethnic identities and the extent to which they have benefited from or have been marginalized by dynamics of oppression (Sue et al., 1992). Counselor trainees are expected to take accountability for their education by developing an understanding of cultural norms and diverse groups to better serve clients in session. Multicultural counseling competence is reflected in reduced dependence on the client to explain their cultural underpinnings, and the ability to modify therapeutic skills to serve the client from a culturally appropriate lens (Arredondo, 1999; Ratts et al., 2016; Sue et al., 1992). In order to implement multicultural counseling competencies, counselor-trainees are expected to undergo appropriate training that includes both academic and practical experience under the supervision of trainers committed to decolonization practices in the profession.

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Multicultural Counseling Courses

The changing socio-political context in the United States in the 1960s fostered a cultural reality that diversified the country in critical ways and promoted visibility in the areas of race/ethnicity, sexual orientation, gender, class, religion, and abilities (D'Andrea, Daniels, & Heck, 1991). To address this evolutionary shift, the counseling profession ascended fervently to address what was described as the "multicultural" or "cross-cultural counseling movement" identified as the "fourth force" in counseling and training programs (Pedersen, 1991). The "fourth force" underscored the importance of multicultural training at this time as trainees were held to higher standards of multicultural understanding and emerging professionals were called to practice with multicultural competence. Trainees were now expected to develop multicultural understanding and awareness that was not just an option, but a need to serve marginalized clients. The following section provides a brief overview of the development of multicultural counseling courses in counseling and psychology training programs.

Development of Multicultural Counseling Courses

As the multicultural counseling movement gained momentum, training programs were called to establish multicultural counseling courses to prepare counselor trainees for culturally competent practice in the future. However, there lacked continuity of training methodology and standardization in accredited training programs. Further, non-accredited training programs were vulnerable as there were no multicultural training expectations to foster counselor-trainee preparedness when working with diverse clients. At this time, accredited and non-accredited programs were delineated by mandates that reinforced legitimacy of training and future practice. For example, the Council for Accreditation of Counseling and Related Education Programs (CACREP) was established. CACREP and the APA Commission on Accreditation evolved as

accrediting bodies that collectively responded to the multicultural movement by establishing

accreditation standards to reinforce the development and training of multicultural counseling

training. For instance, Rogers, Conoley, Ponterotto, and Wiese (1992) suggested that APA-

accredited programs were more likely than non-accredited programs to integrate a multicultural

framework to help students develop a culturally relevant lens when conducting research, taking

courses, and engaging in practical experience. However, Holcomb-McCoy and Myers (1999)

conducted a national survey on multicultural competence and counselor training that revealed

there was no significant difference in self-perceived multicultural competence between CACREP

accredited and non-accredited programs.   Steward, Morales, Bartell, Miller and Weeks (1998)

also suggested that trainees in APA-accredited programs that infused multicultural content in all

course areas did not necessarily embrace the multicultural literature.

Though these studies provide evidence for minimal distinction of MCCs between

accredited and non-accredited training programs, a limitation of Holcomb-McCoy and Meyers

(1999) and Steward et al. (1998) is that self-reporting methods were used in the study. The

desire to seem competent or to appear supportive of multicultural counseling competencies (e.g.,

social desirability) during this time is not unreasonable (Constantine, 2001; Constantine &

Ladany, 2000; Sodowsky, Taffe, Gutkin, & Wise, 1994). Additionally, a limitation of Steward

et al. (1998) suggests that though respondents were not necessarily more invested in diversity,

this does not eliminate the efficacy of multicultural training. The study did not assess participant

consequences for failing to embrace multiculturalism, nor did it assess instructor bias or include

a content-analysis of curriculum. In other words, students' personal beliefs and biases may have

gone unchallenged and the curriculum may not have covered matrices of power, privilege, and

oppression in clinical practice. As a result, an unwillingness to correct students or hold them

accountable to the content may mitigate the efficacy of infused multicultural training. The mixed evidence of accreditation not yielding greater MCCs (Castro, 2017; Chao et al., 2011; Holcomb et al., 1999; Hill et al., 2013; Rogers et al., 1992; Sodwosky, 1996; Steward et al., 1998), further challenges the standardization process related to multicultural training in education. Subsequently, multicultural training may span the spectrum of infusion as some training programs may integrate multicultural content across all areas of study, while others require a single course, or may show a film, conduct a 3-hour workshop, or promote multicultural training as an optional experience that is not bound by ethical standards or multicultural guidelines. The challenge in standardizing multicultural counseling in the 1980s showcased more than accreditation concerns. There was also controversy regarding multicultural counseling training paradigms that incited conflict among multicultural counseling training educators with respect to content and what should be prioritized in multicultural counseling courses (Priester et al., 2008).

While there are many potential approaches to multicultural counseling training, two prominent approaches will be discussed. Traditionalist and multiculturalist teaching pedagogies have been used to inform counselor trainees on issues of diversity when working with clients. These approaches to training warrant discussion as they capture the evolution of multicultural training with respect to the cultural milieu. For example, systemic racism is infused in U.S. soil, so it makes up the fabric of the American experience. Race and ethnicity are visible markers used to disempower and dehumanize individuals. The primary objective of the multicultural cultural movement began with an emphasis on addressing White supremacy by de-pathologizing experiences of people of color. Focusing on race only at this time was reminiscent of an ER doctor working in a triage unit. The socio-political climate fostered urgency in addressing White

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supremacy in a therapeutic space. This was later defined as the traditionalist approach to

multicultural training. As the country evolved, visibility of other issues of diversity (e.g., sexual

orientation, gender, class, religion, ability) manifested as relevant and intersected identities

warranting visibility. As such, the multiculturalist approach was developed as an inclusive

teaching pedagogy to prioritize other issues of diversity beyond race and ethnicity. There is

debate about the efficacy of both training techniques in the literature.

Traditionalist and Multiculturalist Approaches to Training

Multicultural counseling courses are the central mechanism for disseminating

information relevant to cultural training and counselor preparedness when addressing diversity.

Diversity education is expansive and can include a narrow focus on race/ethnicity; an inclusive

focus on intersected identities (e.g., race, gender, sexual orientation, religion, ability); or capture

race/ethnicity, several intersected issues of diversity, and systemic concerns such as power,

privilege, and oppression (Samons & Speight, 2008; Smith et al., 2005). MCC courses have the

potential to be robust as instructors are allotted 3-5 months (e.g., quarter or semester teaching) to

educate their students on multicultural practice. For example, a single course may include case

conceptualization of culturally-relevant case vignettes (Constantine & Ladany, 2000;

Spanierman, Poteat, Wang, & Oh, 2008), assigned research articles (Jones, Sander, & Booker,

2013); journal writing (Mio & Barker-Hackett, 2003; Roysircar, 2004), role-playing with

culturally-specific presenting concerns (Ridley, Mendoza, & Kanitz, 1994; Rogers & O'Bryon,

2014); group projects (Pope-Davis, Breaux, & Liu, 1997), understanding culture-bound

symptoms for clinical practice, and multicultural videos (Heppner & O'Brien, 1994; Soble,

Spanierman, & Liao, 2011; Sodowsky & Taffe, 1991; Villalba & Redmond, 2008).

Multicultural counseling course content and curriculum often vary as it heavily depends on the

instructor's approach to training (Hartung, 1996; Sammons & Speight, 2008). This approach can take the form of traditionalism, multiculturalism, or some variation in between.

When the multicultural counseling movement began as the "fourth force" of the profession, racial/ethnic concerns were at the forefront of the movement (Pedersen, 1991). Though intersected issues of diversity are important (Collins, 2002; Crenshaw, 1989), White supremacy was among the prioritized and politicized issues that the counseling and psychology professions addressed in the 1980s. Therefore, there are multicultural counseling training educators that solely focus on the narratives and experiences of four groups of people (e.g., African American, Asian American, Latino American, and Indigenous Native American) at the exclusion of other sub-cultures (e.g., Sudanese, Costa Rican, Laotian, etc.). For the purpose of this study, I am defining this as the traditional-traditionalist approach. This approach may foster monolithic understandings of the four traditional groups, unintentionally erasing important cultural artifacts that warrant visibility.

Generally, the traditional paradigm centralizes the focus and discussion exclusively on race-related issues while addressing White supremacy and its insidiousness across social matrices (Lee, 2006). Traditionalists posit that replacing the conversation about race with other issues of diversity, fails to acknowledge that White supremacy is the most insidious form of oppression in the United States warranting prioritization (Lee, 2006; Lentin, 2005; Locke & Kiselica, 1999). Furthermore, traditionalists believe that the multiculturalist approach reinforces co-opting behaviors such that White individuals can take ownership of concepts, ideas, and language that erase their original meaning and purpose. This may lead to reducing race-based discussion and creating space for other identity-based forms of oppression that White individuals can relate to (e.g., sexual orientation, gender, disability, religion, etc.). Essentially, by utilizing

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a multiculturalist approach (incorporating all issues of diversity), those that hold the most power and privilege (e.g., White individuals) have the opportunity to standardize multicultural counseling competencies and curriculum that is informed by White supremacy and reinforced by the White racial frame (Elias & Feagin, 2016; Feagin, 2013; Feagin, Vera, & Imani, 1996). This means that other issues of diversity may get prioritized over race-based discussion in training as White instructors are generally less equipped to have conversations about race compared to instructors of color (Sue, Torino, Capodilupo, Rivera, & Lin, 2009).

While the multiculturalist approach is vulnerable to critique, it attempts to highlight a broad range of identities such as gender, sexual orientation, race/ethnicity, class, disability, nationality, religion, and other relevant identities (Chao, 2005; Chao, 2012; Enns, Williams, & Fassinger, 2012; Fassinger & Richie, 1997; Hope & Chappel, 2015; Pedersen, 1991; Vontress & Jackson, 2004). This approach addresses exclusion in two important ways. Multicultural counseling training is an inclusive teaching approach when providing culturally competent training to counselor trainees as it addresses the interplay between privilege and oppression while examining contextual factors across all areas of diversity (Priester et al., 2008). Secondly, the multiculturalist approach transcends dichotomous discussions about race that can exclude other individuals of color when addressing White supremacy in a U.S. context. For example, from a traditional-traditionalist perspective, the discussion may be intended to address four traditional groups (e.g., African American, Asian American, Latino American, and Indigenous Native American), yet the conversation can often lead to an interrogation of White supremacy expressed within the Black/White binary (Delgado & Stefancic, 2001, 2017). As previously mentioned, focusing only on the four traditional groups may reinforce monolithic ideals as the four groups are comprised of several subgroups. For example, Chinese, Japanese, Korean, and

Vietnamese are groups from northeast Asia while Indian, Pakistani, Bangladeshi, and Taiwanese are groups from southeast Asia. Failure to recognize these kinds of distinctions within broadly defined racial groups is a kind of erasure that can further isolate and reduce training efficacy when teaching students from a traditionalist perspective (Chang, 1993; Conwill, 2015; Davis, 1996; Delagado & Stefancic, 2001).

The traditionalist approach seems to align with aspects of CRT as the CRT-paradigm is predicated on the belief that race is *always* relevant to our day-to-day processes. Consequently, the traditionalist approach—an exclusive focus on race/ethnicity—prioritizes race over other issues of diversity in the same way CRT has in the past. Overtime, second-wave CRT scholars have extended the theory to reflect a more inclusive understanding of White supremacy's insidious effect on *all* racially marginalized individuals in this country *and* to examine how other issues of diversity may not be layered, but rather intersected (Bell, 1992; Brooks & Widner, 2010; Crenshaw, 1989; Feagin et al., 1996). In other words, second-wave CRT scholars typically reject the Black/White binary, but support CRT from the perspective that race generally matters first and foremost while recognizing the interplay between privilege and oppression (Crenshaw, 1989; Delgado & Stefancic, 2017).

Additional critiques of traditional CRT include the following: (a) the binary ignores the histories of other racial groups, thereby distorting our understanding of history; (b) CRT ignores interest convergence and thus threatens natural alliances among outsiders; especially non-Black people of color; and (c) CRT is predicated upon a false notion of "Black uniqueness." I contend that I would be remiss by not acknowledging that the history of the U.S. is riddled with experiences such as Indigenous Native genocide, Japanese internment camps, and Black African enslavement that warrant visibility and discussion. However, the Black/White binary is in fact a

unique experience that is erased by anti-Black ideals perpetuated by non-Black American people of color. A striking example of this is reflected in the 2016 election as 29% of Donald Trump's support (votes) came from LatinX Americans despite anti-immigration rhetoric that launched Trump's campaign (Khalid, 2016; Sonneland & Fleischner, 2016).   There exists a racial reality that if we do not continue to engage the Black/White binary discussion, we may run the risk of constantly usurping Black experiences and attenuating Black American identity in the same way ethnic minorities were asked to attenuate their ethnicity for whiteness in the 1700s. Some members of the LatinX community who identify as Hispanic (e.g., a title often used by White-passing or White-identifying Spanish-speaking individuals) is an example of this, but far from the only group that endorses anti-Blackness. In counseling training programs, this level of erasure—deprioritizing race and focusing on other issues of diversity—unintentionally rescues White students when they struggle to discuss race in the classroom. This approach may also promote White students' refusal to acknowledge their complicity in anti-Black oppression especially when non-Black people of color endorse anti-Black views in the space (Lentin, 2005). It is important to note that the current study is guided by the traditionalist perspective of CRT as a theoretical framework (e.g., focusing on the Black/White binary) as all participants examined in the study are White-identified, and the research reviewed and cited reflect a Black/White narrative.   The literature review focuses on White counselor trainees' response to critical race discussion and their ability to treat clients primarily of African descent.

There is value in both multicultural and traditional approaches, however, the profession's inability to determine which approach yields greater cultural competence and self-awareness of power and privilege, further challenges the standardization process with respect to multicultural counseling training. Overall, it appears that the traditional-traditionalist approach (e.g.,

monolithic representations of African American, Asian American, Indigenous Native American, and LatinX American groups) can be problematic. It also appears that the traditionalist approach excludes other intersecting issues of diversity that may foster a holistic understanding of an individual in therapy. Finally, it appears that the multiculturalist approach may deprioritize race-based discussion in training.

Though we are not any closer to a universal approach to multicultural counseling training, there has been an increase in recruitment initiatives to promote diversity in the profession. Though the profession is still predominantly White and cis-female, the increased diversity in the country as well as in counseling training programs has contributed to the myriad ways multicultural education and training are integrated in training programs. In response to this increased diversity, there has been a shift in classroom dynamics and an increase in multicultural counseling competencies expectations in the classroom (Constantine, 2002; Hays, 2008; Hill, 2003). With increased diversity of identities in college classrooms, an increase in tense interactions between White and non-White trainees exists as multicultural counseling training becomes more pervasive in the U.S. This calls for a higher degree of trainee competency in master and doctoral-level training programs.

Race-Based Competencies in Counseling in the Classroom.

As classrooms have become increasingly diverse, racial discourse remains a point of contention for educators across various disciplines (e.g., counseling, psychology, student affairs, etc.). Racial discourse is central when training White students to develop a culturally competent lens (Sue & Constantine, 2007; Sue et al., 2009; Sue, Rivera, Capodilupo, Lin, & Torino, 2010). Kiselica (1998) reported that students who enter into graduate counseling programs may be at the early stages of cross-cultural development and may have an insufficiently developed

multicultural understanding of diverse clients. Sue and Constantine (2007) further detail the insidious nature of microaggressions and their influence on racial discourse in higher education. They suggest that difficult racial dialogue is likely thwarted due to microaggressions and the insidious nature of their presence. Furthermore, it has been observed that educators attempt to avoid racial discourse to maintain neutrality as evidenced by color-blind racist practice (Neville et al., 2000). Complicity in stifling dialogue only leads to tension and has devastating consequences in the classroom; the relationship between educator and student inevitably suffers (Ladson-Billings, 2003; Sue et al., 2010). This stifling of dialogue directly contradicts recommendations that counseling programs should strive for more classroom diversity to foster multicultural competence and development (Abreu, Chung, and Atkinson 2000). Kelly and Gayles (2010) also suggest that graduate students must have conversations about culture and diversity to be prepared for multiculturally demanding positions.

Sue and colleagues (2010) conducted a study examining how White trainees perceive, interpret, and react when race-related discourse arises in a college classroom. Employing a qualitative approach, the investigators used focus groups to elicit an interactive environment that fosters dialogue and is amenable to observation. All participants were recruited from a graduate counseling psychology program, yielding a predominantly White sample of twelve (12) master students and two doctoral students. Three main themes emerged in this study: (a) global perspectives associated with race and racial dialogue; (b) specific reactions to racial disclosures; and (c) classroom strategies or conditions that proved helpful and unhelpful in facilitating dialogues (Sue & Constantine, 2007; Sue et al., 2010). The first theme represents a denial and influence of the American system of Whiteness and a failure to take ownership of one's White privilege. Additionally, respondents endorsed colorblind racist ideology. The second theme

represents the various reactions of participants as race-related discourse unfolded in the classroom. For many, they experienced physiological consequences (e.g., heart palpitations) due to anxiety, emotional reactions (e.g., sadness and cognitive dissonance), and cognitive responses (e.g., intellectualizing) that precluded them from having an emotional investment in the conversation. The final domain represents respondents' observations of "successful" and "unsuccessful" discourse. For example, many articulated that validation of race-related experiences (e.g., instructor recognizing and naming the racial tension between students), productive facilitation of the discussion (e.g., instructor recognizing and validating the feelings being expressed in the classroom), and modeling (e.g., instructor showing students how to engage in critical race discussion) fostered productive discussion. While an unproductive approach stemmed from passive facilitation and avoidance by the instructor. Overall, the themes showcase that when students feel anxiety, helplessness, and fear of being misunderstood, there is a tendency to thwart conversation by enacting silence and defensiveness. When instructors model with openness, humility, and authenticity, trainees are more inclined to engage in the discussion. This study reifies the importance of multicultural training in the classroom while showcasing instructor buy-in and how that affects student learning outcomes with respect to multicultural training.

Sue and colleagues (2009) also conducted a study a year prior that paralleled their 2010 study with the exception of the sample they recruited. In the 2009 study, all participants, recruited held at least a bachelor's degree and were currently enrolled in a graduate program. In this study, the sample was exclusively comprised of individuals of color. The purpose of the study was to understand how students of color perceive the relationship between microaggressions and race-related dialogue when receiving education at a predominantly White

institution with predominantly White educators. The investigators used focus groups to ascertain the experiences of their participants. The following themes emerged: (a) racial microaggressions as precipitators of difficult dialogues; (b) reactions to difficult dialogues; and (c) instructor strategies for facilitating difficult dialogues. The initial theme represents critical microaggressive behavior that foster challenges when engaging in race-based discussions (Sue et al., 2009). For example, respondents had a collective experience of being assumed to be criminals as the White students in the room became hypervigilant with belongings; others experienced assumed incompetence when White students would speak for them by reexplaining concepts that had already been well articulated by the student of color. The second theme represents cognitive, behavioral, and emotional reactions to race-based dialogue. Some participants reported having internal dialogue in the moment by conducting a cost-benefit analysis of participating in the discussion by disagreeing with the instructor or calling out a microaggression (Sue et al., 2009). Others reported conflict about having to change behavior to adjust to the racial climate of the classroom. Additionally, respondents reported experiencing strong emotional reactions such as "incensed," "angry," "insulted," and "anxious." The final theme that emerged represented strategies employed that were counterproductive and strategies that were used to resolve racial tension. Participants reported helpful strategies such as legitimizing the discussion, prioritizing race-based dialogue, validating, and affirming the narratives of people of color (Sue et al., 2009). While less productive strategies included avoiding the conversation (e.g., instructor minimizing or completely disregarding the racial tension in the room), minimizing microaggressions (e.g., instructor giving White students the benefit of the doubt when microaggressions are enacted in the classroom), and invalidating narratives of color (e.g., instructor playing devil's advocate in response to a person of color who

shares their racial narrative). Overall, the study illustrates the importance of race-based

discussion and the facilitation of it when working with college students in graduate programs.

Not only does this body of research reaffirm multicultural counseling training for trainees, but it

holds instructors accountable to facilitate the discussion in productive ways to reduce student

suffering, particularly students of color. Both studies reify how instructor buy-in yields higher

levels of multicultural training as they have the autonomy of designing the course and

disseminating information that is relevant to multicultural training (Sue et al., 2009; Sue et al.,

2010).

A more recent qualitative study was conducted on 20 master-level students of color

enrolled in a multicultural counseling course (Seward, 2014). In this study, several themes

emerged regarding the curriculum, teaching pedagogy, and classroom climate. Students tended

to be unsatisfied with course breadth and depth (e.g., course content was superficial and lacked

facilitation of deep discussion regarding power, privilege, and oppression). Participants desired

to learn more about systemic concerns than a superficial review of all ethnic groups in

counseling. Additionally, participants reported viewing their White colleagues as insulated and

lacking in cultural knowledge regardless of their cross-racial contact. Classroom climate was

also observed and reported; participants articulated feeling misunderstood, isolated, and victims

of stereotypes when race-based discussion occurs (Seward, 2014). This experience is not

uncommon for students of color as their White counterparts may be new to race-based content

and dialogue. For example, Thompson and Neville (1999) reported that White counseling

psychology graduate students felt shame, guilt, and sadness upon learning of their White

privilege and how that affects their role as a future clinician. Similarly, White students may also

feel confusion, a sense of entrapment, and threatened self-esteem (Pinderhughes, 1989). Helms

(1995) posited that White racial identity salience is key in understanding counselor trainees' engagement in race-based discussion in the classroom. A more in-depth discussion of White privilege as it relates to White racial identity will be explained in a later section of this chapter, titled White Privilege in the Counseling Profession.

Another recent study illustrates several ways that defenses may get in the way of White trainees developing multicultural counseling competencies in the college classroom. Qualitatiave work by Pieterse, Lee, and Fetzer (2016) yielded the following themes as they investigated student responses to multicultural training. In this study, 131 graduate students enrolled in community mental health; counselor education, counseling psychology, or school counseling were examined. Of the participants, 68% identified as White, 15.3% identified as Black, 11.5% identified as Asian or Pacific Islander, 5.3% as LatinX, and 6.1% identified as "other." Participants were asked to respond to five open-ended questions that were designed to get students to think broadly about their experiences in the multicultural counseling course. Impact of classroom diversity, representing one's racial group, having intense emotional experiences, safety impacting course experience, and personal/professional growth were five relevant themes that represented participants' experiences. With respect to the first theme, impact of classroom diversity, White participants reported feeling vulnerable and uncomfortable as well as feeling curious and anticipating learning from the experiences of people of color. It appeared that a White participant was concerned about the students of color feeling out of place or being tokenized. Another White participant reported that it would have been harder to be vulnerable if there had been more people of color in the class. This suggests that increased racial diversity yields an emotionally unsafe environment for White students (Pieterse et al., 2016). Representing one's racial group emerged as the second theme that resonated with White

participants in that they tended to express feelings of being attacked or targeted in the course. A White participant specifically reported that "there was a lot of 'white-bashing' initially from a few very vocal and attention-seeking individuals." Another White participant reported feeling like it was unfair to lump all the White people in a single category of "oppressors." The third theme, having intense emotional experiences, was experienced by White participants that communicated feeling shame/guilt about their privilege, feeling attacked and targeted, as well as feeling overwhelmed. The fourth theme, safety impacting course experience, was communicated by White participants that felt unsafe due to the professor's approach or paradigm when teaching the course. For example, a White participant reported that the instructor let outspoken students dominate the conversation in a hostile and aggressive manner. Another White participant reported having an issue with the professor who was reactive and argumentative. Per this study, it seemed that White participants were affected by the instructor's classroom behaviors in establishing safety; having an expectation of comfort and conflating that with safety. The final theme, personal/professional growth emerged as a reflection of White participants' takeaway from the course. One White participant articulated feeling like they had a deep learning experience and felt more comfortable having conversation in class despite the content being challenging. Overall, these qualitative data suggest that though multicultural counseling courses can foster personal and professional growth, there appear to be defenses that may get in the way of engaging in difficult dialogue as well as exhibiting cultural competence in the classroom.

A more robust study was conducted in 2009 that examined counselor trainees' reactions to difficult dialogue over the course of three years. Watt and colleagues (2009) conducted a qualitative study on nine White female students whose ages ranged from 22-43 years of age, and who were also in their first year of graduate studies. A 15-week multicultural counseling course

was used to assess group responses to difficult dialogue about racism, heterosexism/homophobia, and ageism. Eight domains, or emerging themes from the study include the following: (a) denial, (b) deflection, (c) rationalization, (d) intellectualization, (e) principium, (f) false envy, (g) minimization, and (h) benevolence. The most infrequent or variant responses were under the principium domain (avoiding exploration on the basis of religious or personal principles) and the minimization domain (reducing the magnitude of a social or political issue down to simple facts). What appeared to be a general response was denial, deflection, rationalization, and benevolence. For the purpose of the current study, reactions to racism (Watt et al., 2009) will only be discussed as reactions to other issues of diversity (e.g., sexual orientation, gender, and class) were also measured. In the case of denial, all participants in the study expressed anger and struggled to accept the reality of the existence of racism. In the case of deflection, all but one participant initiated this response to avoid self-reflection about their own participation in racism. Rationalization was expressed by all participants with respect to all aspects of oppression examined in the study. Regarding racism, one participant indicated that poverty for immigrants is a choice, and not an outcome of systemic racism due to immigrant inability to speak good English. The final domain that emerged for all, but one participant, was related to benevolence (displaying an overly sensitive attitude toward a social or political issue because of feelings of charity). For example, one participant, socialized to dislike Black individuals by a grandparent, reported not picking out a Black Cabbage Patch Doll because she thought she should leave for a Black girl to have. In sum, Watt and colleagues (2009) represent a line of research that addresses counselor trainees' defensiveness when engaging in difficult dialogue with respect to issues of diversity. This research lends more information on reactions coming from trainees that

hold a position of privilege as all participants identified as White and female; individuals that reflect the broader demographic makeup of the counseling psychology profession.

Watt et al. (2009) and Pieterse et al. (2016) capture White reactions to critical race dialogue and highlight how defenses can thwart the kind of change that is required to develop multicultural counseling competencies. As suggested by previous studies (Seward, 2014; Sue et al., 2009; Sue et al. 2010), instructor buy-in is critical to promoting and prioritizing critical race discussion with an informed and decolonized lens when working with White students that struggle to effectively engage in race-related dialogue. This speaks to the larger systemic issue of White dominance in the profession. It is one reason why the multicultural counseling movement began, and it persists as the profession continues to develop requirements that reflect culturally competent curricula and practice.

Current Course Requirements and Curricula

Identified as the "fourth force" over 20 years ago in the counseling profession (Pedersen, 1991), multicultural counseling training has become a critical form of training in counseling psychology and counselor education (Pieterse et al., 2016). Sue and colleagues' (1982) position paper on cross-cultural counseling competencies serves as a major impetus for prioritizing multicultural awareness, knowledge, and skills. Formal acknowledgement of this work by APA (APA, 2016), ACA (ACA, 2014) and CACREP (CACREP, 2009) has not only reinforced the significance of multicultural counseling and sensitivity but has led to increased training in counseling and psychology programs. Beginning in 1979, specific diversity-related curriculum was required for reaccreditation at the graduate level (Altmaier, 2003). Subsequently, in 1992, a study conducted on APA-approved counseling psychology courses revealed that 87% offered at least one diversity course and that 59% required students to take at least one multicultural class

(Hills & Strozer, 1992). By the late 90s, 89% of all doctoral programs in counseling psychology and counselor education required a multicultural counseling course (Ponterotto, 1997). Today, per APA and CACREP standards at the graduate level, a single multicultural counseling course is required for trainee program completion and accreditation expectations.

Required multicultural courses employ various methods used to educate trainees and prepare them for future practice in the profession. For example, Pieterse and colleagues (2009) conducted a descriptive content analysis of 54 diversity-related and multicultural course syllabi from several ACA-accredited counseling and APA-accredited counseling psychology programs. The study examined multicultural competence and social justice orientation in curriculum and the delivery of such content. Areas of focus included, but were not limited to, multicultural concepts with an emphasis on racial identity, racial/ethnic groups, racism, individuals that identify as elderly, disabled, homeless, and women, LGBTQ populations, gender-related issues, immigration, social class, spirituality, oppression, social justice concepts, and multicultural organizational development (Pieterse et al., 2009).

To assess competencies in the aforementioned areas, instructors assigned various tasks, including autobiographical reflections, watching films that capture diverse experiences, participating in an event/experience that requires exposure with another culture or group that is different, completing research in a diversity-related area, completing journal reflections, conducting a course self-assessment, participating in a conscious-raising exercise, completing an intake form, engaging in a group project, online discussion, class presentation, or class facilitation, and the more traditional forms of assessment such as quizzes and exams on course content (Pieterse et al., 2009). In addition to course curricula, several studies support the use of a single-course format that incorporates multicultural curriculum in counselor training programs to

help students gain knowledge about culturally different groups, examine their biases, and develop multicultural skills.

Efficacy of a Single Course

With the inception of seminal work from Sue et al. (1992) defining multicultural competency, accredited training programs are required to provide multicultural training (typically in the form of at least a single course) for instructional intervention. Though there is not consistency or standardized instruction regarding multicultural education (Fier & Ramsey, 2005; Perlman & McCann, 1999), the research is robust in providing evidence of increased multicultural counseling competency from single-course participation in training programs (Castillo, Brossart, Reyes, Conoley, & Phoummarath, 2007; Greene, Barden, Richardson, & Hall, 2014; Griner & Smith, 2006; Kim & Lyons, 2003; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998; Tomlinson-Clarke, 2000).

Malott (2010) conducted a review of the research addressing multicultural counselor training in a single course to provide clarity and future direction in training and research practices. The single multicultural counseling course lasted approximately 15 to 17 weeks. Single-course multicultural training efficacy was demonstrated using quantitative methods to examine self-report outcomes of multicultural awareness, knowledge, and skills after completing a 15 to 17-week multicultural counseling course. The next several paragraphs highlight a selection of studies referenced in Mallot (2010). These studies have been selected as they capture the efficacy of a single multicultural counseling course.

Parker, Moore, and Neimeyer (1998) conducted a quantitative study that examined the impact of multicultural training on the development of White racial identity and interracial comfort. They conducted the study on the basis of two assumptions regarding White counselor

trainees. They assumed White trainees have had little thought about multicultural issues, and

that White counselor trainees are unaware and potentially naïve about experiences of people of

color. One hundred and sixteen White counselor trainees in a counselor education graduate

program participated. Of the total sample, 85 identified as women whereas 31 identified as men.

The mean age was 28.5.   Half of the participants were enrolled in a 15-week multicultural

course while the other half had not yet taken the course. Those that did not take the course

(control group) received training in basic counseling skills and interventions. White racial

consciousness and interracial comfort were assessed. White racial consciousness was assessed by

utilizing the White Racial Consciousness Development Scale (WRCDS; Claney & Parker, 1989).

Interracial comfort was assessed by utilizing the Interracial Comfort Index (ICI; Claney &

Parker, 1989). In addition to the WRCDS and ICI, demographic information was collected, and

the 15-week multicultural course was used to examine the impact of a multicultural training on

the development of White racial identity and interracial comfort. The multicultural counseling

course was comprised of three major components: (a) personal awareness and growth; (b)

cultural knowledge; and (c) cross-cultural skills and sensitivity training. Emphasis on personal

awareness and growth was meant to facilitate trainees' understanding of their racial socialization

(e.g., the origin of their personal attitudes and feelings toward ethnic minorities). The White

Racial Consciousness Model (Helms, 1984) was presented in the course and aspects of the stages

were presented through videos to help students explore their White racial identity. Additionally,

speakers were asked to talk about their culture and racial identity development. Lastly, students

were given a cross-cultural skills and sensitivity training to prepare them for clinical practice

when working with clients of color. Role-plays were conducted to simulate a cross-racial

therapy session. Pre-test and posttests of the WRCDS and the ICI were administered to assess

differences between participants that were enrolled in the 15-week multicultural course and those

that were not prior to and after course completion. Per the findings, White counselor trainees'

White racial consciousness increased as a result of participating in the multicultural course in the

areas of *Contact, Pseudo-Independence,* and *Autonomy* (WRCDS). Additionally, interracial

comfort was significantly increased as well due to course completion.

These findings are consistent with Neville and colleagues (1996). Neville and colleagues

(1996) examined 38 students (28 women and 10 men) enrolled in a graduate level multicultural

therapy course. The course was unique in that it was taught from a traditionalist perspective

(e.g., race and ethnicity were only discussed) and it was not required by the department.

Instruments used for pre-test and posttest analyses in the study include; (a) Multicultural

Awareness, Knowledge, and Skills Survey (MAKSS; D'Andrea et al., 1991); White Racial

Identity Attitudes Scale (WRIAS; Helms & Carter, 1990); Guided Inquiry (GI; modified from

Heppner & O'Brien, 1994); and a demographic questionnaire. Quantitative analyses were

conducted to discover pre-test/posttest differences between two groups—students that completed

the multicultural course and those that did not. Qualitive analyses were conducted to understand

student narratives captured from the Guided Inquiry. This mixed-method study suggests that

completion of a 15-week multicultural counseling course increased trainees' multicultural

therapy competencies (e.g., *Knowledge, Awareness,* and *Skills*). In terms of White racial

identity, there was a significant increase in two subscales (e.g., *Autonomy* and *Pseudo-*

Independence) while there was no difference in *Contact, Disintegration,* and *Reintegration.* Both

results reflecting multicultural counseling competence and White racial identity remained stable

at a 1-year follow-up. Pretest and posttest scores were assessed for interaction effects between

multicultural counseling competence and White racial identity. The findings indicate that higher

levels of *Pseudo-Independence* and *Autonomy* reflect stronger associations to *Knowledge* and Awareness while there was no difference in *Skills.* An additional finding—via narratives gathered from the guided inquiry process—supported the recommendation of speakers and panels as a method for conveying multicultural content in a multicultural course (Heppner & O'Brien, 1994).

Similarly, Brown, Parham, and Yonker (1996) reported positive outcomes on White racial identity attitudes at the intersection of gender when 35 White graduate counselor trainees enrolled in a 16-week multicultural counseling course. Of the 35 participants, 25 identified as female whereas 10 identified as male. The White Racial Identity Attitude Scale (WRIAS; Helms & Carter, 1990) was used to examine aspects of White racial identity (e.g., *Contact, Disintegration, Reintegration, Pseudo-independence, and autonomy*) with respect to multicultural counseling competence. Demographic information was also collected. The 16-week multicultural counseling course was used as an intervention tool in this study. The WRIAS was given at the beginning of the semester and at the end (pre-test/posttest method) to determine any differences between male and female groups and explore an interaction effect with respect to the multicultural counseling course. The course included three phases: (a) self-awareness, (b) knowledge of five ethnocultural populations (e.g., Black American, Asian American, Indigenous Native, American, LatinX American, and White American), and (c) development of preliminary skills to counsel diverse clients (Brown et al., 1996). Self-awareness was designed to promote self-exploration and facilitate student understanding of their biases and prejudices about clients of color. Knowledge was designed to promote understanding of racial/ethnic individuals through the use of speaker-led narratives. Speakers were invited to the class to share their racial socialization experiences. Skill development was the last phase of the course; this phase was

designed to help students develop their own racial identity stages of development and understand the impact of their present stage when working with clients of color. With respect to the findings, women seemed to endorse more positive White racial attitudes (e.g., *Disintegration and Pseudo-Independence*) than their male counterparts independent of course completion. Disintegration is a stage in the WRIAS that captures White guilt. In this stage, White participants that work with clients of color tend to over-identify with the racial/ethnic minority group and exhibit guilt or shame about their whiteness. Guilt is presumed to be a positive aspect of Whiteness per White studies research (DiAngelo, 2018). When guilt leads to remorse, White individuals tend to channel remorse into action and advocacy. The other statistically significant variable was *Pseudo-Independence*. This is a stage in the WRIAS that captures White liberalism. Participants at this stage have some multiracial interactions and cross-racial contact tends to increase. This stage is meant to capture positive aspects of whiteness as participants are open to cross-racial contact and tend to reject racial stereotypes. The difference in gender (main effect in the study) is consistent with studies in the field that address psychosocial costs of racism to Whites (Pinterits et al., 2009; Spanierman et al., 2004; Spanierman et al., 2008).

Additionally, Murphy, Park, and Lonsdale (2006) conducted a study on 12 master-level students enrolled in a marriage and family therapy program. All participants were White women enrolled in a 16-week multicultural counseling course. In this study, the Multicultural Awareness-Knowledge-and Skills Survey (MAKSS, D'Andrea et al., 1991) was used to measure participants' perceptions of their multicultural counseling awareness, skills, and knowledge. Pre- and post-tests were given, and the results indicate that students significantly increased their multicultural knowledge, skills, and awareness after taking a single, semester-long course.

With respect to implicit racial prejudice, Castillo and colleagues (2007) conducted a longitudinal study over the course of three years on 84 counseling graduate students, 65 of whom identified as White and 67 of whom identified as female. Multicultural counseling competency was measured with the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994), and implicit racial bias was measured with the Implicit Association Test (Race IAT; Greenwald, McGhee, & Schwartz, 1998). Participants enrolled in the 15-week multicultural counseling course were part of the treatment group, while the other participants enrolled in the counseling foundations class were in the control group (comparison group condition). Students were given a packet that included a demographic questionnaire and the MCI to take prior to beginning their respective courses. They also completed the Race IAT at the beginning of the semester as a part of pre-test procedures. The 15-week multicultural counseling course was meant to: (a) increase self-awareness of culturally learned assumptions; (b) develop knowledge of an appreciation for histories, customs, and traditions of Black American, Asian American, LatinX American, and Indigenous Native American communities; and (c) develop the ability to skillfully match appropriate interventions with clients from culturally different backgrounds. As such, course content was gleaned from films, lectures, and narratives from culturally diverse speakers. Posttests of the MCI and Race IAT were given at the end of the 15 weeks. The results of this study demonstrate that those that completed the 15-week multicultural counseling course showed an increase in multicultural self-awareness compared to participants that did not take the course, and participants in the treatment group showed greater reduced implicit racial prejudice.

In a more recent study, Chao et al. (2011) conducted a quantitative study on 370 (82% female; 17% male) psychology trainees to examine the effects of multicultural training on

race/ethnicity and colorblindness. Most of the participants, White (69%), found that multicultural counseling courses were effective in increasing participant's knowledge, but not their awareness. Chao and colleagues (2011) speculate that the lack of increase in awareness in White trainees may reflect a broader issue related to White privilege and limited cross-racial negotiations. For example, White trainees can remain insulated and within the confines of their dominant racial identity. Furthermore, their privilege precludes them from being aware of and/or recognizing microaggressions when they occur.

Finally, Kennedy, Wheeler, and Bennett (2014) conducted an exploratory study examining the effects of increased student diversity in a predominantly White classroom on multicultural counseling competence (awareness, knowledge, and skills), as well as the efficacy of a single multicultural course for counselor trainees. Thirty-five students (31 women and four men) were enrolled in one of two graduate-level, multicultural counseling courses with varying class composition with respect to diversity. One class was predominantly homogenous while the other was mostly heterogenous. In the homogenous class, the student demographic was 95% female and one male, and 89% White apart from two participants of color. Additionally, all but one participant identified as heterosexual. In the heterogenous class, the student demographic was 81% female and 13% male, 69% White and 31% participants of color—100% heterosexual (Kennedy et al., 2014). The MAKSS-C (D'Andrea et al., 1991) was administered as both a pre- and posttest. Though there seems to be an increase in multicultural counseling competence after taking a 15-week multicultural counseling course, the composition of the course did not significantly influence greater multicultural counseling competence (Kennedy et al., 2014). This is relevant as cross-racial contact is hypothesized to be a motivator for greater understanding of diverse experiences (Allport, 1954; Pettigrew & Tropp, 2000). The investigators speculate that

the lack of influence had to do with the number of students in the course, and the predominantly large number of White individuals that participated. They recommend replicating the study with a larger sample size and a more diverse representation of students allocated to the "heterogenous" group to yield a greater understanding of cross-racial contact (Kennedy et al., 2014). Alternatively, a multicultural counseling course may not be an environment that fosters opportunities to meet the conditions of Allport's hypothesis.

In the current study, the single course used to predict multicultural counseling competence, White privilege awareness, and cross-racial contact is as CRT-oriented course that emphasizes race and systemic racism. More specifically, the department course is formatted to prioritize race from a traditionalist approach to multicultural training. The syllabus is formatted with a shell or standardized curriculum that all faculty who teach the department multicultural counseling course must integrate. As such, participants who took the CRT-oriented multicultural counseling course were required to read texts relevant to race and ethnicity (e.g., *Overcoming our Racism: The Journey to Liberation*; Sue, 2003; *Medical Apartheid;* Washington, 2006). Course objectives include: (a) enhance participants' awareness of group and individual differences impacting the counseling process; (b) enhance participants' knowledge, skills, attitudes, and sociopolitical awareness of race and other attributes for more effective work with diverse populations; (c) examine multicultural and pluralistic trends, including characteristics and concerns within and among diverse groups with an emphasis on race; (d) better understand the effects of racism, discrimination, power, privilege, and oppression on individual lives and the life of clients; (e) better understand the effect of and advocate for local, state, and national policies, programs, and services that are equitable and responsive to the needs of diverse populations; and (f) develop a historical perspective regarding systemic oppression of racial

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minority populations in the United States. Major topics include: (a) history and definitions of

multiculturalism; (b) race and ethnicity as cultural determinants; (c) privilege and oppression; (d)

racial identity models; (e) cross cultural counseling skills; and (f) microaggressions and barriers

to cross cultural counseling. A class paper on counseling techniques for specific populations is

assigned with primary learning outcomes that students should demonstrate in the paper. Those

learning outcomes include: (a) comparing the demographic statuses of different U.S. racial

groups; (b) discussing similarities and differences within and between racial groups; (c)

explaining values and areas of importance typically associated with the racial group studied; (d)

describing current issues disproportionately affecting the racial group studied; and (e) identifying

and explaining specific techniques for effective work with the racial group studied. The

department CRT-oriented course curriculum reflects the traditionalist paradigm when teaching

counselor trainees multicultural counseling competence. Though there are references to other

issues of diversity (e.g., sexual orientation, gender, class, and religion), there is an overarching

prioritization of race, ethnicity, power, privilege, and White supremacy.

In this section, all seven studies reviewed reflect a consistent finding that a single

multicultural counseling course has some effect on multicultural counseling competence. The

variables examined in individual studies included multicultural counseling awareness,

multicultural knowledge, multicultural skills, color-blind racial attitudes, aspects of White racial

identity development, and reduced implicit racial bias. In the five studies that examined

multicultural counseling awareness, all found a significant effect between a 15-17-week

multicultural counseling course and increased multicultural awareness. In the five studies that

examined multicultural counseling knowledge, three found a significant effect between aspects

of White racial identity development (e.g., *Pseudo-Independence* and *Autonomy*) and increased

multicultural knowledge. In the one study that examined color-blind racial attitudes, the investigators found a significant effect between lower color-blind racial attitudes and greater multicultural counseling competence overall. In the three studies that examined White racial identity, all three found a significant effect between *Pseudo-Independence* and *Autonomy*; as well as a significant effect due to the 15-week multicultural counseling course. In the one study that examined implicit racial bias, the investigators found a significant effect between reduced racial bias and the 15-week multicultural counseling course. With respect to Kennedy et al., (2014), class composition (contact) did not have an overall effect on cultural competence. This is speculated to be the outcome of a homogenous classroom of White individuals. This finding may suggest that cross-racial contact has predictive value in the counseling/counseling psychology profession and requires more research to determine its relevance on graduate counselor trainees.

Conclusion

The multicultural counseling movement represents a dynamic shift in the way ACA and APA standardize practices in the profession. A prioritization of the movement was represented in training processes across the country as training programs were required per accreditation standards to include multicultural training. APA and CACREP accreditation in counseling and psychology programs promote standardization and tangible benchmarks that must be met to ensure sustainability and appropriate training. Though this initiative created a blueprint for multicultural training and practice, there are varied schools of thought regarding multicultural training and how that should be implemented. Some training programs with a traditionalist perspective emphasize power, privilege, and oppression to help trainees develop competence from a global and systemic perspective with an emphasis on race and ethnicity (Pieterse et al.,

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2009). Other training programs with a multiculturalist perspective take a similar systems-approach, but with an emphasis on all issues of diversity such as race, gender, class, sexual orientation, and religion. This school of thought posits that the traditionalist approach overemphasizes race and ethnicity over other dimensions of diversity (Ratts & Pedersen, 2014, p. 27). In other words, multiculturalists believe that a race-only focus ultimately minimizes intersectional aspects of identity that transcend unidimensional qualities (e.g., multicultural training lens; Pieterse et al., 2009). While the traditionalist approach runs the risk of erasing other issues of diversity, the multiculturalist approach may lead to unintentional usurp of race-related concerns that foster avoidance and deflection. Finally, there are training programs that provide no significant contribution to multicultural training as effective multicultural training requires instructor buy-in. For some training programs, instructor buy-in is not present. There is a subculture of professionals that represent a dissenting opinion about the utility of the multicultural movement and the overall benefits of its inclusion. For example, some professionals believe multicultural training is too complicated and unrealistic to integrate in training programs. Others think it represents reverse racism, unfair quotas, and anti-whiteness. There is also the belief that due to the challenges of standardizing multicultural training in all programs, it cannot be taken seriously (Ratts & Pedersen, 2014, p. 27).

Overall, the multiple perspectives of the multicultural movement challenge continuity of training and practice in the profession. This is exemplified by difficulty in classroom discourse when dimensions of diversity are at the forefront of the discussion in training programs (Seward, 2014; Sue & Constantine, 2007; Sue et al., 2009; Sue et al., 2010). Moreover, when race-related content is prioritized, it challenges the discussion in unique ways such that White trainees report feeling attacked, targeted, and unsure of how to contribute to the discussion without saying

something wrong (Sue et al., 2009; Sue et al., 2010). Though not much research has been done on trainees of color, we have also learned that their experiences include feeling tokenized and disenchanted by the superficial nature of multicultural counseling courses facilitated by instructors that fail to critically interrogate power, privilege, and oppression in training (Seward, 2014; Sue et al., 2009). This misstep reinforces the challenge of consistency in training programs as multicultural counseling course curricula are developed by each instructor and heavily depend on their investment in multicultural training.

Multicultural course curricula include journal reflections, film that capture diverse experiences, panel presentations that include diverse narratives, experiential activities that require immersion exercises and reflections, and other types of student-led facilitation and class presentations (Pieterse et al., 2009). With a breadth of activities, counselor trainees get exposed to robust training and materials that are used to foster their multicultural training experience. The data show course curricula provided in a single multicultural counseling course support development of positive multicultural counseling competence outcomes such as multicultural counseling competence, aspects of White racial identity development, color-blind racial attitudes, cultural awareness, and reduced implicit racial bias. Though this has been established through research, single-course offerings may yield positive outcomes with minimal effect. For example, a single multicultural counseling course may include content that some counselor trainees have never been exposed to. This means these students may be at the early stages of cross-cultural development (Kiselica, 1998). This limitation makes it challenging for a single-course format to be sufficient in training students to think critically about power, privilege, and oppression in the profession. Sustaining what is discovered in a single multicultural counseling course may be harder when students are at the early stages of development; vulnerable to

regression. For example, the beginning stages of identity development can be difficult to stabilize. Most individuals experience reverting back to long-standing customs and habits. With respect to multicultural counseling competence, White racial identity, color-blind racial attitudes, cultural awareness, and implicit racial bias, it may be challenging to maintain new information if a single course is the extent to which trainees garner knowledge and awareness. Most of the studies reviewed and conducted in the field are pre-test/posttest, control/treatment group models that examine differences based on participation in a 15-17-week course. Longitudinal studies may provide more data on the sustainability of a single-course format. Despite these limitations, it is true that accreditation standards that require at least one multicultural counseling course have contributed to greater multicultural counseling competence outcomes. It may also benefit the accreditation process to include more integrative multicultural training that transcends the single-course format.

In addition to holding the broader system of our profession accountable to effective multicultural training techniques, cross-racial contact is a widely researched concept in the social psychology literature. As discussed, there was only one study that began to look at class composition in a single multicultural course to understand substantive and superficial cross-racial contact. This is another example of limited investigation in the counseling psychology profession. Cross-racial contact may be valuable in counseling psychology as a major objective of the profession is to provide safe and validating environments that foster productive interpersonal contact.

Intergroup Contact

Intergroup contact is a widely studied area in the social psychology literature that gained momentum as early as the 1940s. Due to the nature of contact and how to study its predictive qualities, much of the research is legitimized by experimental designs that capture its value.

The breadth of literature on intergroup contact provides a comprehensive understanding of how contact can reduce bias and racial prejudice. Gordon Allport's work on intergroup contact illuminated how meaningful contact with diverse groups of people may lead to successful interracial relationships and cross-cultural experiences that help reduce racial bias and prejudice (Allport, 1954). In the beginning stages of his theoretical framework, he and other social psychologists discovered through extensive experimentation that contact alone (superficial proximity to out-group members) is insufficient for creating meaningful cross-cultural experiences, and thus proposed four conditions that must be met. Together these conditions have been identified as Allport's contact hypothesis.

Allport's contact hypothesis states that face-to-face contact between distinguishable and defined groups of difference in situations that include optimal conditions, will improve attitudes and behaviors towards diverse others (Pettigrew & Tropp, 2000). The following sections illustrate how Allport's contact hypothesis has been legitimized through research in the social psychology field and discuss its relevance in the counseling psychology profession.

Allport's Contact Hypothesis

Allport emphasized that there was no simple relationship between contact and out-group evaluations, therefore outlining a taxonomy of relevant factors that capture the "nature of contact" (Allport, 1954; Islam & Hewstone, 1993). The four conditions required for meaningful cross-cultural experiences include the following: equal status, interdependent working

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relationships, institutional/authority support, and meaningful face-to-face interaction between both groups. Equal status suggests that both dominant and marginalized groups must believe the interaction is equitable and free of real or imagined hierarchy. The social reality of this concept can be challenging particularly in racially charged climates that emphasize disparities across several areas such as education, employment, wages, and rights. Though rare, perceived equity can be achieved in contexts such as sport teams in that individuals are bound by a collective outcome to win. The second condition, interdependent working relationships, suggests that, similar to the aforementioned example of sportsmanship, individuals working collectively to achieve a common goal will cultivate cross-racial relationships as they depend on each other to achieve a distinct goal that contributes to the collective good. For example, when individuals are assigned to specific work teams at their place of employment and the outcome is student retention, the objective is to increase retention by serving students in various ways. Each member on the work team is inevitably assigned a specific task that is meant to foster student retention as the overall outcome. This means that each member of the work team has to trust and depend on their colleague to complete their designated task. The third condition, institutional support, suggests that trust and dependency must exist for members to gain something meaningful from the cross-racial relationship. For example, with respect to segregation and Jim Crow laws in America's history, Black individuals were legally sanctioned when using a "White's Only" restroom or drinking fountain. There is no institutional trust (third condition) that is present as there is inherent inequity (first condition) that exists in a "separate but equal" paradigm. Furthermore, the institution to which we are referring, the Supreme Court, at that time served to protect segregation and cross-racial tension. When individuals are legally bound by the United States to engage only in suboptimal conditions and service, the first condition (equal

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status) of Allport's hypothesis can never be met, thus precluding any chance of meeting the other conditions. The final condition, face-to-face interaction, suggests that meaningful cross-racial contact is significant and substantive, to the extent that possible friendship may develop over time. In other words, Allport's hypothesis stipulates that cross-racial contact is not meant to be superficial and infrequent. Overall, the contact hypothesis posits that implicit and explicit biases that lead to generalizations based on incomplete information should be reduced as individuals learn more through contact and direct exposure about the groups of individuals towards whom they hold negative attitudes.

More recent research has been conducted in an effort to operationalize Allport's contact hypothesis in various contexts such as: (a) neighborhood integration; (b) military involvement; (c) global racial/ethnic conflict; and (d) socio-political movements and collective action. The next sections also discuss the efficacy of Allport's hypothesis to offer critiques and suggestions for future research that seek to explore its predictive value on prejudice and racial bias reduction.

Empirical Research on Intergroup Contact Theory

Pettigrew and Tropp (2006) conducted a meta-analytic study examining research support for intergroup contact theory. Their review of 515 studies capturing 713 independent samples testing effects of intergroup contact reveal that intergroup contact typically reduces intergroup prejudice. Upon examination of the studies' methodological properties, most findings are not affected by participant selection or publication bias (Pettigrew & Tropp, 2006). Applying Allport's contact hypothesis (integrating all four conditions) yields optimal contact and demonstrates that under these conditions, there is even greater racial bias reduction. The following section provides an overview of empirical studies conducted on intergroup theory.

Early studies of intergroup contact that captured the effects of desegregation on racial bias in various contexts were conducted in the mid-40s. Brophy (1946) found that more integrated voyages between White seamen and Black seamen predicted positive racial attitudes. Similarly, desegregation of police departments led to White police officers feeling less threatened by Black police officers and objecting much less to having Blacks join their police districts as both groups were able to work collectively and non-competitively with a common goal of serving the community and adhering to an exclusive code of authority (Kephart, 1957). Additionally, Allport and Kramer (1946) found that White college students at Dartmouth College and Harvard University reported less prejudiced attitudes towards people of color upon having equal-status contact.

Deutsch and Collins (1951) interviewed White housewives across different public housing projects using a quasi-experimental design. The authors found that White women in desegregated housing had optimal contact with Black neighbors, which led to higher regard for Black people and greater support for the Black community. Additional studies were conducted on desegregated housing and interracial contact that yielded similar results showing positive intergroup attitudes between Blacks and Whites (Wilner, Walkley, & Cook, 1952; Works, 1961). With Allport's recommendation of integrating the four conditions mentioned in the previous section, scholars incorporated his work in contact studies that included a variety of methods and procedures including archival research (Fine, 1979), laboratory experiments (Cook, 1969; Cook, 1978), and surveys (Pettigrew, 1997). Additionally, contact theory has been used in many disciplines relevant to a host of social issues ranging from racial desegregation of schools (Pettigrew, 1971), examining regional differences in prejudice (Wagner, van Dick, Pettigrew, & Christ, 2003), resolution of ethnopolitical conflict (Chirot & Seligman, 2001), and the effects of

intergroup contact on cross-group friendships (Paige-Gould, Mendoza-Denton, & Tropp, 2008).

Further, Allport's work on cross-group friendships led to the observation that friendship typically involves cooperation, common goals, and repeated equal-status contact over an extended period of time; optimizing the four conditions of contact effects (Pettigrew, Tropp, Wagner, & Christ, 2011).

In more recent literature, contact studies that examine moderator variables such as increased knowledge, anxiety reduction, and enhanced empathy show more specific positive outcomes that may underlie the reduction of racial prejudice and bias (Pettigrew & Tropp, 2008). For example, Paige et al. (2008) conducted an experimental study to measure the effects of induced cross-group friendships in experimental conditions that contained an ethnic composition manipulation. Findings in the study provide experimental evidence that cross-group friendship benefits people who are otherwise prone to experiencing anxiety in cross-racial friendships (Paige et al., 2008). Consequently, this study, as well as Blascovich, Mendes, Hunter, Lickel, and Kowai-Bell (2001), provide physiological evidence that show positive intergroup contact alleviates anxiety over interacting with outgroup members, thus decreasing prejudice.

Critiques of Intergroup Contact Theory

Though intergroup contact theory has been extensively researched, there is literature challenging the operationalization of contact theory and its predictive value. Negative intergroup contact effects have been examined and thus reported that intergroup contact does not reduce racial prejudice. Some experiences engender enhanced prejudice in that participants report feeling threatened and thereby limit outgroup contact (Pettigrew & Tropp, 2011). The workplace is a typical environment where intergroup competition exists as well as intergroup conflict. Another negative effect of intergroup contact includes involuntary contact that produces feelings

of threat and an inability to reconcile those negative feelings until contact is reduced (Pettigrew & Tropp, 2011).

A common critique of intergroup contact theory is its weak operationalization properties. In volatile environments that frequently struggle with intense ethnic conflict like Northern Ireland, South Africa, Palestine, and Israel, there appear to be less success with intergroup contact as tension is high due to centuries of conflict. Cross-cultural engagement can be fatal in these contexts (Pettigrew et al., 2011; Sengupta & Sibley, 2013). From these findings, it appears that interest convergence is necessary to promote some degree of reconciliation that can potentially lead to meeting the four conditions of Allport's contact hypothesis. In other words, tenet three of critical race theory, interest convergence, posits that people of color advance when their interests converge with the interests of White people. In more global contexts, when groups are racially homogenous or individuals are stratified by status (e.g., religion, class, or ethnicity), the generalization is that the dominant group will only intervene when it serves their interest. Interest convergence may be a condition of contact that Allport did not consider when identifying the four conditions. The findings suggest a weakness in contact theory due to its inability to be operationalized in environments that are in dire need of reconciliation and reduced prejudice (Sengupta & Sibley, 2013).

A second critique of intergroup contact theory challenges the purpose of reduced racial bias in the face of much needed social change. Critics argue that reduced bias may lead to friendships and interracial connection that weaken the desire to incite conflict with dominant society, thus reducing access to equitable distribution of goods and services. Essentially, those with less power that report positive interaction with dominant culture, may forego participation in social activism and remain complacent by endorsing system justification principles and

endorse social dominance theory (Saguy, Tausch, Dovidio, & Prato, 2009; Wright & Lubensky, 2009).

Additionally, studies have shown that intergroup contact heightens marginalized populations' sense of group relative deprivation (Smith & Pettigrew, 2011; Walker & Smith, 2001). Group relative deprivation occurs when a marginalized group (e.g., people of color) learn about White privilege and realize how much power and access is being withheld. For example, during the Civil Rights Movement, the most successful Blacks were those that had interracial friendships and cross-cultural experiences. They were privy to resources that were typically allocated to White individuals, while gaining access to infiltrate predominantly White environments and examine White vulnerability. This information inspired radical notions of anti-White sentiments and pro-Black empowerment (Pettigrew, 1964; Searles & Williams, 1962). It further inspired Black-owned businesses, Black-only environments, and Black-only organizations such as the Black Panther Party (1966), Combahee River Collective (1974), and the National Black Feminist Organization (1973). Essentially, what began as cross-racial connection, ended in voluntary segregation on behalf of the Black community once they became apprised of resources to which White individuals had access.

Other criticisms are related to methodological concerns including participant selection bias and inability to control for confounding variables that positively support reduced racial bias but have nothing to do with intergroup contact. For example, colleagues in a classroom may show reduced racial bias per self-report without having substantive intergroup contact if they experience social desirability or pressure to report reduced racial bias. Further, self-report measures make it challenging to assess the truthfulness of participant-report. There are limited

ways to resolve self-report bias and social desirability as participants are inclined to report in ways that show them in favor of a popular social issue (Pettigrew & Tropp, 2011).

Studies incorporating intergroup contact that assess for reduced racial bias may also be vulnerable to samples that include participants who are already willing and/or interested in cross-cultural experience (Pettigrew & Tropp, 2011). Those that show greater attitudinal and behavioral resistance to cross-cultural experiences may be less willing to participate in studies that require meaningful contact with out-group populations. To minimize this confound, experimental and quasi-experimental designs are encouraged along with eliminating participant choice to engage in contact (Pettigrew & Tropp, 2006). Though this method is rigorous and may engender robust results, it is vulnerable to the aforementioned critique that suggests involuntary contact leads to increased feelings of threat and heightened racial bias.

Another criticism of contact theory comes from Pettigrew et al. (2011) who offer a comprehensive review of intergroup contact by addressing a list of published criticisms and concerns (Smith & Pettigrew, 2011; Reicher, 2007; Walker & Smith, 2001; Wright & Lubensky, 2009). Pettigrew et al. (2011) review several studies that argue that Allport's four conditions may not have significant predictive value (e.g., voting behavior; reducing anxiety; and virtual connections via the internet). Though intergroup contact can foster reduced racial bias and inclusivity, the investigators report that Allport's conditions are not *essential* for intergroup contact to achieve positive outcomes. In other words, *equal status*—one of Allport's contact conditions—may not be necessary to foster positive outcomes of intergroup contact. Therefore, Allport's conditions should not be regarded as necessary predictors, but rather facilitating conditions that may enhance positive contact outcomes (Pettigrew et al., 2011). This final

critique is relevant to the current study as participants were not required to have met Allport's

four conditions of contact to participate in the study nor show substantive cross-racial contact.

Benefits of Intergroup Contact in Current Socio-Political Climate

Though there may be limitations to intergroup contact as evidenced by studies that

question the efficacy of intergroup contact for bias reduction, the following studies illustrate how

the socio-political landscape can foster intergroup contact and promotes bias reduction.

Collective action research focuses on the psychological study of individuals' willingness

to engage or not engage in collective action. Collective action is defined as an individual who

represents a group for the purpose of improving the conditions of the group as a whole (Wright,

2009). Members of the Black Lives Matter movement are examples of individuals engaging in

collective action. Collective action approaches further focus on disadvantaged-group members

as agents of social change. When advantaged-group members witness a socio-political issue that

affects loved ones or the issue inspires perspective taking, advantaged-group members

sometimes join the struggle (e.g., heterosexual allies in the LGBTQ+ movement; Russell, 2011;

Fingerhut, 2011; Walch et al., 2012). This is known as *solidarity-based collective action* (Saab,

Tausch, Spears, & Cheung, 2015; Tropp & Barlow, 2018).

For example, Knowles and Tropp (2018) conducted a study on a nationally representative

sample of Whites to examine how contextual factors may have shaped support for Trump during

the 2016 election. Their findings reveal that Whites' neighborhood-level exposure to individuals

of color predicted greater experience of group threat and racial salience among Whites, fostering

Trump support. However, when a healthy local economy is present, healthy cross-racial contact

is reinforced, exposure to individuals of color predicts lower levels of threat and reduced

proclivity to vote for Trump. This study may support the notion that political ideology may be

negotiated when economic stability is present; engendering cross-racial contact. In this case, equal status—a condition of Allport's contact hypothesis—fosters racial bias, but political threat that transcends race (e.g., heterosexism, sexism, and classism) may engender solidarity and inclusion.

Another study explored the role of ideological factors in relation to intergroup contact and social change. The ideological factors measured in the study were captured using social dominance orientation theory. This theory measures differences in individuals' preference for hierarchical group relationship and inequality among groups (Pratto, Sidanius, Stallworth, Malle, & Bertram, 1994). Meleady and Vermue (2019) reported that White participants that had more contact with Black individuals reported less prejudice, were less inclined to endorse hierarchical group relationship and inequality, and they reported increased support for the Black Lives Matter movement. Interestingly, White participants that had negative contact with Black individuals and endorsed hierarchy and supported inequality among individuals did not consistently reject Black Lives Matter initiatives. Further, their support and participation did not seem to wane as a result of their social dominance orientation (Meleady & Vermue, 2019). Therefore, when it comes to *solidarity-based collective action,* negative contact does not seem to moderate participation in social movements. Accordingly, negative contact appears to have a less robust effect on collective action in high socio-political climates. An example of a high socio-political climate includes a climate that may have mainstream visibility of both social and political factors such as police brutality. This issue is influenced by social attitudes as people of color often rally against a police-initiated shooting of an unarmed person of color. It is also influenced by political policies as decision makers use their power to influence industries such as the prison system and the court system (Meleady & Vermue, 2019; Pettigrew & Hewstone, 2017; Reimer et

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al., 2017). Though the investigators did not assess for this, social desirability could explain why there was no decrease in participation in the Black Lives Matter movement among those participants endorsing high social dominance.

In the present study, a brief contact questionnaire was used to measure intergroup contact. It provides data regarding potential relationships between greater White privilege awareness, greater multicultural competence, and increased levels of cross-cultural contact.

Cross-Racial Contact in Counselor Trainees

Limited cross-racial contact as an impediment to successful counseling is a research area that began in the late 60s when mental health professionals were examined and held accountable to the lives of marginalized individuals (Carkhuff & Pierce, 1967; Vontress, 1971; Sue & Sue, 1977). Padilla, Ruiz, and Alvarez (1975) identified three major factors that impede the counseling relationship due to cross-racial barriers between White and LatinX clients: (a) a language barrier, (b) applying a middle-class perspective in therapy on clients that come from working-class communities, and (c) a culture-bound value system that exists to pathologize unique mental health concerns that cannot be explained by and treated with "standardized" methods that are commonly used on White individuals.

Though research in the 60s illuminated a critical deficit in the area of clinical practice, understanding counselor trainees was just as critical to better understand the needs of future clinicians and how to better equip them in training programs. Therefore, by the 80s, we began to look at trainees. The research that examined the impact of cross-racial contact in counselor trainees began with Merta, Stringham, and Ponterotto (1988) as they developed a two-unit training exercise for graduate students in a special-topics seminar course. The first unit included a cognitive-based approach that consisted of writing, discussion, and lecture about culture shock

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with a group exercise. The second unit involved direct cross-racial contact by having trainees

and members of the Arab community role-play a critical incident scenario. This exercise was

assessed by students rating each unit on a single Likert-scale item (1=low value to 5-high value)

that addressed how valuable the experience was. Additionally, students were asked to record

through written reflection any change in understanding cultural differences and experiences.

Merta and colleagues (1988) reported that students rated cross-racial contact as more valuable

than the cognitive experience of writing and reflecting not only at the time of study completion,

but two months later as well.

Mio (1989) studied the effects of a longer cross-racial contact experience within a

multicultural counseling course, acknowledging that one short-time experience is unlikely to

have a significant effect on counselor trainees' cultural understanding of others. A total of 27

participants registered in a cross-cultural counseling graduate course were recruited. Of the 27

participants, 23 identified as female and four identified as male with a median age of 31.5 years.

Of the 27 students, only one was a person of color while the remaining participants identified as

White. In this study, half of the participants were assigned a one-to-one exchange over the

course of the semester with an international student while the other half observed a cultural

experience by attending cultural events, eating at ethnic restaurants, and visiting ethnic stores.

Participants were instructed to complete their reflection papers only after completing at least five

"cultural experiences". They were all also instructed to discuss how the "cultural experience"

(e.g., one-to-one exchange experience or cultural events experience) would inform how they

conduct cross-cultural counseling in the future (Mio, 1989). To assess the value of the

experiences, participants were asked to rate them on a five-point Likert scale. The investigators

hired two expert judges (One Asian male with academic and practical experience in the field of

minority mental, and a White male who served as the Director of the Office of International Education and Exchange). Both judges rated participants' experiences yielding sufficient interrater reliability of .71 (Mio, 1989). To measure the success of the experiential activity, three weeks later, a final exam was administered to all members of the course. There appeared to be no significant difference on the final examination as both groups had a B+ average as a final grade. However, qualitatively, participants reported greater cross-cultural sensitivity and feeling enriched by the one-to-one exchange with the international student. Ultimately, Mio (1989) reported that the students who participated in the one-to-one exchange with an individual had a greater sense of the individual's cultural underpinnings and a richer understanding of cultural differences than those that had only participated in cultural events.

Additionally, Neville and colleagues (1996) and Heppner and O'Brien (1994) conducted both quantitative and qualitative studies examining multicultural training in the form of guided inquiry (Heppner & O'Brien, 1994); narrative sharing by panelists (Neville et al., 1996); and racial socialization awareness activities (Neville et al., 1996) that impact graduate students in a multicultural counseling course. Both studies integrated speakers on a panel who articulated their cultural experiences. The results of both studies suggest that cross-racial contact serves as an important experiential exercise in training future counselors to work with diverse clients.

From the lens of Allport, the previous studies reported would fit the various conditions that have been discussed such as equal status of group members, cooperative interdependence among group members, normative support and equal status within the contact situation, and interactions that disconfirm stereotypes and foster a desire to understand outgroup members (Allport, 1954). For example, role playing of critical incident scenarios in Merta and colleagues (1988) is a situation involving cooperative interdependence, normative support, and equal status.

Mio (1989) meets all four conditions, and Heppner and O'Brien (1994) as well as Neville and colleagues (1996) use diverse narratives to fulfill the status condition of the contact hypothesis; additionally, speakers provide students a counternarrative that can be used to dispel myths and provide a non-stereotypical representation of their cultural identities.

This line of research is useful in that it suggests that cross-racial contact may have a positive influence on the reduction of racial bias and negative attitudes towards members in the outgroup. A gap during this time that was not addressed in the aforementioned studies until several years later was the impact of cross-racial contact on multicultural counseling competencies. This is a particularly important gap given prior critique of Allport's conditions and the outcomes of racial contact under these conditions.

Multicultural Counseling Competence and Cross-Cultural Contact

Examining cross-racial contact to predict multicultural counseling competence as an outcome variable was an area of research that had not been conducted until Díaz-Lázaro and Cohen (2001) developed a study addressing this correlation. The purpose of their study was to understand one's level of multicultural counseling competence with cross-cultural contact as the predictor variable. This study was conducted on 15 graduate students in a multicultural counseling course. Of the 15 participants, 10 identified as female while five identified as male. There was a median age of 30.4 years. Twelve of the 15 participants identified as White whereas the rest of the participants were graduate students of color.   At the suggestion of Pope and colleagues (1997), a multicultural immersion experience (MIE) was incorporated into a multicultural counseling course to facilitate cross-cultural contact. Multicultural counseling competence was examined prior to and after cross-cultural contact using several measures that

will be discussed in the following paragraph. Additionally, the study sought to illustrate the effect of cross-cultural contact on multicultural counseling competencies.

To implement the study, participants were asked to immerse themselves in a culturally different group with which they had little to no prior contact. In the second phase, students were immersed in a second cultural group experience and expected to engage in substantive contact (avoiding superficial contact as a mere observer). In addition to immersion activities, several course meetings included guest speakers representing unique cultural-minority experiences (Díaz-Lázaro and Cohen, 2001). Participants were expected to give an oral presentation of their immersion experience to the multicultural counseling class.

Self-report measures were used to examine the impact of cross-cultural contact on the development of multicultural counseling competencies. In this study, The Multicultural Awareness, Knowledge, and Skills Survey (MAKSS; D'Andrea et al., 1991) was used to assess multicultural counseling competencies. To satisfy the multicultural immersion experience (MIE), an additional self-report survey was used. The Multicultural Experience Inventory (MIE; Ramirez, 1991) was revised to fit the study. Additionally, a semi-structured questionnaire was used to assess clients' perceptions of the counseling experience. The intervention in the study was a multicultural counseling course taught by a White, female assistant professor in counseling psychology (Díaz-Lázaro and Cohen, 2001).

After all data were collected, the investigators conducted analyses. They determined that there were strong correlations between cultural contact and greater multicultural counseling competence on all three subscales—Knowledge, Awareness, and Skills. To assess changes in multicultural counseling competence at the beginning and end of the course, a non-parametric test was conducted due to small sample size. It was determined that participants' scores were

much higher on the MAKSS (e.g., greater multicultural counseling competence on all three subscales) at the end of the course. This suggests that the multicultural course was effective at increasing participant competence. Final analyses were conducted qualitatively on 1,302 journal entries. Most of the responses included positive reactions to the cross-cultural experience. The second largest response included positive reactions to the guest speakers that were asked to talk about their unique cultural experiences. Several participants reported that direct contact with a culturally different person was responsible for their increased multicultural competence (Díaz-Lázaro and Cohen, 2001).

The investigators report that cross-cultural contact is a significant factor in the development of multicultural counseling competences. As a recommendation, the investigators report that cross-cultural contact (e.g., critical incident scenarios, invitation of speakers, immersion exercises) are critical to the development of multicultural counseling competencies for graduate students enrolled in a multicultural counseling course. It is also suggested that cross-cultural contact is associated with self-reported multicultural counseling competencies in multicultural counseling awareness, potentially in multicultural counseling skills, and not necessarily in multicultural counseling knowledge. Knowledge may not be enhanced as contact may be superficial and may not necessarily confer significant knowledge about the outgroup.

A decade later, Chao and colleagues (2011) suggest that multicultural counseling knowledge is enhanced using a single multicultural course when the course is examined as a moderator for multicultural counseling competencies and colorblindness. In other words, when counselor trainees receive multicultural training, regardless of race/ethnicity—people of color and White individuals were compared in the study—there are no differences in multicultural counseling knowledge. This makes sense as course content may not foster more in-depth

exploration as individuals may easily conceptualize and intellectualize concepts without empathy. Additionally, participants that endorsed higher levels of colorblind ideology had lower levels of multicultural knowledge. This also makes sense as participants that "do not see race," may struggle to conceptualize multicultural counseling content. An additional difference in findings exists in that Díaz-Lázaro and Cohen's (2001) study shows an increase in multicultural counseling awareness ten years prior whereas Chao and colleagues (2011) did not. This difference may reflect several factors such as sample size, demographic variables of participants, and a greater expectation of multicultural awareness that participants had to meet that may not have been present 10 years ago. The variables measured in the present study (e.g., cross-racial contact, White privilege attitudes and awareness, and multicultural counseling competencies) were examined to understand correlational significance between all three concepts. The notion of studying these concepts at the intersection speaks to the complexity that exists as trainees prepare to work with clients.

The literature on trainee cross-racial experiences and its influence on multicultural counseling competencies is critical to understanding future clinical behavior as it might suggest that multicultural counseling competencies do not necessarily prepare counselor trainees to actively practice counseling with competence. The following section will address the experiences of cross-racial counseling with White counselors and clients of color.

Experiences of White Counselors and Clients of Color

The counseling psychology profession has a colonized history that reproduces conditions of oppression by reinforcing hegemony that further marginalize and oppress groups of people. Colonized practice takes the form of deficit-based ideologies used in therapy as well as erasure practices that minimize socio-cultural concerns related to a client's personal presenting concerns

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(Goodman et al., 2015). An example of this practice includes more conventional therapeutic

approaches that originate from psychodynamic therapy, cognitive behavioral therapy, and

solution-focused therapy that focus on presenting concerns of the client (e.g., anxiety,

depression, and suicidality). Addressing concerns not explicitly related to a client's presenting

issue is not often taught in training programs (Knox et al., 2003).

To examine White counselor experiences when working with clients of color, Knox et al.

(2003) conducted a qualitative study on African American and White American therapists'

experiences of addressing race in cross-racial psychotherapy dyads. Specifically focusing on the

White participants in the study, some individuals reported that they would address race in

therapy when they deemed it relevant to therapy or the therapeutic relationship. One also

reported that they would wait until the client of color brought it up, while another White

participant reported that they would not normally pursue racial issues in therapy at all. One

participant added that they would not pursue racial issues in therapy for fear of being perceived

as not listening to the client's "presenting concerns." Additionally, some White participants

reported that they feel compelled to discuss race in response to the client's desire to integrate in

session. These participants also reported that it may appear disrespectful to the client to not

engage in the discussion. White participants reported feeling compelled to discuss race due to

client discomfort with the White therapist's racial status. Another experience of a White

participant included feeling uncomfortable about addressing race because she was unclear if it

was about her or the client. Finally, some White participants experienced tension when working

with clients of color at the thought of addressing race due to their lack of training in graduate

school (Knox et al., 2003).

Knox et al. (2003) speculate that White counselor trainees and professionals are less inclined to discuss race (particularly) when it is not part of the presenting concern, because they generally do not perceive discomfort when working with White clients. For example, in their study, most of the Black participants reported talking about race regardless of it being identified as a presenting concern, because they perceived discomfort from their White clients (Knox et al., 2003). This is one example of why the conversation may be thwarted. It may also be that White counselors and trainees are not primed to perceive discomfort when working with clients of color due to being unaware of the power and privilege they hold as White individuals in a counseling session. This concern is related to the notion that training programs fail to prepare counselor trainees regarding power, privilege, and oppression when instructor buy-in is not present. Knox et al. (2003) recommend addressing the gap that exists between counselor trainees of color and White counselor trainees regarding race-based conversations in clinical practice.

D' Andrea and Daniels (2001) studied White counselors in the profession for over a decade and identified three general response patterns with respect to race when working with clients of color: (a) overt expressions of anger, (b) generalized apathy, and (c) intellectual detachment. D' Andrea and Daniels (2001) findings illustrate anger and resentment of White counselors when bound by "political correctness" and making sure they are engaging their clients of color with humility and respect. Generalized apathy is found to be associated with an overall disinterest in race-related discussion and a minimization of those oppressed by racism. Intellectual detachment refers to a White counselors' extensive knowledge on racism and how it interacts with clients of color, but an unwillingness to act either in therapy or outside of therapy to effect meaningful change.

White counselor experiences are only part of what appears to be a contentious dynamic between White therapists and clients of color in therapy (Constantine, 2007; Goodman et al., 2015). There is a body of research that addresses the experiences of clients of color and how they perceive cross-racial counseling. Because a majority of mental health professionals are White, issues of racial and cultural mistrust come up for clients of color despite the country's growing number of individuals of color and its access to diverse representations of people (Constantine & Sue, 2007; Whaley, 2001). For example, African American and Black clients experience both blatant and subtle forms of racism regardless of how well-intentioned and well-trained in multicultural counseling White therapists are (Helms & Cook, 1999; Gushue, 2004). In 2011, Chang and Yoon (2011) conducted a qualitative study on 23 ethnic minority clients' perceptions of race in their recent therapy with a White therapist. Most of the participants reported feeling like their therapist could not understand racially relevant aspects of their experiences.

The body of literature is vast as it captures negative experiences of clients of color in therapy (Constantine, 2007; Constantine & Sue, 2007; Richardson & Helms, 1994; Nickerson, Helms, & Terrel, 1994; Zane, Hall, Sue, Young, & Nunez, 2004). A major component of client dissatisfaction in cross-racial counseling is also related to microaggressions.

Microaggressions in Counseling Sessions. Microaggressions are defined as *"subtle, stunning, often automatic, and non-verbal exchanges which are 'put-downs' of Blacks by offenders"* (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 66); *"are the often, every day slights, whether intentional or unintentional, communicate hostility that stem from stereotypes that are used to denigrate people who belong to marginalized communities"* (Sue et al., 2007);

"the subtle and commonplace exchanges that somehow convey insulting or demeaning messages to people of color (Constantine, 2007, p. 2).

More recently, Sue and colleagues (2007) extended Pierce's (1970) definition of racial microaggressions as brief, everyday slights that convey denigrating messages to people of color. Microaggresions have since been deconstructed to include three distinct categories that cover the spectrum of race-related offenses. Microassaults typically deviate from well-intentioned, subtle acts of oppression, and embody a more overt and intentional denigration of an individual's racial group (e.g., calling someone the N-word). Microinsults best reflect the original meaning of microaggression that communicate subtle, covert, and often inconspicuous insults that can get overlooked (e.g., telling an English-speaking LatinX male that he speaks good English). Microinvalidations, more commonly found in counseling sessions (Sue et al., 2007), negate or deny the thoughts, experiences, and articulations of people of color (e.g., when a White counselor in therapy fails to give their client the benefit of the doubt when they learn that the client's boss cut them off in a meeting, but that it could not possibly be motivated by the client's Vietnamese identity).

Several studies illustrate the impact of microaggressions in counseling and how it affects the overall outcome of therapy (Constantine, 2007; Crawford, 2011; Hook et al., 2016; Morton, 2011; Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Sue et al., 2007; Sue et al., 2008). It is critical to understand the relevance of microaggressions in the current study as they are unintentional and intentional acts of emotional violence enacted by underprepared counselors that either receive no multicultural counseling training in their program or receive inadequate multicultural counseling training (e.g., training that evades the critical discussion about power, privilege, and oppression in the counseling profession).

Conclusion

Intergroup contact is a widely researched area that has been reported as having both positive and negative outcomes on racial bias. In many contexts, intergroup contact has fostered reduced racial bias and institutional integration, while in other contexts, it perpetuates racial dominance, segregation, and unstable cross-racial contact. Gordon Allport developed a theoretical framework that posits that face-to-face contact between distinguishable and diverse groups in situations that include optimal conditions will reduce racial bias (Allport, 1954). What researchers have discovered is that Allport's contact hypothesis is best used as an ideal framework for understanding cross-racial contact and its predictive qualities when conditions are free of certain complications. For example, cross-racial contact has been shown to reduce racial bias in integrated neighborhoods (Deutsch & Collins, 1951; Knowles & Tropp, 2018), when White and individuals of color participate in sport, and in some cases during times of war (Brophy, 1946). However, contact does not yield positive outcomes when it is forced or involuntary (Pettigrew & Tropp, 2011), when there is a history of extreme conflict in volatile environments (e.g., Palestinian and Israeli conflict; Pettigrew et al., 2011), or when cross-racial contact fosters domination of one group over another due to systemic oppression and unfair access to resources (Sengupta & Sibley, 2013). Though it is clear that cross-racial contact does not always reduce prejudice and racial bias, cross-racial contact has been known to foster collectivity. For example, during times when there are high socio-political concerns (e.g., abortion, xenophobia, or institutional racism), the highly publicized issue and the egregious nature of the concern can promote cross-racial contact and inspire collective action (Meleady & Vermue, 2019). This kind of scenario seems to exist when individuals may have a collective reaction to federal government intervention if it encroaches on the values and rights of the people

at the state level. The mixed outcomes of cross-racial contact make it a seemingly unstable

factor to examine. However, in the context of counselor trainees, the research suggests positive

outcomes and reduced bias when cross-racial contact and multicultural counseling competence

are examined.

Cross-racial contact serves as a critical aspect of positive therapeutic alliance in

counseling (Sue & Sue, 1977). White counselor trainees' cross-racial contact has been examined

to assess its value in multicultural counseling competence when working with clients of color.

White counselor trainees and counselor trainees of color in training programs have also been

examined to understand the value of cross-racial contact with each other in the college classroom

through experiential activities (Mio, 1989), panel presentations (Heppner & O'Brien, 1994;

Neville et al., 1996), journal reflections (Sue et al., 2010), and video representations of cross-

racial contact (Soble et al., 2011). Additionally, counselor trainees often have opportunity to

experience cross-racial contact beyond classroom activities when doing practicum and field

placement work. This is yet another way of gaining cross-racial exposure in training.

Self-report measures are used to understand counselor trainee multicultural counseling

competence. This method has been useful in creating measurable items that give us data about

the utility of multicultural training in the profession. On the other hand, social desirability can be

a limitation of self-report methods. For example, counselor responses might be distorted due to

liberal or conservative ideology (Sodowsky et al, 1998). Nonetheless, self-report assessment of

multicultural counseling competence has been the most used method in the profession and

instrumentation has been developed to moderate the effects of social desirability during the data

collection process (Crowne & Marlowe, 1960; Sodowsky et al., 1998). Self-report is not the

only way to examine multicultural competence in counselor trainees. There is an extensive body

of qualitative literature that examines White counselor trainees' experiences when preparing to work with or when currently working with clients of color.

These qualitative data show that when White counselor trainees experience cross-racial contact, they report unease, uncertainty, or confusion about when to broach the topic of race when working with clients of color especially when racial/ethnic concerns are not part of presenting concerns (Day-Vines et al. 2007; Day-Vines, Ammah, Steen, & Arnold, 2018; Knox et al., 2003). Other experiences of White counselor trainees include anger, generalized apathy, and intellectual detachment when working with clients of color when bound by the expectation of engaging clients of color with multicultural counseling competence (D'Andrea & Daniels, 2001). This form of resistance is a product of White supremacy and unrecognized power and privilege in the counseling session. This level of unawareness may present itself as microaggressive behavior that is typically unintentional but can be overt and egregious. Microaggressions in counseling are insidious in that counselors inevitably hold power given the nature of the profession and their role as an expert. When power and oppression are present, it severely disenfranchises clients of color as they are vulnerable and potentially defenseless against White supremacy when it manifests in counseling.

Privilege is a more recent concept integrated in higher education for teaching and training purposes. It is a representation of dominance that is often overlooked due to its "assumed presence and belongingness" within certain communities (DiAngelo, 2017). In the next section, White privilege will be discussed, and a brief overview of its impact in the counseling psychology profession will be provided.

White Privilege in the Counseling Profession

Before we can define White privilege, we have to understand its inextricable link to White supremacy. Historically, White supremacy has been known as overt acts of racism against people of color that include lynching Black individuals, enslaving Japanese individuals in internment camps, and murdering a nation of Indigenous Native individuals. More contemporarily, White supremacy has been redefined to include political, economic, and institutional dominance in which White people overwhelmingly control material resources and have power over people of color (Bonilla-Silva, 2003; Feagin, 2013; Ferber, 2003). This normalized dominance has evolved into a more insidious and covert form of White supremacy known as White privilege.

White privilege is defined as the unearned privileges and advantages allocated to White individuals at the expense of people of color (McIntosh, 1998). The myriad ways privilege exists for White individuals include institution access to privately funded schools, high quality education, low-interest home and vehicle loans, and greater employment opportunities. Interpersonally, White privilege advantages White individuals over people of color in that White voices are legitimized, White experiences are validated, and White emotions (e.g., anger, rage, and dissonance) are normalized and given the benefit of the doubt. Moreover, White privilege insulates and protects White individuals from police brutality and imprisonment. White privilege is often unnoticed and unexplored. It is complex and infinitely oppressive and insidious. Essentially, it functions to discredit the lives of people of color while reinforcing hegemonic value on whiteness. In counseling psychology, this sentiment is paramount as White women outnumber any other group of practitioners in the profession and are often perpetrators of White supremacy through unintentional enactment of White privilege.

White privilege is power. Power in the counseling profession is layered as it exists as a hierarchical industry. For example, there is inherent power in a counseling session when a clinician is positioned as a trained professional and expected to offer an expert opinion about the health of one's mental state. Clinical expertise coupled with training from a colonized lens (Goodman et al., 2015), has and will continue to cause irreversible damage to communities of color (e.g., Francis Galton's theories on intelligence and contribution to the eugenics movement).

The multicultural counseling movement has been instrumental in addressing exploitative practices in the psychology and medical professions. Serving the counseling psychology profession as the "fourth force" (Pedersen, 1991), several authors have argued that ethnocentrism, monoculturalism, and aversive racism (Dovidio & Gaertner, 2004) impede multicultural counseling competence and hinder client outcomes (Constantine, 2007; Pierce, 1970; Sue et al., 2007).

To address client concerns and a gap in professional practice, the multicultural movement included scholars who were committed to decolonizing the profession by informing the community via research on White racial identity processes, unique concerns exclusively related to clients of color, and the relevance of power, privilege, and oppression in the counseling psychology profession (Ratts et al., 2016). For example, Helms (1984, 1990, 1995) has been the most researched and well-cited in the literature with respect to racism and White privilege from a racial identity development framework. Understanding White racial identity development is critical to understanding White privilege awareness and the processes White individuals go through, particularly in the counseling psychology profession, when working to meet the unique needs of clients of color. Further, White racial identity development guides how counselors view their own race in relation to other racial groups (Carter, 1997). The following section will

highlight the literature on White racial identity, White privilege awareness, attitudes, and behaviors in counseling psychology.

White Racial Identity, White Privilege Awareness, Attitudes, Behaviors

Helms' White racial identity development model is comprised of six statuses that describe a trajectory of attitudes, thoughts, feelings, and behaviors that White individuals experience when confronted with race-related issues. The six statuses include: (a) contact, (b) disintegration, (c) reintegration, (d) pseudo-independence, (e) immersion/emersion, and (f) autonomy. The contact phase references a White individual's inability to critically examine how racial stereotypes affect people of color. This phase also manfiests when Whites remain oblivious to racism. The disintegration phase references White fragility as White individuals exhibit an inability to manage their anxiety and disorientation when confronted with racial moral dilemmas. The reintegration phase references regressive behavior that White individuals undergo when attempting to reduce racial dissonance experienced when their beliefs and upbringing are challenged. The pseudo-independence, immersion/emersion, and autonomy phases reflect an attempt at developing a nonracist identity. Pseudo-independence references an intellectual response to racism by using knowledge to combat systemic oppression; however, this approach does not preclude Whites in this stage from committing microaggressive acts against people of color. The immersion/emersion phase references a White individual's desire to engage in race-related work in a more active way. Finally, the autonomy phase references a White individual's desire to self-reflect, self-educate, and use their privilege in productive ways. The White racial identity development phases represent a process that informs how White individuals respond to racism with respect to their participation in White supremacy and how their complicity in the status quo or their resistance to White supremacy manifests when challenged.

Helms' model is instrumental in understanding White responses to race-related concerns. Nevertheless, there are some criticisms to the model in that it was initially proposed as a model with stages that may suggest linearity—leaving little room for regression (Rowe, Bennet, & Atkinson, 1994). There has also been criticism about the operationalization of the model with respect to non-Black individuals of color. Critics suggest that Helms' model reflects the attitudes, behaviors, and awareness of White individuals when confronted with anti-Black racism. Critics have been skeptical about the utility of the model when used to address LatinX, Asian, or Native Indigenous oppression (Rowe et al., 1994). Finally, there have been concerns that Helms' model lacks psychometric soundness and may not actually measure racial identity (Behrens, 1997; Rowe et al., 1994).

Though vulnerable to criticism, Helms' work contributes to scholarly discussion about the influence of White privilege in the counseling psychology profession in a critical way. It generated discussion about White privilege as a complex concept and a component of White racial identity development that had recently gained traction in academic environments with Peggy McIntosh's contribution of *Unpacking the Invisible Knapsack* (1988). Helms and McIntosh offered the profession a preview of White privilege and how its insidious nature engenders an unknowing of harm that is often immune from appraisal.

Helms' model does not capture the breadth of White privilege and its impact on the profession. However, the model provides additional implications about training that were intended to orient instructors and counselor trainees as they developed an understanding not only in the area of clinical practice, but in the area of personal growth and development with respect to power, privilege, and oppression when working with racially marginalized clients. In an attempt to extend White privilege as an area of focus in the counseling psychology profession,

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investigators developed a body of literature that illustrates how White privilege impacts trainees and their future work in the profession.

White Privilege in Counselor-Trainees

There has been a breadth of literature published in the last 20 years that addresses aspects of White privilege by examining the following areas: (a) color-blind racism in counseling (Bonilla-Silva, 2015; Neville, Awad, Brooks, Flores, & Bluemel, 2013; Neville et al., 2001; Neville et al., 2000); (b) White racial identity development (Helms 1984, 1990, 1995); (c) White privilege awareness (Ancis & Szymanski, 2001; Pinterits et al., 2009;); and (d) psycho-social costs of racism to Whites (Spanierman & Heppner, 2004; Spanierman et al., 2008; Spanierman, Todd, & Anderson, 2009).   For example, colorblind racism engenders a denial of racism (Bonilla-Silva, 2003). For White individuals that function under this paradigm, particularly those that have power and influence such as parents, instructors, and employers, it creates a false sense of equity. In many cases, White individuals are taught to "not see color." This erasure is a form of White privilege in that White individuals who buy into the colorblind narrative do not have to reflect on their participation in White supremacy (Bonilla-Silva, 2003; Bonilla-Silva, 2015).

Psychosocial costs of racism to Whites is another area of research that focuses on White privilege in that it uncovers the overarching hue of White fragility that is insulated by White privilege in the form of caretaking, rescuing, and benefit of the doubt-giving. This insulation seems to foster a lack of resilience and insight. For example, scholars have collected qualitative narratives of White participants that have reported feeling anger, sadness, guilt, shame, hopelessness, denial, and a distorted sense of identity when reflecting on racism and its existence

(Ancis & Syzmanski, 2001; Arminio, 2001; Harvey & Oswald, 2000; Utsey, Gernat, & Hammer, 2005).

White privilege is a complex concept that can be examined at the micro-level or macro-level. For example, examination of one's ability to be in the company of others exclusively representative of their racial identity status is a micro-level understanding of White privilege. Whereas a macro-level examination of White privilege is recognizing that the school to prison pipeline exists as a result of White supremacy and the privileges allocated to White students who are given the benefit of the doubt and protected against White-controlled penal systems that assume Black and brown boys are violent and defiant. For the purpose of this study, White privilege in the following sections is examined at the micro-level as the literature focuses on White privilege in counselor trainees in the context of White privilege awareness and psychosocial costs of racism to Whites.

Unpacking the Invisible Knapsack in White Counselor Trainees

With respect to trainees, Ancis and Szymanski (2001) conducted a qualitative study meant to move beyond the investigation of White students' attitudes towards other racial/ethnic minority groups or their White racial identity awareness as in previous work conducted by Helms (1984, 1990, 1995). The purpose of their study was to examine the extent to which White counselor trainees understand the benefits of being White. The investigators collected qualitative data on 34 White, master-level counselor trainees that included 31 female participants and three male participants. All participants were enrolled in a social cultural and issues counseling course and were assigned Peggy McIntosh's *Unpacking the Invisible Knapsack* at the end of the semester. Students were instructed to report their reactions through written reflection. Three themes emerged after the reflections were analyzed by the investigators: (a) lack of

awareness and denial of White privilege, (b) demonstrated awareness of White privilege and discrimination, and (c) higher order awareness and commitment to action. The first theme was comprised of responses from ten students that failed to believe they have privilege and/or that White privilege exists. There were several subthemes that emerged illustrating an endorsement of meritocratic beliefs about access to resources such as education and attainment of economic success. Additional subthemes such as anger, defensiveness, and conflicted and contradictory emotional responses were also present. Per the second theme, ten students reported an introductory understanding of their privilege and provided some awareness of how their Whiteness benefits them in ways that people of color do not have access to. With respect to the third theme, fourteen students appeared to demonstrate a higher order awareness and commitment to action. There appeared to be more interrogation of systems and a willingness to engage in behavioral change. Barring the limitations, at best, this study illustrates the complexity of White privilege awareness and the simultaneous perpetuation of White supremacy when interrogation is not present. Further, limited self-exploration about one's own privilege may hinder the ability to acknowledge one's power when working with clients of color. For example, a White counselor unaware of their privilege when working with a client of color may minimize their client's experience when they report feeling enraged by their all-White hostile work environment. The counselor, unaware of what it means to be in an all-White space as a person of color may unintentionally perceive this disclosure as "complaining" or an inability to reframe and control what they can. This study illustrates counselor trainees' understanding of their Whiteness and how that form of privilege may affect their training experience and future clinical work.

Supervision is another area that has been examined in the context of White privilege. Clinical supervision is a facet of training that fosters clinical development and interpersonal training within the supervisory relationship. The following study illustrates the relevance of White privilege and its impact in clinical supervision. Hays and Chang (2003) discuss the prevalence of White privilege, oppression, and racism in the counseling profession. They provide a conceptual discussion on the effects of White privilege, racism, and racial identity development as it pertains to clinical supervision in counselor training programs. They argue that without addressing White privilege, oppression, racism, and racial identity development, we lose the crux of multicultural counseling training and competence. Previous research shows that instructor buy-in represents a critical approach to multicultural training (Hartung, 1996; Sammons & Speight, 2008; Sue et al., 2010); therefore supervisors, serving in the role of instructor or faculty of a training program, are also critical to training programs and how trainees develop a multicultural lens. Though supervisors have been given the recommendation to incorporate multicultural training into their clinical supervision, there is no guarantee that this inclusion will occur (Gatmon et al., 2001). Hays and Chang (2003) suggest that it is not enough to discuss racism, but it is imperative to understand the insidiousness of White privilege and how it affects the supervisory alliance. For example, White supervisors that have not yet begun their White racial identity development journey, run the risk of microaggressing their supervisee of color, missing opportunities to discuss White privilege and power with their White supervisee when they are working with clients of color, and ultimately harming clients of color through failed consultation that may be biased and culturally inappropriate (Hays & Chang, 2003).

Affective, Cognitive, and Behavioral Aspects of White Privilege in Counselor Trainees

To capture White privilege in multiple dimensions (e.g., affective, cognitive, and behavioral), Pinterits, Poteat, and Spanierman (2009) conducted a study to bridge conceptual and empirical data on White privilege awareness through the development of a psychometrically sound scale that assesses the multidimensional nature of White privilege attitudes (e.g., affective, cognitive, and behavioral dimensions). The WPAS measures White privilege attitudes from a multidimensional framework regarding multicultural awareness in graduate-level counselor trainees (Pinterits et al., 2009). This measure consists of four subscales that assess Willingness to Confront White Privilege (12 items) that includes a sample item, "I intend to work toward dismantling White privilege"; Anticipated Costs of Addressing White Privilege (6 items) that includes a sample item, "If I were to speak up against White privilege, I would fear losing my friends"; White Privilege Awareness (4 items) that includes a sample item, "Our social structure system promotes White privilege"; and White Privilege Remorse (6 items) that includes a sample item, "I am angry that I keep benefiting from my White privilege" (Pinterits et al., 2009). An exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and a third study to examine test-retest qualities were conducted. Both the EFA and CFA demonstrated four factors matching the subscales and yielding 28 items. The subscales were correlated in expected ways with the Color-Blind Racial Attitudes Scale (CoBRAS; Neville et al., 2000), Social Dominance Orientation (SDO; Pratto et a., 1994), and Modern Racism Scale (McConahay, 1986). Demographic differences such as gender were assessed. After conducting univariate tests (ANOVAs), the authors discovered that there were significant gender differences as women scored higher on White Privilege Awareness, Confronting White Privilege, and White Privilege Remorse with moderate effect sizes for the difference (Pinterits et al., 2009).

Since Pinterits et al. (2009) developed the White Privilege Attitudes Scale (WPAS), it has been applied in limited contexts. A notable exception is the work of Todd, McConnnell, and Suffrin (2014). These authors examined differences in White privilege attitudes and religious beliefs, and the role of White privilege attitudes and religious beliefs in predicting social justice interest (Todd, Suffrin, McConnell, Odahl-Ruan, 2015). They extend their work to include understanding White privilege attitudes across racial affect types (e.g., racially-laden emotional responses that include White guilt or White empathy; McConnell & Todd, 2015). Findings in both Todd et al. (2014) and Todd et al. (2015) indicate that *Willingness to Confront White Privilege* was positively correlated with the sanctification of social justice interest and commitment. *White Privilege Awareness* was negatively associated with religious conservativism, and religious conservativism was negatively correlated with social justice interested. The results suggest that religiousity may moderate the effects of social justice interest and commitment when social justice aligns with expectations of one's religion. The study further suggests that religious conservativism is exclusive and antithetical to anti-racist work as White privilege awareness was negatively correlated with religious conservativism. Lastly, findings in McConnell and Todd (2015) also suggest that religious conservativism is antithetical to social justice interest and commitment as religious liberalism was higher for those that exhibited higher levels of White privilege awareness and willingness to confront White privilege.

With respect to the current study, the only previous study to directly examine the effects of White privilege attitudes in the context of counseling is a dissertation study. Miserocchi (2014) examined the effects of therapist White privilege attitudes on client outcomes and on the therapist-client relationship. Specifically, the investigator hypothesized that scores on the WPAS would predict client perceptions of the therapeutic alliance; scores on the WPAS would predict

psychotherapy outcomes; and scores on the WPAS would positively correlate with multicultural knowledge and awareness. Thirty-six White, licensed therapists from a community mental health agency participated in the study. The majority of the participants were female (65%) with an average age of 40 years. A majority of the participants' clients identified as White (89%) while the remaining clients were of color. In addition to the WPAS (Pinterits et al., 2009), participants completed demographic information, two instruments related to session outcomes, and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002) to examine multicultural counseling competence (Miserocchi, 2014).

Upon completing data analyses, it was determined that scores on the WPAS did not predict psychotherapy outcomes for clients; scores on the WPAS did not predict client perceptions of the therapeutic alliance; and finally scores on the WPAS were correlated with some but not all aspects of multicultural counseling competence. *Willingness to Confront White Privilege* subscale scores were positively and significantly correlated to multicultural knowledge whereas the relationship between other WPAS subscales and multicultural knowledge were nonsignificant (Miserocchi, 2014).

These findings suggest that the strength of the WPAS comes from items that measure self-awareness when examining multicultural counseling understanding. Multicultural knowledge may be less effected by White privilege awareness as it is possible to have awareness of self, but still lack competent knowledge about individuals of color. In Chao et al. (2011), recall that there was an interaction effect of color-blindness and multicultural training on multicultural knowledge. In other words, the association between color-blindness and multicultural knowledge was stronger at higher levels of multicultural training. Individuals that do not endorse colorblind attitudes (e.g., race does not exist), exhibit higher levels of

multicultural knowledge (an aspect of multicultural counseling competence). It seems that individuals may need to exhibit a higher level of training or understanding of race-related systemic concerns to show significant multicultural knowledge. Given what we know about Chao and Colleagues (2011), the WPAS may need to include items that tap into colorblindness to capture the entire spectrum of White privilege.

With respect to Pinterits and colleagues (2009) scale development, the WPAS includes a subscale known as *Anticipating Costs of Addressing White Privilege*. Minimal research had been conducted on this construct since 2004 when Spanierman and Heppner (2004) published their findings on psychosocial costs of racism to White counselors. This area of research was developed to examine affective responses of White counselors who exhibit resistance and dissonance to race-related material in training programs.

White Privilege and Psychosocial Costs of Racism to White Counselor Trainees

Psychosocial costs of racism to Whites are defined "as negative consequences of societal racism experienced by White individuals" (Spanierman et al., 2008, p. 77). Understanding White individuals and their participation in White supremacy has been a long-standing recommendation of scholars of color in the profession (e.g., Parham, White, and Ajamu; 1999). Parham and colleagues (1999) asserted that racism is "a White people's problem." This articulation meant that White individuals are the source of White supremacy and are often complicit in its perpetuation in institutions despite their lack of awareness. This "White people's problem" also suggests that it is incumbent upon White people to engage in self-exploration and growth to reduce White supremacist behaviors. Unfortunately, when White individuals are asked to self-reflect and evaluate their participation in White supremacy, this process is often riddled with resistance, denial, and anger (Ancis & Szymanski, 2001; DiAngelo, 2011). Though

there are several ways of holding White individuals accountable (e.g., confronting their White fragility with the use of speakers, videos, and experiential activities), Spanierman and Heppner's (2004) work sought to identify aspects of racism that are costly to White individuals to foster buy-in and reduce White resistance, denial, and anger. This approach seems potentially valuable to inform the profession on how to work with White individuals from a different lens.

With the construction and initial validation of the Psychosocial Costs of Racism to Whites Scale (PCRW), Spanierman and Heppner operationalized the idea that racism fosters several psychosocial costs to White individuals. It is important to note here that though there are benefits to understanding costs of racism to White individuals, this approach reinforces psychosocial costs of racism to individuals of color who are expected to sit in classrooms where training programs utilize this method to help White students understand how persecuted they are by racism. For example, from a critical race theoretical understanding of White fragility, tenet three best illustrates how interest convergence theory is enacted in this body of research. Interest convergence theory posits that people of color advance when their interests converge with the interests of White people. The body of research that examines psychosocial costs of racism to White individuals seems to illustrate how White people suffer from racism and warrant critical discussion in scholarship. This illustration represents how suffering is now a shared experience between White individuals and people of color; seemingly fostering relevance in the lives of White individuals to fight against racism now that there is documentation of White supremacy's harmful effects on White individuals. This approach is antithetical to CRT as an academic concept, but also to the underpinnings of this study as it is grounded in the perspectives of CRT. Additionally, psychosocial costs of racism to Whites has the potential to foster imagined "sameness" in what White individuals and people of color experience with respect to White

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supremacy. Furthermore, it is suggested that instructors consider this concept in training programs as a unique way to address White fragility in counselor trainees. This approach may yield a greater cost to individuals of color if attending to White fragility unintentionally reifies White superiority in the classroom.

Nevertheless, research on psychosocial costs of racism to Whites is influential in that it fosters a multidimensional understanding of resistance and dissonance that can inform training programs on how to better serve White, graduate counselor-trainees and their future clients of color. Spanierman and Heppner (2004) validated their work by conducting initial scale validation research on the Psychosocial Costs of Racism to Whites Scale (PCRW; Spanierman & Heppner, 2004). Scale content was developed through examination of prior literature, analysis of prior qualitative literature on White trainees' reactions to race-related content, and qualitative responses collected at a race-based workshop. Furthermore, it was determined that costs may be outside of consciousness, so psychosocial costs were to also include acknowledged and unacknowledged responses to racism (Spanierman et al., 2004). The item generation process was conducted by the primary investigator. Experts in the areas of race, White privilege, and colorblindness were consulted for item agreement purposes to ultimately yield a 36-item scale that was used in the exploratory factor analysis (Spanierman et al., 2004).   Three subscales were identified and supported in multiple factor analytic studies: (a) White Empathic Reactions toward Racism, (b) White Guilt, and (c) White Fear of Others. Sample items include, "I am angry that racism exists;" Being White makes me feel personally responsible for racism;" and "I often find myself fearful of people of other races." Reliability estimates were reported for all three factors: (a) White Empathic Reactions toward Racism; $r = .84$; (b) White Fear of Others; $r = .95$; and (c) White Guilt; $r = .69$.

An additional area of inquiry included in Spanierman and Heppner (2004) focuses on the relevance of psychosocial costs of racism to Whites and their predictive value on multicultural counseling competence regarding gender. Spanierman and Heppner (2004) discovered that women scored higher than men in all three subscales (e.g., White empathic response to racism, White guilt, and White fear). This elevation, consistent with prior research (Constantine, 2000; Middleton et al., 2005), suggests that White women may be more amenable to race-related content and exhibit more humility when engaging in race-related discourse (Spanierman et al., 2012). For the purpose of the current study, gender was a demographic variable that was assessed to understand multicultural counseling competence, White privilege awareness, and contact between gender groups.

The PCRW has been used in four studies since its validation in 2004 (Poteat & Spanierman, 2007; Spanierman, Poteat, Beer, & Armstrong, 2006; Spanierman et al., 2009; Spanierman et al., 2008. Most of the studies have been conducted on undergraduate students. Of particular interest for the present research is a 2008 study on counselor trainees. Spanierman and colleagues (2008) examined mediating effects of White empathy/White guilt and White fear to predict color-blind racial attitudes and multicultural counseling competence. In the study, 59 White graduate counselor trainees were examined. Of the 59 participants, 50 identified as women while the rest identified as male with median age of 28. About 57% of the participants were currently enrolled in a doctoral program; 27% were predoctoral interns; 6% identified as postdoctoral fellows; and 9% were master-level practicum students. Participants were given a demographic questionnaire to complete, the PCRW, the Colorblind Racial Attitudes Scale-Short Form (CoBRAS-SF; Neville, Low, Liao, Walters, & Landrum-Brown, 2006), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002).

The findings suggest that White trainees with lower levels of colorblind attitudes exhibit higher levels of White empathy and guilt, while lower levels of White fear and dissonance predict higher levels of multicultural counseling competence. Another finding related to White guilt suggests that White trainees who experience guilt are prompted to incorporate multicultural considerations when conducting case conceptualizations and treating clients. Gender differences were reported as women scored higher on White empathy and multicultural counseling awareness; while male participants scored higher than women on the CoBRAS.

Spanierman and colleagues (2008) recommend future training efforts attend to White fear and mistrust of others to ameliorate resistance and shut down in multicultural counseling courses. Notably, this suggestion is an example of how White supremacy fosters White fragility as instructors are recommended to attend to White fear and mistrust at the potential cost of invalidating students of color in the classroom by rescuing White students that struggle with race-related content. To avoid this, it seems like it would be beneficial to normalize White fragility while also limiting airtime to taking care of White students that conflate difficult dialogue with a lack of safety.

Conclusion

White privilege is a long-standing concept that has been reported since scholars of color were given access to institutional settings. It would be an ahistorical misstep to give credit to Peggy McIntosh for her overdue realization that she has privilege and the ability to articulate said privileges in her 1980's paper, *Unpacking the Invisible Knapsack* (McIntosh, 1988). Though she has mainstream publication as the purveyor of White privilege as a concept, the lived experiences of people of color and those directly affected by White privilege are relevant to the narrative. These experiences contribute to the breadth of scholarly work on the global

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presence of White privilege (Bell, 1992; hooks, 1981; King, 1968; Pierce, 1970). Moreover, the often-cited Peggy McIntosh and named scholar of White privilege illustrates how insidious White privilege is, and in this case, in scholarship. It reifies the erasure of narratives and the legitimacy of White-only voices in print as her voice is the loudest, most cited and referenced when White privilege is discussed in scholarship.

Helms' work predates McIntosh in that her examination of White racial identity development paved the way with respect to White privilege awareness, attitudes, and behaviors (Helms, 1984, 1990, 1995). Her six-stage model provides us with a template for understanding how nuanced White privilege is from an interpersonal framework. For example, Helms' work gives us insight into White counselor behavior when working with clients of color. This is critical to the discussion as we must first understand the unique processes that White counselors undergo when attempting to reconcile their participation in White supremacy.

White privilege in counselor trainees has been documented over several decades since the beginning of the multicultural counseling movement. This examination has included colorblind racism in counseling (Bonilla-Silva, 2015; Neville et al., 2013; Neville et al., 2001; Neville et al., 2000). As mentioned in the previous section, Helms (1994, 1990, 1995) has contributed to the discussion of White privilege through identity development processes. Ancis and Szymanski (2001) have narrowed the focus to explicitly address White privilege with respect to Peggy McIntosh's (1998) work in *Unpacking the Invisible Knapsack*. Their work illustrates the complexity of White privilege, particularly that when unnoticed, it may hinder a counselor's ability to competently work with clients of color. It may further foster a microaggressive environment.

Pinterits et al. (2009) take the examination of White privilege a step further by developing the White Privilege Attitudes Scale (WPAS; Pinterits et al, 2009) to measure multiple aspects of White privilege in college students. Though their instrument has not been applied in many studies, it appears useful for understanding counselor development. The single study that captures its utility in counseling seems to suggest that the WPAS is useful in understanding correlations between White privilege awareness and multicultural counseling competencies (Miserocchi, 2014).

An additional aspect of White privilege that Pinterits et al. (2009) merely touch on is anticipated costs of racism to Whites. This aspect of White privilege was introduced by Spanierman and Heppner (2004) as they sought to identify aspects of racism that are costly to White individuals. This approach may yield greater buy-in and reduce White resistance in training programs. The research in this area gives insight into the psychosocial responses of White supremacy in White individuals. For example, White guilt, White fear, and White empathy are aspects of cognitive responses that yield physiological consequences as well as foster behavioral responses to addressing White supremacy in its various contexts (Spanierman et al., 2009; Spanierman et al., 2008). This body of research on multiple dimensions of White privilege attitudes and behaviors further suggests that gender (within the binary of male and female) is an important predictor of outcomes of multicultural counseling competence (Constantine, 2000); racial affect types (Spanierman et al., 2012); and White privilege attitudes (Pinterits et al., 2009; Spanierman et al., 2004). For example, women have been consistently shown to be more amenable to race-related content as they exhibit more White privilege remorse, White empathy, and less fear and anxiety when compared to men. This finding is also

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present in several studies examining psychosocial costs of racism to Whites (Middleton et al., 2005; Spanierman & Heppner, 2004; Spanierman et al., 2012).

Chapter Conclusion

Chapter II extensively reviews the evolution of the multicultural counseling movement. In its early stages, the multicultural movement responded to the dehumanizing ways individuals of color were treated in response to White supremacy in the U.S. Monocultural counseling (e.g., an emphasis on a deficit-based approach and conducting therapy from a colonized lens) was challenged by several pioneers of color and White allies committed to decolonizing counseling psychology.

The APA and ACA Code of Ethics and the APA Multicultural Guidelines document the initiatives of the multicultural movement and prioritize cultural competence in training, practice, research, and policy. As accreditation standards developed and were used to legitimize training and practice, multicultural training expectations increased as most APA and CACREP-accredited graduate training programs provided at least one multicultural counseling course by the late 80s. Today, a single multicultural counseling course is required for *all* accredited graduate training programs in counseling and psychology. As training programs evolved, so did the definition and construct of multicultural counseling competence.

The multicultural movement, serving as the "fourth force" in counseling psychology, was grounded in theoretical frameworks that transformed into tangible models developed by scholars in the profession. Eventually, multicultural counseling competence was defined and conceptualized as having three main aspects: (a) multicultural counseling awareness; (b) multicultural counseling knowledge; and (c) multicultural counseling skills. At this time, research was conducted to assess all three aspects of multicultural counseling competence—

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including, but not limited to training paradigms in the college classroom (e.g., traditionalist and multiculturalist); self-report measures (e.g., instrumentation was developed to understand how trainees perceive their own competence with respect to White racial identity development, implicit racial bias, and White privilege awareness); efficacy of course offerings and curricula; narrative-sharing and cross-racial contact opportunities; and clinical experiences (e.g., practicum and field placement opportunities). Training programs discovered that students exhibit challenges in multicultural training as race/ethnicity and other issues of diversity fostered critical thinking about identity-based concerns that are complex and intersectional. Those challenges include resistance to race-based content and discussion, intellectualization of oppression, failure to understand their complicity in White supremacy, self-victimization, guilt, shame, and overall denial of White supremacy and its insidiousness in counseling psychology. Decolonizing the profession is no easy task, therefore instructors play a critical role in multicultural training as their buy-in is catalytic to increased multicultural counseling competence in counselor trainees.

The field of counseling psychology is robust with literature that reports how White supremacy impacts trainees and professionals. White racial identity development, White privilege attitudes and behaviors, color-blind racism, and implicit racial bias have been reported to effect multicultural counseling competence. Though the evidence is more limited, the impact of cross-racial contact with respect to multicultural competence on White counselor trainees has also been reported. For example, without quality multicultural counseling training, White trainees lack confidence in utilizing multicultural training in therapy or fail to prioritize it if it is not been emphasized in their training (e.g., broaching techniques with respect to race have been widely researched, but are rarely discussed in training programs; Day-Vines et al. 2007; Day-Vines, Ammah, Steen, & Arnold, 2018). As our profession continues to contribute to

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contemporary discussions on systemic racism, more research may yield greater access to cross-racial experiences of counselor trainees and a better understanding of White privilege attitudes and behaviors. White privilege attitudes and behaviors are broad concepts that require critical thinking and research dedicated to unpacking its nuanced existence in counselor trainees.

This literature review is meant to better understand the relevance of White privilege attitudes, single-course efficacy, and cross racial contact in White counselor trainees as predictors for greater multicultural counseling competence. The following research questions are used to address this inquiry.

Research Questions in the Present Study

Research Question 1: Does completing a required CRT-oriented multicultural course affect multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact?

Research Question 1a: Does completing a required CRT-oriented multicultural course in combination with clinical practice affect multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact more than without clinical practice?

Research Question 2: Do relationships exist among White, master-level counselor trainees' self-reported multicultural counseling competence, their White privilege attitudes and behaviors, and cross racial contact?

Research Question 3: Does multicultural competence differ across gender identity or length of time in academic training?

CHAPTER III

METHOD

The purpose of this chapter is to document the method and procedures implemented to conduct this study. First, a description of the participants is provided. Next, identification of instruments and their psychometric properties are presented. The subsequent section describes the procedures used to collect data. This includes an articulation of preliminary initiatives and recruitment processes. The chapter concludes with presentation of the research design and the statistical analyses used to address the research questions. A quantitative design was used to examine the impact of a single multicultural counseling course with or without clinical practice on White master-level counselor trainees' cross-racial contact, White privilege awareness, and multicultural counseling competencies.

Participants

A total of 229 respondents attempted a survey that was administered in-person or online. Participants were currently enrolled in master's level training in one of the following programs: counseling psychology, clinical mental health, college counseling, marriage, couple, and family therapy (MFT), school counseling, or rehabilitation counseling. The counseling programs are CACREP-accredited, and the counseling psychology program is housed an APA-accredited department. After cleaning the data, respondents were excluded for the following reasons: non-White racial identity (e.g., individuals of color, $n = 43$, 19%); incomplete survey (6%); and redundant IP address (< 1%); redundant unique code (< 1%). As a result, the final sample was reduced to 168 respondents (140 females; 24 males; 4 non-binary), all who identified as White and currently enrolled as a master-level counselor trainee. It is important to note that there were

a high number of individuals of color as the investigator intentionally designed the study to be inclusive of all individuals for comparative studies in the future.

The majority of the sample identified as women (75%, n = 140), with remaining respondents identifying as men (13%, n = 24), and as non-binary (2%, n = 4). The age range for respondents varied from 21 to 61 years old (*M* = 29.11, *SD* =.61). Of the available graduate programs, 32% (n = 54) of the respondents were enrolled in the counseling psychology program, 34% (n = 57) of the respondents were enrolled in the clinical mental health program, 7% (n = 11) of the respondents were enrolled in the college counseling program, 13% (n = 22) of the respondents were enrolled in the marriage, couple, and family therapy (MFT) program, and 14% (n = 23) of the respondents were enrolled in the school counseling program. Less than 1% (n = 1) of the respondents were enrolled in the rehabilitation counseling program. Regarding the number of years in their program, 34% (n = 57) were currently enrolled as first-year students, 40% (n = 67) were currently enrolled as second-year students, 26% (n = 44) had been enrolled for three years or longer.

A critical component of this study was to examine the difference between respondents that had completed the department multicultural counseling course and those that had not completed the department multicultural course. Participants were also asked to provide additional information about their engagement with multicultural training, including the number of multicultural counseling courses taken since their undergraduate experience, the number of multicultural counseling (MC) workshops attending, and the percentage of their clinical training they would ideally devote to seeing clients who are racially different from them. In this study, 52% (n = 88) respondents had completed the required multicultural course while 48% (n = 80) had not. With respect to the number of multicultural counseling courses taken since their

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undergraduate experience, 32% (n = 53) had not taken a multicultural counseling course, 52% (n = 88) had taken one multicultural counseling course, 10% (n =16) had taken two multicultural counseling courses, and 5% (n = 5) had taken at least four multicultural counseling courses. Two respondents did not report their multicultural course experience. With respect to the number of multicultural counseling (MC) workshops attended, 63% (n = 105) had not attended a MC workshop, 18% (n = 30) had attended one MC workshop, 9% (n = 15) had attended two MC workshops, and 7% (n = 13) had attended three or more MC workshops. Five respondents did not report their MC workshop attendance. With respect to the percentage of their clinical training, they would ideally devote to seeing clients who are racially different from them; 51% (n = 86) of the respondents reported that they would like 50% of their clinical training to be with clients of color. Twelve percent (n = 20) reported wanting 70% of their clinical training devoted to clients of color, and an additional 5% (n = 8) reported wanting 80% or more devoted to clinical training with clients of color. Thirteen percent (n = 21) reported wanting 30% or less devoted to clinical training with clients of color.

This study also examined the effect of clinical experience (e.g., enrollment in the department practicum course and/or enrollment in a field-placement experience) on respondent multicultural counseling competency, White privilege awareness, and cross-racial contact. In the current study, 23% (n = 28) had clinical experience through current enrollment in the department practicum course, completion of the practicum course, or current enrollment in a field-placement experience.

Measures

The measures used in the current study include a Demographic Questionnaire, the Contact Questionnaire (developed by the investigator), the White Privilege Attitudes Scale

(WPAS; Pinterits et al., 2009), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002). An overview of each instrument used is provided, including a description of scales and psychometric properties.

Demographic Questionnaire

A demographic questionnaire was used to obtain information about the participants' racial identity, age, gender identity, counselor training program (e.g., counseling psychology, school counseling, clinical mental health, college counseling, rehabilitation counseling, marriage, couple and family therapy), year in their program, whether or not they completed the department multicultural counseling course, and whether or not they had a clinical experience (e.g., department practicum course and/or a field placement experience). They were also asked to specify the number of multicultural courses and the number of multicultural counseling workshops attended since their undergraduate experience, as well as the percentage of clinical training they would ideally like to devote in the future to seeing clients who are racially different from them. Finally, participants were asked to indicate the number of direct contact hours they have had with racial/ethnic groups of color in individual, couple/family, and/or group counseling.

Contact Questionnaire

Intergroup contact is a widely studied area in the social psychology literature. Due to the nature of contact and best practices for studying its predictive qualities, much of the existing research on intergroup contact employs experimental designs. Consequently, instrumentation capturing "contact" is limited. In the last 30 years, assessments used in lieu of or in addition to direct observation of contact have taken the form of a questionnaire germane to their study that have been developed by a group of scholars committed to this line of research. The core purpose

of these contact questionnaires is to assess varying degrees of contact (Hewstone, Judd, & Sharp, 2011; Islam & Hewstone, 1993; Stangor, Jonas, Stroebe, & Hewstone, 1996; Walker & Hewstone, 2008). Various degrees of contact may take the form of superficial, substantive, frequent, or infrequent cross-racial interaction.

The Contact Questionnaire used in this study was developed by the investigator. It is a 10-item self-report measure that assesses qualitative aspects of cross-racial contact. The Contact Questionnaire measures high and low frequency of superficial and substantive cross-racial contact with people of color. A sample substantive contact question states, "The contact I experience with people of color is cooperative (e.g., working closely with a colleague of color on an assignment to achieve a goal at your place of employment)." A superficial contact question states, "The contact I experience with people of color is superficial (e.g., standing next to a person of color in a crowded coffee shop)." Participants rate each item on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores on The Contact Questionnaire indicate higher frequency and substantive contact with people of color.

Internal consistency on similar contact questionnaires have been reported by investigators. For example, Hewstone and Islam (1993) reported the following alpha coefficient, $\alpha = .86$ for a 13-item contact questionnaire in their study. Additionally, alpha coefficients were reported from two additional studies that also assessed contact. The first study yielded $\alpha = .95$ for a 12-item contact questionnaire (Turner et al., 2008). The second study yielded $\alpha = .85$ for a 25-item grouped questionnaire that examined participants' relative exposure to, experiences with, and anxiety towards other races (Walker & Hewstone, 2008). In the current study, internal consistency was poor ($a = .04$).

White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009)

The White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009) is a 28-item self-report measure. The WPAS measures White privilege attitudes from a multidimensional framework regarding multicultural awareness in graduate-level counselor trainees (Pinterits et al., 2009). The White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009) consists of four subscales: *Willingness to Confront White Privilege, Anticipated Costs of Addressing White Privilege, White Privilege Awareness,* and *White Privilege Remorse.* The *Willingness to Confront White Privilege* scale, consisting of 12 items, assesses behavioral dimensions of White privilege attitudes. An example of an item is "I intend to work toward dismantling White privilege." The *Anticipated Costs of Addressing White Privilege* scale*,* consisting of 6 items, assesses both affective and behavioral dimensions of White privilege. An example of an item is "If I were to speak up against White privilege, I would fear losing my friends" with a range of scores from six to 36. The *White Privilege Awareness* scale, consisting of 4 items, assesses a cognitive dimension of White privilege. An example of an item is "Our social structure system promotes White privilege." The *White Privilege Remorse* scale, consisting of 6 items, assesses an affective dimension of White privilege. An example of an item is "I am angry that I keep benefiting from my White privilege." Four items on the WPAS are reverse scored. For example, "Everyone has equal opportunity, so this so-called White privilege is really White bashing." Participants rate each item on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores on the WPAS indicate greater awareness of White privilege (Pinterits et al., 2009).

Pinterits et al. (2009) describe psychometric properties by first reporting factor analyses that were conducted. Construct validity of the WPAS is supported by two factor analyses. An

exploratory factor analysis (EFA) was first conducted. Two hundred fifty White undergraduate

(78%) and graduate (18%) students from various universities were recruited with an average age

of 22 years. Of the 250 students, 4% did not report their education level. Participants, mostly

women, reported limited to moderate exposure to people of color. The initial scale construction

process included item generation by faculty members and graduate students who were well-

versed on White privilege issues to bolster content validity. After final item edits, the developers

agreed to 81 items that captured cognitive, affective, and behavioral aspects of White privilege

(25 cognitive, 36 affective, and 20 behavioral). The developers used a maximum-likelihood

extraction process with an oblique rotation method. Items loading below .45 or yielding cross

loadings of .25 or greater on multiple factors were not retained (Pinterits et al., 2009). They

examined a four and five-factor solution, but the five-factor solution did not meet criteria

expectations of each factor containing a minimum of three items, exhibiting sufficient internal

consistency, and being interpretable and consistent with their initial conceptualization of White

privilege attitudes.

Ultimately, the EFA yielded a four-factor model with 28 items. A total of 53 items were

dropped from the initial measures, without specification of which factor they were expected to

contribute to.   The first factor, Willingness to Confront White Privilege, had 12 items that

loaded and were retained. Willingness to Confront White Privilege yielded a Cronbach's alpha

of .95 and accounted for 44% variance (Pinterits et al., 2009). The second factor, Anticipated

Costs of Addressing White Privilege, had six items that loaded and were retained. Anticipated

Costs of Addressing White Privilege yielded a Cronbach's alpha of .81 and accounted for 10% of

the variance (Pinterits et al., 2009). The third factor, White Privilege Awareness, had four items

that loaded and were retained. White Privilege Awareness yielded a Cronbach's alpha of .84 and

accounted for 7% of the variance (Pinterits et al., 2009). The final factor, White Privilege Remorse, had six items that loaded and were retained. White Privilege Remorse yielded a Cronbach's alpha of .91 and accounted for 5% of the variance (Pinterits et al., 2009).

Prior to conducting a confirmatory factor analysis (CFA), Pinterits et al. (2009) reported preliminary statistics that included correlations among the initial factors based on the EFA and demographic group differences to determine effect sizes. Factor one, Willingness to Confront White Privilege and both factor four, White Privilege Remorse ($r = .72$, $p < .01$), and factor three, White Privilege Awareness ($r = .63$, $p < .01$) had a large association. Additionally, Willingness to Confront White Privilege had a medium association with Anticipated Costs of Addressing White Privilege ($r = .29$, $p < .01$). Furthermore, Anticipated Costs of Addressing White Privilege had a small correlation with White Privilege Awareness ($r = .23$, $p < .01$) and a medium association with White Privilege Remorse ($r = .43$, $p < .01$). Pinterits et al. (2009) found a medium association between White Privilege Awareness and White Privilege Remorse ($r = .51$, $p < .01$).

To assess for demographic differences such as environment (e.g., level of exposure to people of color) and gender, Pinterits et al. (2009) conducted a multivariate analyses of variance (MANOVA) on the four factors as dependent variables. They reported not finding significant differences on the basis of exposure to people of color. However, after conducting univariate tests (ANOVAs), they discovered that there were significant gender differences as women scored higher on White Privilege Awareness, Confronting White Privilege, and White Privilege Remorse with moderate effect sizes (Pinterits et al., 2009).

A confirmatory factory analysis (CFA) was conducted on a separate sample of 251 participants collected at the time of the first study. White undergraduate (73%) and graduate

(19%) students from various universities were recruited with an average age of 22 years. Of the 251 students, 8% did not report their education level. Most participants were women (67%), 31% were male, and 2% chose not to identify their gender. The CFA confirmed that the four-factor model was a good fit, yielding a comparative fit index (CFI) of .97.

Additional psychometric analyses were conducted to examine concurrent validity, internal consistency, and test-retest reliability. Concurrent validity analysis yielded significant correlations between scores on the Color-Blind Racial Attitudes Scale (CoBRAS; Neville et al., 2000), Social Dominance Orientation (SDO; Pratto et a., 1994), and Modern Racism Scale (McConahay, 1986) and all four subscales of the WPAS. As expected by the developers, higher scores on the CoBRAS, SDO, and Modern Racism Scale were associated with lower scores on subscales, Confronting White Privilege, White Privilege Awareness, and White Privilege Remorse. The following associations were reported: Confronting White Privilege, $r = -.75$; Anticipated Costs of Addressing White Privilege, $r = -.27$; White Privilege Awareness, $r = -.81$; and White Privilege Remorse, $r = -.56$. Lastly, a test-retest study was conducted that examined correlations between two administrations of the measures across a two-week period. Test-retest reliabilities were strong for all WPAS subscales: Confronting White Privilege, $r = .91$; Anticipated Costs of Addressing White Privilege, $r = .83$; White Privilege Awareness, $r = .81$; and White Privilege Remorse, $r = .87$ (Pinterits, et al., 2009).

The internal consistency for the current study yielded high coefficient alphas $\alpha \geq .70$ (Heppner, Wampold, & Kivlighan, 2008; Kaplan & Saccuzzo, 1997; Ponterotto, 1996). For all WPAS subscales coefficient alphas were reported: Willingness to Confront White Privilege, $\alpha = .90$; Anticipated Costs of Addressing White Privilege, $\alpha = .72$; White Privilege Awareness, $\alpha = .78$; and White Privilege Remorse, $\alpha = .90$.

Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002)

The Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002) is a revision of the *Multicultural Counseling Awareness Scale* (Ponterotto et al., 1996). This 32-item measure is designed to assess self-reported multicultural counseling awareness and knowledge. The MCKAS (Ponterotto et al., 2002) consists of two subscales: *Multicultural Counseling Knowledge* and *Multicultural Counseling Awareness*. The *Multicultural Counseling Knowledge* scale, consisting of 20 items, assesses general multicultural knowledge (Ponterotto et al., 2002). An example item is "I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation." The *Multicultural Counseling Awareness* scale, consisting of 12 items, assesses Eurocentric worldview bias of the counseling relationship and therapeutic goals (Ponterotto et al., 2002). An example item is "I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms." Participants rate each item on a 7-point Likert scale ranging from 1 (not at all true) to 7 (totally true), with higher scores indicating greater perceived knowledge and awareness of multicultural counseling concepts (Ponterotto et al., 2002). Higher scores on each subscale indicate greater multicultural counseling competence.

The MCKAS is a revised version of what was formerly titled the Multicultural Counseling Awareness Scale (MCAS; Ponterotto et al., 1996). The MCAS was developed as a self-report assessment used to identify three areas of cultural competence: (a) knowledge, (b) awareness, and (c) skills. After reducing the 135-item scale to 70 items using sequenced factor analytic procedures, the authors recruited a sample of 126 counseling students and professionals

for assessment. An additional exploratory factor analysis (EFA) was conducted on this sample reducing the scale to 45 items. With 45 items, the MCAS functioned as a 3-factor model that included the following factors: (a) Knowledge/Skills (28 items), (b) Awareness (14 items), and (c) Social Desirability (3 items). Follow up analyses including independent card sorts and principal component analyses suggested that the items were best expressed in a two-factor model. Internal consistency of the retained factors yielded the following values: $\alpha = .91$ for Knowledge/Skills, $\alpha = .76$ for Awareness; no alpha coefficient was reported for Social Desirability (Ponterotto et al., 2002).

Multiple additional studies conducted with the MCAS indicated poor convergent validity (Constantine, Juby, & Liang, 2001; Manese, Wu, & Nepomuceno, 2001; Ponterotto et al., 1996; Pope-Davis, Reynolds, & Dings, 1994). In addition, the efficacy of the two-factor scale was questioned due to the lack of definitional clarity of the named subscales (Ponterotto, Rieger, Barrett, & Sparks, 1994). Given that the proposed 45-item two-factor model was based on a limited sample (Kocarek, Talbot, Batka, & Anderson, 2001; Pope-Davis & Dings, 1994), multiple researchers called for more rigorous examination of the MCAS factor structure (MCAS; Ponterotto et al., 1996; Ponterotto et al., 2002).

An additional exploratory factor analysis (EFA) was conducted on 525 students and professionals in counseling and counseling psychology. The sample was comprised of mostly women (66%) and White participants (83%). The median age of the participants was 35 years. The procedure included examining both an orthogonal and an oblique factor extraction method to eliminate items that did not load above the .40 criterion. These items included all three social desirability items, items that asked participants about a specific scholar in the profession, and items that did not load on the specified factor (Ponterotto et al., 2002). Lastly, the

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recommendation per Pope-Davis and Dings (1995) to rename the Knowledge/Skills subscale to Knowledge was meant to accurately reflect the items being asked in the instrument as the revised subscale did not significantly measure multicultural counseling skills. The revised scale, Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), was developed and used for the following psychometric tests.

A confirmatory factor analysis (CFA) was conducted on 199 counselor trainees with a median age of 26 years. Most of the sample was comprised of women (75%). The racial/ethnic composition was distributed as follows: White individuals made up 45% of the sample, 18% were African American, 16% Hispanic American, 2% Asian/Pacific Islander, and 1% Indigenous Native. To examine the underlying factor structure of the MCKAS, global, orthogonal, and oblique factors were compared. The goodness of fit index (GFI), the Tucker-Lewis Index (TLI), and the relative noncentrality index (RNI) were examined to determine if sample data represents the data one would expect to find in the overall population (Ponterotto et al., 2002). Initial CFA results indicated that the two-factor structure of the MCKAS yielded an unsatisfactory fit to the data. A second CFA was conducted with item correction processes. It was determined that the MCKAS exhibits satisfactory fit yielding a goodness of fit (GFI) of .90, a Tucker Lewis Index (TLI) of .91, and a relative non-centrality index (RNI) of .93.

Additional psychometric analyses were conducted to examine concurrent validity, internal consistency, and test-retest reliability. Concurrent validity analysis yielded significant correlations between scores on the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), Multigroup Ethnic Identity Model (MEIM; Phinney, 1992), and Social Desirability Scale (SDS: Crowne & Marlowe, 1960) and both subscales of the MCKAS. For example, as expected, the MCKAS Knowledge subscale showed significant correlations and medium effect sizes with

the MCI Knowledge ($r = .49$), Skill ($r = .43$), and Awareness ($r = .44$) subscales. As expected, the MCKAS Awareness subscale was highly correlated with the MCI Counseling Relationship subscale ($r = .74$; Ponterotto et al., 2002). With respect to total scores of the MEIM, MCKAS Knowledge scores were moderately and significantly correlated ($r = .31$) as expected. It was also expected that the MCKAS Awareness subscale would correlate with the MEIM Other Group Orientation. This was not the case as the obtained correlations was small and not statistically significant ($r = .20$). Lastly, the MCKAS Knowledge subscale significantly correlated with the total score of the Social Desirability Scale ($r = -.39$; medium effect size; Ponterotto et al., 2002). Internal consistency analyses yielded an average coefficient alpha for the Knowledge subscale of $\alpha = .90$, and for the Awareness subscale of $\alpha = .78$. Lastly, test-retest reliability coefficients were .70 for the Knowledge subscale and .73 for the Awareness subscale.

The internal consistency for the current study yielded strong coefficient alphas (e.g., at least $\alpha = .70$; Heppner, Wampold, & Kivlighan, 2008; Kaplan & Saccuzzo, 1997; Ponterotto, 1996) for the two subscales: Knowledge, $\alpha = .87$ and Awareness, $\alpha = .83$.

Procedures

Participant Recruitment

This study was approved by the Human Subjects Institutional Review Board (HSIRB; Project # 18-05-09) at Western Michigan University (See Appendix A). A purposive sampling method (Etikan, Musa, & Alkassim, 2016) was used to garner respondents' experiences as the investigator examined a specific issue (e.g., multicultural counseling competence) relevant and exclusive to White, master-level trainees. White, master-level trainees enrolled in the

Department of Counselor Education and Counseling Psychology (CECP) at Western Michigan University were recruited in this study.

An email to CECP instructors was sent by the investigator to obtain permission to enter their class to garner written responses from master-level trainees that agreed to participate. Additionally, an email was sent by the investigator to the CECP department chair to disseminate the study notice to all currently enrolled master-level trainees for their consideration. The email included the nature of the study, time commitment, incentive information, the Qualtrics link directing them to an online version of the survey, information about consent, and contact information of the investigators and the Office of the Vice President of Research. All participants were provided contact information for the investigators of this study. The email correspondence included both the principal and student investigator's email address and work phone number. Recruitment strategies also included the use of a recruitment flyer that received University permission for dissemination in the College of Education and Human Development to recruit master-level trainees currently taking classes in the college.

Recruitment initiatives were pursued over the course of two academic semesters. An a priori power analysis was conducted using statistical software, G* Power. In the current study, 104 participants were needed to garner a large enough sample size to maintain a sufficient power of at least .80 to detect group differences across seven variables. After the data were collected, a post hoc power analysis was conducted using statistical software, G*Power to confirm that 168 participants with a medium effect size (e.g., 0.15; Grimm & Yarnold, 1995) yielded at least .80 to detect group differences. One hundred sixty-eight participants yield a power of .99. This study meets an acceptable level of power to yield statistical significance.

In-Class Data Collection

The investigator contacted eighteen (18) department instructors via email to disseminate the written version of the survey in class. Sixteen (16) instructors gave the investigator permission to disseminate written survey materials in the classroom. The investigator disseminated survey materials to 23 department classes. The investigator came at the beginning or end of the class. During this time, the instructor introduced the investigator and provided a brief purpose of the next 15-20 minutes of the class. The investigator provided students with detailed information about the study that addressed its purpose. The investigator discussed informed consent and provided time for questions and concerns about consent. Prior to survey dissemination to respondents, the instructor was asked to leave the class to reduce social desirability or pressure to participate in the study. The investigator disseminated written survey materials to all that agreed to participate. Those that did not agree to participate, were provided the option to stay or leave the class.

Subsequently, all respondents were asked to turn their attention to the first directive that asked for a "unique code." The "unique code" is a numerical code used to de-identify respondent information, while maintaining ordering of survey materials for future retrieval and data analyses. The numerical code was also used to minimize duplicate responses as students were both recruited in the classroom and by way of a recruitment email disseminated by the chair of the department, and a recruitment flyer that was posted in the college. Respondents were asked to read the instructions on how to develop their "unique code" while the investigator read the instructions aloud. Per the instructions, respondents were asked to indicate the first three letters of their street name, the first three letters of their caregiver's name, and the two-digit day and month they were born. An example "unique code" was provided for their convenience.

Respondents were given 15-20 minutes to complete the survey. Upon survey completion, respondents were instructed to compile survey materials face down on a desk at the head of the classroom.

At the end of the survey, respondents were given the option to provide their contact information on the investigator's laptop (e.g., first name, last name, and mailing address) for a chance to win a $100 Visa gift card per the incentive that was offered with study participation (See Appendix I). Respondents were provided details of the opportunity to win the $100 Visa gift card. There was an opportunity to win one (1) $100 Visa gift card in an applicant pool of all members that participated in the study. Respondents were also informed that the $100 Visa gift card would be randomly selected by computer generated software and disseminated once HSIRB approval had expired and/or when data analysis was complete. At the end of data collection, the investigator collected the survey materials and confirmed that all respondents who wanted to participate in the incentive had provided their information for future contact. Respondents were thanked for their time and either dismissed or released for class to resume depending upon whether data collection occurred at the end or the beginning of class.

Upon completion of data collection, the investigator transposed by hand the written survey materials on to an encrypted version of a Microsoft Excel® spreadsheet that was saved on an external hard drive. During this time, the investigator conducted a re-check process that included adding the totals of the items by hand and by calculator, identifying the total on the written survey, and adding the total on Microsoft Excel® to confirm a match. After data input, the investigator exported the data from Microsoft Excel® to Statistical Package for Social Sciences (SPSS) for cleaning and analysis.

Online Data Collection

Online survey information was provided during the recruitment process via email dissemination by the chair of the department and via posting of a university-approved flyer in the college. The email disseminated to prospective respondents contained a QualtricsXM® link that respondents could use to access the survey. QualtricsXM® is a secure online survey software used to collect confidential information and analyze data. It is also designed to notify the investigator of duplicate IP address submissions. Additionally, the flyer contained the same QualtricsXM® link for respondents to copy and later apply to a search engine of a web browser for access. A QR Code® was also provided on the flyer to give respondents an opportunity to scan and complete the survey from a mobile device in real time.

Upon accessing the online survey, a consent statement populated on the screen as an introduction to the study. Respondents were instructed to review and either indicate that they agree to participate or that they decline to participate. If they did not agree, the next screen thanked them for their interest and reminded them that no data was recorded as they did not complete the survey. If they agreed to participate in the study, they were asked to provide the "unique code" similarly to in-class respondents.   Again, this approach was used as it yields confidential responses and fosters efficient data management procedures. The code format was the respondents' first three letters of their street name, the first three letters of one of their caregiver's name, and the two-digit day and month of their birthday. This process was relevant as online respondents were later asked to provide identifiable information if they elected to participate in the chance to win the $100 Visa gift card. The security procedure used to separate responses from their identifiable information collected for incentive purposes consisted of

developing a separate form that was accessible via a new link that all respondents had access to at the end of the survey.

For those that elected to provide identifiable information for the incentive, clicking on the link redirected respondents to a separate form developed in QualtricsXM® by the investigator. Respondents were asked to include their first name, last name, and mailing address. Respondents were provided details of the opportunity to win the $100 Visa gift card. There was an opportunity to win one (1) $100 Visa gift card in the applicant pool of all members that participated in the study. This includes participants that completed the in-class survey. Respondents were also informed that the $100 Visa gift card would be randomly selected by computer generated software and disseminated once HSIRB approval had expired and/or when data analysis was complete.

At the end of the data collection period, the investigator closed the survey portal in QualtricsXM® and exported all submissions to the same Microsoft Excel® spreadsheet that included entry of the hand-written survey materials. The investigator conducted the same re-check process as with the hand-written materials to confirm accuracy of the data. The investigator also exported the data to SPSS for cleaning and analysis.

Study Design

This study was meant to examine the effects of a single CRT-oriented multicultural course on White, master-level counselor trainees enrolled in a training program that has a strong emphasis on race and other issues of diversity. A related purpose of this study was to contribute to the body of literature that has examined multicultural counseling training, White privilege awareness, and multicultural competency, but has yet to address all three of these variables in combination with cross-racial contact.

The design used in this study is quantitative, focusing on predictive relationships and differences in groups. In research, a quantitative design is useful in describing characteristics of a phenomenon to describe relationships among different variables (Heppner, Wampold, Owen Thompson, & Wang, 2016). This study employed a survey approach that attempts to capture the frequencies of variables within a population and differences among groups (Heppner et al., 2016). White master-level counselor trainees' multicultural counseling competence, White privilege attitudes and behaviors, and cross-racial contact were examined with or without the completion of a CRT-oriented multicultural counseling course; and with or without clinical practice. Gender differences and year in program were also examined. Thus, multivariate analysis of variances (MANOVAs) were primarily conducted to understand differences in groups.

CHAPTER IV

RESULTS

The purpose of this study was to examine the effects of a single CRT-oriented multicultural course with or without clinical practice, on White privilege attitudes and behaviors, multicultural counseling competence, and cross-racial contact among participants that were enrolled in a master-level counselor training program that has a strong emphasis on race and other issues of diversity. The following research questions were examined:

1. Does completing a required CRT-oriented multicultural course affect multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact?

   a. Does completing a required CRT-oriented multicultural course in combination with clinical practice affect multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact more than without clinical practice?

2. Do relationships exist among White, master-level counselor trainees' self-reported multicultural counseling competence, their White privilege attitudes and behaviors, and cross racial contact?

3. Does multicultural competence differ across gender identity or length of time in academic training?

This chapter reports the results of statistical analyses. The first section describes preliminary analyses for the overall study that include missing items, data imputation, outliers, and uneven group sizes. The next section provides descriptive statistics. The final section

provides an overview of inferential statistics. In this study, preliminary analyses included calculation of Mahalanobis distance to test for multivariate outliers and creation of new variables to address uneven group sizes. Research questions were addressed via examination of correlations and a series of multivariate analysis of variance (MANOVAs). When multivariate results were statistically significant, analysis of variance (ANOVAs) and other relevant post-hoc tests were conducted.

Preliminary Analyses

Prior to conducting descriptive and inferential analyses, online data were exported from QualtricsXM® to Microsoft Excel® while in-person data collected was transposed into Microsoft Excel® to combine all data collected in the study. Participant surveys were retained if all demographic information was complete, and 90% of the items were answered on each survey. Sixty-one respondents completed the online survey. After cleaning the data, 36 viable online respondents were retained in the Microsoft Excel® spreadsheet. The investigator collected 214 handwritten responses and input all handwritten responses into Microsoft Excel®. These data were also screened for incomplete responses. One hundred fifty in-person respondents were retained in the Microsoft Excel® spreadsheet.

To handle missing data, the investigator performed an imputation method on the dataset. Imputation involves substituting a plausible value for data that are missing (Buhi, Goodson, & Neilands, 2008; Parent, 2013; Schlomer, Bauman, & Card, 2010). To garner the most precision in the imputation process, auxiliary variables were used to improve the prediction of missing values by integrating variables that are correlated with the variables with missing data (Collins, Schafer, & Kam, 2001). In this study, a multiple imputation (MI) model was used to impute the data as this is the least biased imputation method when adding missing data (Schlomer et al.,

2010). To complete the multiple imputation process, the investigator created five imputed data sets in SPSS®. The final imputation was obtained by averaging the parameter estimates across multiple analyses. This process was automatically performed by SPSS® software. This last step in the process yields an unbiased parameter estimate (Schlomer et al., 2010). Once this process was complete, missing items are replaced with a numerical value associated with the appropriate response (e.g. 6-point Likert scale) for each instrument used in the study.

The data were also screened for outliers. Based on Mahalanobis distance, there were no multivariate outliers in the data (p > .001). Box plots and Q-Q plots were examined to assess for univariate normality. Outliers were reported separately per subscale from each instrument used in this study for those that had only completed the multicultural counseling course and for those that had completed the course and had clinical experience. The following univariate outliers were reported for those that had only completed the multicultural counseling course: (a) *Awareness* subscale contained four outliers; (b) *Knowledge* subscale contained two outliers; (c) *Willingness to Confront White Privilege* subscale contained two outliers; (d) *Anticipated Costs of Addressing White Privilege* subscale contained one outlier; (e) *White Privilege Awareness* subscale contained four outliers; (f) *White Privilege Remorse* subscale contained one outlier; and (g) Contact Questionnaire had no outliers. The following outliers were reported for those that had completed the multicultural counseling course and had clinical experience: (a) *Awareness* subscale contained three outliers; (b) *Knowledge* subscale contained one outlier; (c) *Willingness to Confront White Privilege* subscale contained two outliers; (d) *Anticipated Costs of Addressing White Privilege* subscale contained no outliers; (e) *White Privilege Awareness* subscale contained eleven outliers; (f) *White Privilege Remorse* subscale contained four outliers; and (g)

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the Contact Questionnaire contained one outlier. An overall total of 22 outliers were identified in this study.

A new variable was created to answer Research Question 1a. This variable identifies all participants that have completed neither the department multicultural counseling course nor any practicum or field placement course; participants that have completed the department multicultural counseling course and have enrolled in or completed a department practicum or field-placement course. The purpose of this new variable is to understand the difference in means in participants that have not completed the department multicultural counseling course; those that have completed the department multicultural counseling course without clinical experience; and those that have completed the department multicultural counseling course with clinical experience.

With respect to unequal group sizes, after cleaning the data, 28 participants reported completing the department multicultural course with clinical experience (e.g., currently enrolled in the department practicum course, completed department practicum course, or currently enrolled in department field placement course). Markedly unequal sample sizes result in unknown increases in Type I or Type II error. As detailed below, analyses based on markedly unequal group sizes were also examined using smaller, equal groups. To balance the sample size of all three groups for Research Question 1a, 28 participants were randomly selected from the group of participants that had not completed the department multicultural counseling course, and 28 participants were randomly selected from the group of participants that had completed the department multicultural counseling course, but had not yet had clinical experience. The 28 original participants that had completed the department multicultural counseling course with clinical experience were retained and added to the dataset of 56 randomly selected participants

yielding a participant pool of n=84. Similarly, to examine gender differences, analyses were conducted for both unequal and equal group sizes. To balance sample size of female and male participants—those that did not identify within the binary were not included in the analyses—24 female respondents were randomly selected from the group of 140 female participants to match male participant sample size (n = 24). Correcting uneven group size was needed to conduct planning group comparison analyses.

Descriptive Analyses

Cross-Racial Contact in White Master-Level Counselor Trainees

Participant's cross-racial contact was measured with the Contact Questionnaire developed by the investigator in the study. The instrument was scored on a 6-point Likert scale that represented 1 as "strongly disagree" and 6 as "strongly agree." Sample items on this instrument include, "I experience frequent contact with people of color as neighbors," and "The contact I experience with people of color is intimate in nature (e.g., meeting a person of color for coffee and having a conversation)." There are two aspects of contact measured with the Contact Questionnaire. Substantive contact and frequency reflect a more meaningful experience than having high frequency with no substance or high substance with low frequency. The notion of substantive and frequent contact suggests that both are necessary to fulfill meaningful cross-racial contact per Allport's contact theory (Allport, 1956).   The mean score for the current sample was 4.13 (SD = 0.46). This indicates that participants may have had a more than moderate amount of substantive cross-racial contact. The standard deviation reported for this subscale indicates that the majority of participants scored within one point of each other and slightly above the item-level midpoint on the Contact Questionnaire.

Multicultural Counseling Competence in White Master-Level Counselor Trainees

Participant's multicultural counseling competence (MCC) was measured with the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002). The instrument was scored on a 7-point Likert scale that represented 1 as "not at all true" and 7 as "totally true." The mean score for subscale, *Multicultural Counseling Awareness* was 5.93 ($SD = 0.71$). This indicates that participants reported a moderate to high level of multicultural awareness related to White privilege, beliefs about systemic oppression, and cultural worldviews of marginalized clients. For example, sample items on this subscale include, "I am aware that being born a White person in this society carries with it certain advantages," and "I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face." The standard deviation reported for this subscale indicates that most people scored within about one and a half points of each other and tend to believe the statements are true to very true with respect to multicultural awareness. The mean score for the second subscale, *Multicultural Counseling Knowledge* was 5.30 ($SD = 0.70$). This indicates that participants also reported a moderate to high level of multicultural knowledge with regard to marginalized clients. For example, sample items on this subscale include, "I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation," and "I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions." The standard deviation reported for this subscale indicates that most participants scored within about one and a half points of each other and tend to believe the statements are true to very true with respect to multicultural knowledge.

White Privilege Attitudes in White Master-Level Counselor Trainees

Participants' White privilege attitudes were measured with the White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009). The instrument was scored on a 6-point Likert scale that represented 1 as "strongly disagree" and 6 as "strongly agree." The mean score for subscale, *Willingness to Confront White Privilege* was 4.76 (*SD* = 0.69). This indicates that participants slightly agree to agree with confronting White privilege through self-exploration and internal processes or through active engagement within institutions and systems. For example, sample items on this subscale include, "I intend to work toward dismantling White privilege," and "I take action against White privilege with people I know." The standard deviation reported for this subscale indicates that most participants scored within one to one and a half points of each other and tend to agree with statements that reflect one's willingness to confront White privilege. The mean score for subscale *Anticipated Costs of Addressing White Privilege* was 2.71 (*SD* = 0.84). This indicates the participants generally disagree with feeling the psychosocial consequences of addressing White privilege. For example, sample items on this subscale include, "I am anxious about stirring up bad feelings by exposing the advantages that Whites have," and "I am worried that taking action against White privilege will hurt my relationship with other Whites." The standard deviation reported for this subscale indicates that some participants resonated with these feelings, while most did not. The mean score for subscale *White Privilege Awareness* was 5.28 (*SD* = 0.68). This indicates that participants reported high awareness of White privilege as they strongly agree with several items in this subscale. For example, sample items on this subscale include, "White people have it easier than people of color," and "I am ashamed that the system is stacked in my favor because I am White." The data show that most participants resonated with these feelings. The standard deviation reported for

this subscale indicates that participants scored within one to one and a half points of each other and tend to strongly agree with statements that reflect one's awareness of White privilege. Finally, the mean score for subscale, *White Privilege Remorse* was 3.82 (*SD* = 1.11). This indicates that participants slightly agree with items in this subscale, acknowledging some remorse regarding their White privilege. For example, sample items on this subscale include, "I am angry that I keep benefiting from White privilege," and "White people should feel guilty about having White privilege." The standard deviation reported for this subscale reflects the most variance compared to the other three subscales in this study. It appears that students' feelings varied around the middle of the scale, spanning the neutral to agree range concerning experiences of White privilege remorse.

Descriptive statistics, including means, standard deviations, correlations, and reliability estimates between scores on the following measures: (a) Contact Questionnaire; (b) Multicultural Counseling of Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002); and (c) White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009) are reported in Table 1. Subscale scores were examined on the MCKAS and the WPAS. Total scores were examined for the Contact Questionnaire. Mean scores were computed for all three measures. Reliability estimates reported from Chapter III are included at the bottom of Table 1.

Table 1

Means, Standard Deviations, Correlations, and Reliability Estimates Between Scores on Contact, MCKAS, and WPAS Measures

Measure	Contact	MCA	MCK	WCWP	ACAWP	AWP	WPR
1. Contact	----						
2. MCA	.20**	----					
3. MCK	.20**	.24**	----				
4. WCWP	.31**	.45**	.39**	----			
5. ACAWP	-.12	-.10	-.02	-.05	----		
6. AWP	.17	.51**	.27**	.63**	-.07	----	
7. WPR	.18*	.23**	.30**	.51**	.10	.47**	----
M	4.13	5.93	5.30	4.76	2.71	5.28	3.82
SD	.46	.70	.70	.69	.84	.68	1.11
Alpha	.04	.83	.87	.90	.72	.78	.90
Skewness	-.02	-.76	-.65	-.67	.35	-1.20	-.31
Kurtosis	-.47	.19	.81	.15	-.14	1.06	-.33

Note. N = 186. Contact = Contact Questionnaire. Multicultural Counseling Knowledge and Awareness Scale; MCA = Multicultural Counseling Awareness; MCK = Multicultural Counseling Knowledge. White Privileges Attitudes Scale; WCWP = Willingness to Confront White Privilege; ACAWP = Anticipated Costs of Addressing White Privilege; AWP = Awareness of White Privilege; WPR = White Privilege Remorse. Coefficients bolded for significance at
*$p < .05$, **$p < .01$.

Inferential Analyses

A series of multivariate analyses of variance (MANOVAs) were conducted to address the first and third research questions in the current study. In addition to the MANOVAs, bivariate correlations were examined to answer the second research question in the study. The following sections include an overview of assumptions of MANOVA as that was the most used analysis conducted in this study, followed by separate sections for each research question in chronological order.

Assumptions of MANOVA

Multivariate analyses of variance (MANOVA) were conducted to answer two of the research questions posed in the current study. The three necessary conditions for MANOVA are (a) multivariate normality (e.g., each variable must follow a normal distribution, and Mahalanobis distance must fall below critical values), (b) homogeneity of the covariance matrices (e.g., the correlation between any two dependent variables must be the same in all groups), and (c) independence of observations (e.g., observations are statistically independent of one another). With regard to multivariate normality, though meeting this assumption is strongly

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suggested, the robustness of MANOVA (discussed in a later section) reduces the need to meet this assumption in all cases (Bray & Maxwell, 1985). In other words, MANOVA is relatively robust to violations of the assumptions in some circumstances. In the present study, MANOVA assumptions were examined prior to each analysis and will be discussed further in the following sections.

<div align="center">

Research Questions

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Research Question 1: Does completing a required CRT-oriented multicultural course effect multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact?

In the present study, to address the first research question, there were slight deviations from normality that were observed based on Normal Q-Q plots. Due to MANOVA being fairly robust to deviations from normality, we moved forward with analyses.

Multivariate homogeneity of covariance was assessed by performing Box's Test of Equality of Covariance matrices (Box's M = 33.74; p = 0.265). While Box's M was non-significant, Levene's Test of Homogeneity of Variance (Levene's Statistic = 4.01; p=0.047) indicated the dependent variable, *Contact*, does not have homogenous variance between groups based on those that had or had not completed the department multicultural counseling course. For *Contact*, the follow up univariate ANOVA was corrected with Welch's Test for unequal variance.

Regarding multicollinearity and the linear relationship between dependent variables, there was no multicollinearity as assessed by Pearson correlation standard of .70. Based on scatterplots, a linear relationship was not strongly evident on some dependent variable pairings.

As such, this resulted in loss of power for MANOVA, but with ample sample size, this loss of power was acceptable.

In the present study, participants were asked to indicate if they had completed the department multicultural course, were currently enrolled, or had not taken it all. Participants that were currently enrolled were combined with those that had not yet enrolled in the course as course completion gives participants access to a robust understanding of multicultural counseling. The results of the MANOVA indicate a statistically significant difference between those who completed the department multicultural course and those who had not yet completed the course, $F(7, 160) = 3.12$; $p = .004$; Wilk's $\lambda = 0.88$; partial $\eta^2 = 0.120$ with an observed power of 0.94. A summary MANOVA of multicultural counseling course completion is reported in Table 2.

Table 2

MANOVA Summary Table: Multicultural Counseling Course Completion

Test	Value	Approx. F	df	p	partial η^2	Power
Pillai's Trace	.12	3.12	7, 160	.004	.12	.94
Wilks' Lambda	.88	3.12	7, 160	.004	.12	.94
Hotelling's Trace	.14	3.12	7, 160	.004	.12	.94
Roy's Largest Root	.14	3.12	7, 160	.004	.12	.94

Note. Group 1: Completed multicultural counseling course (n = 88); Group 2: Did not complete Multicultural counseling course (n = 80).
N = 168.
a = .05

With significant MANOVA results, post hoc univariate ANOVA analyses were run to identify which dependent variables contributed to the significant difference. A Bonferroni correction was performed due to 7 dependent variables. The statistical significance was set at $p<0.007$.

The ANOVA results indicate that there were significant differences between those who had completed the department multicultural course and those who had not among the following

dependent variables: *White Privilege Remorse* $F(1, 166) = 11.05$; $p = .001$; partial $\eta^2 = .06$; with

observed power of .91, and *Multicultural Counseling Knowledge* $F(1, 166) = 12.59$; $p = .001$;

partial $\eta^2 = .07$; with observed power of .94. There was no significant difference between those

who had completed the department multicultural counseling course and those who had not

among the following dependent variables: *Multicultural Counseling Awareness* $F(1, 166) = 1.90$;

$p = .170$; partial $\eta^2 = .01$, *Willingness to Confront White Privilege* $F(1, 166) = 3.87$; $p = .051$;

partial $\eta^2 = .02$, *Anticipated Costs of Addressing White Privilege* $F(1, 166) = 2.708$; $p = .102$;

partial $\eta^2 = .02$, and *White Privilege Awareness* $F(1, 166) = 4.050$; $p = .046$; partial $\eta^2 = .024$.

With respect to the Contact Questionnaire, it did not meet the assumption of homogeneity,

therefore the Welch's Test was performed as this procedure is a suitable alternative to the

ANOVA when assumptions have been violated (Field, 2017). The results of this test yield a

nonsignificant difference; $F(1, 164.86) = 1.46$; $p = .229$; partial $\eta^2 = .01$. Table 3 illustrates the

means and standard deviations for participants who completed the multicultural counseling

course and those who did not.

Table 3

Descriptive Statistics by Group: Multicultural Counseling Course Completion

WPAS, MCKAS, Contact Questionnaire and Group	M	SD	n
Willingness to Confront White Privilege			
Group 1	4.86	0.61	88
Group 2	4.65	0.76	80
Awareness of White Privilege			
Group 1	5.38	0.72	88
Group 2	5.17	0.62	80
Anticipated Costs of Addressing White Privilege			
Group 1	2.81	0.89	88
Group 2	2.60	0.77	80
White Privilege Remorse			
Group 1	4.09	0.99	88
Group 2	3.53	1.16	80
Multicultural Counseling Awareness			
Group 1	6.00	0.69	88
Group 2	5.86	0.72	80
Multicultural Counseling Knowledge			
Group 1	5.48	0.63	88
Group 2	5.11	0.72	80
Contact			
Group 1	4.17	0.50	88
Group 2	4.09	0.42	80

Note. Group 1: Completed the multicultural counseling course (n = 88).
Group 2: Did not complete the multicultural counseling course (n = 80). N = 168.
$a = .05$

Research Question 1a: Does completing a required CRT-oriented multicultural course in combination with clinical practice effect multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact more than without clinical practice?

In the present study, to address Research Question 1a, two MANOVAs were conducted to address uneven group size. Analyses were first run on the uneven group of participants that had clinical experience and had completed the required multicultural course (n = 28), and those that had completed the multicultural course but did not have clinical experience (n = 60), and those that had neither completed the multicultural course nor had clinical practice (n = 79). One participant reported having clinical experience but had not completed the required multicultural counseling course. For the uneven groups (n =167), there were slight deviations from normality that were observed based on Normal Q-Q plots. Due to MANOVA being fairly robust to

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deviations from normality, we moved forward with analyses. In terms of outliers, a Mahalanobis distance was observed and there were no multivariate outliers in the data (p>0.001). Covariance was assessed by performing Box's Test of Equality of Covariance matrices (Box's M = 57.81; p = 0.575). While Box's M was non-significant, Levene's Test of Homogeneity of Variance (Levene's Statistic = 3.74; p = 0.026) indicated the dependent variable, *Willingness to Confront White Privilege*, does not have homogenous variance between the three groups examined in this MANOVA. For *Willingness to Confront White Privilege,* the follow up univariate ANOVA was corrected with Welch's Test for unequal variance.

Regarding multicollinearity and the linear relationship between dependent variables, there was no multicollinearity as assessed by Pearson correlation standard of .70. Based on scatterplots, a linear relationship was not strongly evident on some dependent variable pairings. As such, this resulted in loss of power for MANOVA, but with ample sample size, this loss of power was acceptable.

As discussed in the Preliminary Analyses section, a new variable was created to form three groups needed for comparison in this analysis. More specifically, this 3-group MANOVA examined the differences between those that had neither completed the multicultural course nor obtained clinical practice (n = 79); those that had completed the multicultural course but had not yet obtained clinical practice (n = 60); and those that had both completed the multicultural course and obtained clinical practice (n = 28). There was a statistically significant difference among the three groups examined in this analysis, $F(14, 316) = 1.90$; p= .026; Wilk's $\lambda = 0.85$; partial $\eta^2 = 0.08$; with an observed power of 0.94. A MANOVA summary of clinical experience is reported in Table 4. With significant MANOVA results, post hoc univariate ANOVA analyses were run to identify which dependent variables contributed to the significant difference. A Bonferroni

correction was performed due to 7 dependent variables. The statistical significance was set at p<0.007.

Table 4
MANOVA Summary Table: Multicultural Counseling Course Completion and Clinical Experience

Test	Value	Approx. F	df	p	partial η^2	Power
Pillai's Trace	.15	1.87	14, 318	.029	.08	.93
Wilks' Lambda	.85	1.90	14, 316	.026	.08	.94
Hotelling's Trace	.17	1.93	14, 314	.023	.08	.94
Roy's Largest Root	.15	3.41	14, 159	.002	.13	.96

Note. Group 1: Did not complete the multicultural counseling course nor had clinical experience (n = 79); Group 2: Completed the multicultural counseling course but did not have clinical experience (n = 60); Group 3: Completed the multicultural counseling course and had clinical experience (n =28). N = 167.
a = .05

The ANOVA results indicate that there was significant difference among the three groups for the following dependent variables: *White Privilege Remorse* $F(2, 164) = 6.50$; p = .002; partial η^2 = .07; with observed power of .90, and *Multicultural Counseling Knowledge* $F(2, 164)$ = 6.69; p = .002; partial η^2 = .08 with observed power of .91. There was no significant difference among the three groups for the following dependent variables: *Multicultural Counseling Awareness* $F(1, 164)$ =1.48; p = .230; partial η^2 = .02, *Willingness to Confront White Privilege* $F(1, 164)$ = 2.39; p = .095; partial η^2 = .03, *Anticipated Costs of Addressing White Privilege* $F(1, 164)$ = 1.50; p = .227; partial η^2 = 0.02, *White Privilege Awareness* $F(1, 166)$ = 2.22; p = .111; partial η^2 = .03; and *Contact* $F(1, 164)$ = 0.94; p = .393; partial η^2 = .01. Table 5 illustrates the means and standard deviations between all three groups examined.

Table 5

Descriptive Statistics by Group: Multicultural Counseling Course Completion and Clinical Experience

WPAS, MCKAS, Contact Questionnaire and Group	M	SD	n
Willingness to Confront White Privilege			
Group 1	4.65	0.76	79
Group 2	4.82	0.67	60
Group 3	5.00	0.47	28
Awareness of White Privilege			
Group 1	5.16	0.72	79
Group 2	5.37	0.62	60
Group 3	5.39	0.65	28
Anticipated Costs of Addressing White Privilege			
Group 1	2.59	0.77	79
Group 2	2.83	0.89	60
Group 3	2.77	0.92	28
White Privilege Remorse			
Group 1	3.52	1.17	79
Group 2	4.00	1.02	60
Group 3	4.30	0.89	28
Multicultural Counseling Awareness			
Group 1	5.85	0.72	79
Group 2	6.05	0.70	60
Group 3	5.90	0.65	28
Multicultural Counseling Knowledge			
Group 1	5.10	0.72	79
Group 2	5.45	0.66	60
Group 3	5.55	0.56	28
Contact			
Group 1	4.08	0.42	79
Group 2	4.15	0.50	60
Group 3	4.21	0.49	28

Note. Group 1: Did not complete the multicultural counseling course nor had clinical experience (n = 79). Group 2: Completed the multicultural counseling course but did not have clinical experience (n = 60). Group 3: Completed the multicultural counseling course and had clinical experience (n =28). N = 167. $a = .05$

Post-hoc Tukey's tests were conducted to identify which specific groups yielded statistically significant differences from each other: (a) those that had neither completed the multicultural course nor obtained clinical practice; (b) those that had completed the multicultural course but had not yet obtained clinical practice; and (c) those that had both completed the multicultural course and obtained clinical practice. The results indicate significant differences between those that had completed the multicultural counseling course and those that had not. There was no significance between those that had clinical experience and those that had none

when making comparisons among the groups with uneven sample size. In other words, the significant result in Research Question 1a replicates the result in Research Question 1.

Due to the potential increase in Type I or Type II error when conducting MANOVA with highly unequal group sizes, a second MANOVA was run to examine Research Question 1a. A randomized extraction of participants from the entire sample to equalize the group sizes for the MANOVA was conducted to examine the combined effects of a multicultural counseling course and clinical practice. Twenty-eight participants from Groups 1 and 2 were randomly extracted yielding a total of 56 participants. This method was used to equalize sample size for all three groups, matching group size for groups 1 and 2 with group 3 and yielding a total of 84 participants for this analysis. With respect to outliers, a Mahalanobis distance was observed and there were no multivariate outliers in the data (p>0.001). In terms of homogeneity of covariance matrices, it was determined there was homogeneity of variance. Covariance was assessed by performing Box's Test of Equality of Covariance matrices (Box's M = 52.48; p = .828). There was no statistically significant difference among the three groups using even group sample sizes, $F(14, 150) = 1.33$; p = .199; partial $\eta^2 = .11$; with an observed power of .77. Univariate analyses were not conducted due to a non-significant multivariate result.

Research Question 2: Do relationships exist among White, master-level counselor trainees' self-reported multicultural counseling competence, their White privilege attitudes and behaviors, and cross racial contact?

In the current study several correlations are reported. Recall, Table 1 reports the correlations found in the current study. Patterns of correlations for each variable are discussed in the next several paragraphs.

Multicultural Counseling Competence

Two aspects of multicultural counseling competence were measured in the current study. Multicultural counseling knowledge is a competency meant to address cognition and information attained through formal education and various other life experiences and perceptions that foster a culturally inclusive understanding of how and why a client exhibits specific behaviors (Arredondo, 1999; Sue et al., 1990). In the current study, *Multicultural Counseling Knowledge* is positively correlated with *Contact* with a small to medium effect. (r =.20; p = .009); positively correlated with *Multicultural Counseling Awareness* with a small to medium effect (r = .24; p = .002); positively correlated with *Willingness to Confront White Privilege* with a medium to large effect (r =.39; p = .000); positively correlated with *White Privilege Awareness* with a small to medium effect (r =.27; p = .000); and positively correlated with *White Privilege Remorse* with a medium effect (r =.30; p = .000). Overall, *Multicultural Counseling Knowledge* was correlated with five out of six variables examined in the study. It yielded a near-zero correlation with *Anticipated Costs of Addressing White Privilege.*

Multicultural counseling awareness is a competency that is meant to address counselor attitudes and beliefs, biases, assumptions, and values (Arredondo, 1999). In the current study, *Multicultural Counseling Awareness* is positively correlated with *Contact* with a small to medium effect (r =.20; p = .010); positively correlated with *Multicultural Counseling Knowledge* with a small to medium effect (r =.24; p = .002); positively correlated with *Willingness to Confront White Privilege* with a medium to large effect (r =.45; p = .000); positively correlated with *White Privilege Awareness* with a large effect (r =.51; p = .000); and positively correlated with *White Privilege Remorse* with a small to medium effect (r =.23; p = .003). Overall,

Multicultural Counseling Awareness was correlated with five of six variables examined in the study.

White Privilege Attitudes and Behaviors

Four aspects of White privilege attitudes and behaviors are measured in the current study. The first aspect of White privilege is *Willingness to Confront White Privilege.* This concept is expressed by participant desire to confront their own White privilege as well as confront others' White privilege. *Willingness to Confront White Privilege* is positively correlated with *Multicultural Counseling Knowledge* with a medium to large effect ($r = .39$; $p = .000$); positively correlated with *Multicultural Counseling Awareness* with a medium to large effect ($r = .45$; $p = .000$); positively correlated with *White Privilege Awareness* with a large effect ($r = .63$; $p = .000$); positively correlated with *White Privilege Remorse* with a large effect ($r = .51$; $p = .000$); and positively correlated with *Contact* with a medium effect ($r = .31$; $p = .000$). Overall, *Willingness to Confront White Privilege* was correlated with five variables examined in the study.

Anticipated Costs of Addressing White Privilege is intended to measure participant concern about confronting White privilege within self and others. *Anticipated Costs of Addressing White Privilege* is the only variable that is not correlated with any other variables in the study.

White Privilege Awareness is intended to measure having knowledge about White privilege and its systemic effect on Whites and people of color. *White Privilege Awareness* is positively correlated with *Willingness to Confront White Privilege* with a large effect ($r = .63$; $p = .000$); positively correlated with *White Privilege Remorse* with a medium effect ($r = .47$; $p = .000$); positively correlated with *Multicultural Counseling Awareness* with a large effect ($r = .51$; $p = .000$); and positively correlated with *Multicultural Counseling Knowledge* with a small effect

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(r = .27; p = .000). Overall, *White Privilege Awareness* was correlated with four variables examined in the study.

   White Privilege Remorse is intended to measure participants feeling shame, guilt, and remorse about having White privilege and its systemic effect on Whites and people of color. *White Privilege Remorse* is positively correlated with *White Privilege Awareness* with a medium effect (r = .47; p = .000); positively correlated with *Contact* with a small effect (r = .18; p = .023); positively correlated with *Willingness to Confront White Privilege* with a large effect (r =.51; p = .000); positively correlated with *Multicultural Counseling Awareness* with a small to medium effect (r = .23; p = .003); and positively correlated with *Multicultural Counseling Knowledge* with a medium effect (r = .30; p = .000). Overall, *White Privilege Awareness* was correlated with five variables examined in the study.

Cross-Racial Contact

   There are two aspects of contact measured with the Contact Questionnaire with respect to cross-racial contact in the current study. Substantive contact and frequency reflect a more meaningful experience than having high frequency with no substance or high substance with low frequency. The notion of substantive and frequent contact suggests that both are necessary to fulfill meaningful cross-racial contact per Allport's contact theory (Allport, 1956). *Contact* is positively correlated with *Willingness to Confront White Privilege* with a medium effect (r = .31; p = .000); positively correlated with *White Privilege Remorse* with a small effect (r = .18; p = .023); positively correlated with *Multicultural Counseling Awareness* with a small effect (r = .20; p = .010); and positively correlated with *Multicultural Counseling Knowledge* with a small effect (r = .20; p = .009). Overall, *Contact* was correlated with four of the six variables in the study.

Research 3: Does multicultural competence differ across gender identity or length of time in academic training?

In the present study, to address Research Question 3, three MANOVAs were conducted. Two were performed to address uneven group size with respect to gender, and a third MANOVA was performed to assess effects of academic year (time spent) in program.

To examine the gender differences part of Research Question 3, analyses were first run on the uneven group of participants that identified as female (n =140) and those that identified as male (n =24). Four participants were excluded as their gender identity did not fall within the binary of female/male identity groups, and a group of four was too small to allow for meaningful comparisons. For the uneven groups (N = 164), there were slight deviations from normality that were observed based on Normal Q-Q plots. Due to MANOVA being fairly robust to deviations from normality, we moved forward with analyses. In terms of outliers, a Mahalanobis distance was observed and there were no multivariate outliers in the data (p>0.001). Covariance was assessed by performing Box's Test of Equality of Covariance matrices (Box's M = 34.98; p = .318). With respect to homogeneity of covariance matrices, it was determined there was homogeneity of variance.

Regarding multicollinearity and the linear relationship between dependent variables, there was no multicollinearity as assessed by Pearson correlation standard of .70. Based on scatterplots, a linear relationship was not strongly evident on some dependent variable pairings. As such, this resulted in loss of power for MANOVA, but with ample sample size, this loss of power was acceptable. The results of the MANOVA indicate a statistically significant difference between gender groups, $F(7, 156)=2.099$; $p=0.047$; Wilk's $\lambda=0.91$; partial $\eta^2=0.086$; with an observed power of 0.790. A MANOVA summary of the effects of gender is reported in Table 6.

With significant MANOVA results, post hoc ANOVA analyses were conducted to identify

which dependent variables contributed to the significant difference.

Table 6

MANOVA Summary Table: Effects of Gender

Test	Value	Approx. F	df	p	partial η^2	Power
Pillai's Trace	.09	2.10	7, 156	.047	.09	.79
Wilks' Lambda	.91	2.10	7, 156	.047	.09	.79
Hotelling's Trace	.09	2.10	7, 156	.047	.09	.79
Roy's Largest Root	.09	2.10	7, 156	.047	.09	.79

Note. Female (n = 140); Male (n = 24). N = 164.
a = .05

A Bonferroni correction was performed due to seven independent variables. The

statistical significance was set at p < .007. Table 7 illustrates the means and standard deviations

between male and female participants. There was no statistically significant difference among

gender groups on any of the individual dependent variables with a standard of significance set at

.007 with a Bonferroni correction.

Table 7

Descriptive Statistics by Group: Gender

WPAS, MCKAS, Contact Questionnaire and Group	M	SD	n
Willingness to Confront White Privilege			
Female	4.79	0.67	140
Male	4.45	0.75	24
Awareness of White Privilege			
Female	5.31	0.67	140
Male	5.04	0.73	24
Anticipated Costs of Addressing White Privilege			
Female	2.66	0.83	140
Male	3.00	0.92	24
White Privilege Remorse			
Female	3.92	1.05	140
Male	3.30	1.32	24
Multicultural Counseling Awareness			
Female	6.00	0.71	140
Male	5.86	0.72	24
Multicultural Counseling Knowledge			
Female	5.32	0.71	140
Male	5.13	0.69	24
Contact			
Female	4.13	0.45	140
Male	4.05	0.48	24

Note. Female (n = 140). Male (n = 24). N = 164.

a = .05

Due to the potential increase in Type I or Type II error when conducting MANOVA with highly unequal group sizes, a second MANOVA was conducted to examine gender differences. A randomized extraction was performed on female gender group to equalize male and female gender groups for analyses yielding a sample size of N = 48. Four participants who did not identify as male or female were not included in these analyses. With respect to outliers, a Mahalanobis distance was observed and there were no multivariate outliers in the data (p>0.001). Covariance was assessed by performing Box's Test of Equality of Covariance matrices (Box's M = 34.37; p = .426). While Box's M was non-significant, Levene's Test of Homogeneity of Variance (Levene's Statistic = 9.64; p = .003), the dependent variable, *Multicultural Counseling Awareness*, does not have homogenous variance between groups based on gender. For *Multicultural Counseling Awareness,* follow up univariate ANOVAs would be corrected with

Welch's Test for unequal variance. The results of the MANOVA indicate no statistically significant difference for gender using even group sizes; $F(7, 40) = 1.27$; Wilk's $\lambda = 0.82$; $p = .288$; partial $\eta^2 = .18$; with an observed power of .47. Due to non-significant MANOVA results, there was no need to proceed with post hoc univariate analyses.

A final MANOVA was conducted to determine the effect of academic year (time spent) in the program. In terms of outliers, a Mahalanobis distance was observed and there were no multivariate outliers in the data ($p>0.001$). Covariance was assessed by performing Box's Test of Equality of Covariance matrices (Box's $M = 49.29$; $p = .822$). With respect to homogeneity of covariance matrices, it was determined there was homogeneity of variance. Three groups of participants were compared: (a) participants that have been in the program for one year ($n = 57$), (b) participants that have been in the program for two years ($n = 67$), (c) and participants that have been in the program for three years or more ($n = 44$). There was no statistically significant difference with regard to academic year (time spent) in the program; $F(14, 318) = 1.28$; Wilk's $\lambda = 0.90$; $p = .221$; partial $\eta^2 = .05$; with an observed power of .77. Due to non-significant MANOVA results, there was no need to proceed with post hoc univariate analyses. A MANOVA summary of the effects of academic year is reported in Table 8.

Table 8
MANOVA Summary Table: Effects of Academic Year

Test	Value	Approx. F	df	p	partial η^2	Power
Pillai's Trace	.11	1.28	14, 320	.221	.05	.77
Wilks' Lambda	.90	1.28	14, 318	.221	.05	.77
Hotelling's Trace	.11	1.28	14, 316	.221	.05	.77
Roy's Largest Root	.08	1.92	7, 160	.069	.08	.75

Note. Time spent in program ≤ 1 year (n = 57); Time spent in program for two years (n = 67); Time spent in program ≥ three years (n =44).
N = 168.
a = .05

CHAPTER V

DISCUSSION

The purpose of this study was to examine how effective a single, CRT-oriented

multicultural course was on White, master-level counselor trainees who may or may not have

had clinical practice. More specifically, the study examined differences in participants'

responses to instruments that assessed White privilege awareness, multicultural counseling

competence, and cross-racial contact compared to White, master-level counselor trainees that did

not have a single multicultural course. Additionally, this study examined the aforementioned

variables in White, master-level counselor trainees that were enrolled in a training program that

has a strong emphasis on race and other issues of diversity. A related purpose of this study was

to contribute to the body of literature that has examined multicultural counseling training, White

privilege awareness, and multicultural competency, but has yet to address all three in

combination with cross-racial contact. The following research questions address the purpose of

the study:

1. Does completing a required CRT-oriented multicultural course effect multicultural

   competence, White privilege attitudes and behaviors, and likelihood of cross-racial

   contact?

   a. Does completing a required CRT-oriented multicultural course in combination

      with clinical practice effect multicultural competence, White privilege attitudes

      and behaviors, and likelihood of cross-racial contact more than without clinical

      practice?

2. Do relationships exist among White, master-level counselor trainees' self-reported multicultural counseling competence, their White privilege attitudes and behaviors, and cross racial contact?

3. Does multicultural competence differ across gender identity or length of time in academic training?

This final chapter will expand on the findings in the study, report limitations of the study, discuss training implications of the findings, and identify future directions for studies conducted in this area of research.

Critical Race MC Training and Multicultural Counseling Competence

In the current study, the department multicultural counseling course is grounded in a critical race orientation. This means that the class is taught from a perspective that grounds multicultural counseling competence in an understanding of systemic racism, power, privilege, oppression, and the insidiousness of White supremacy. The course is designed to inform White counselor trainees on their power and privilege to better equip them to work with clients of color. Critical race theory exists as a paradigm that suggests that race is the superordinate factor of all expressions of identity. Essentially, it is the belief that if we were to dismantle White supremacy, all other forms of supremacy would fail to exist (e.g., patriarchy, heterosexism, classism, xenophobia, etc.). The department multicultural counseling course content includes a compendium of race-based literature to foster student learning from a critical race perspective. Students are expected to complete a signature paper that critically examines a racial minority group in the context of counseling. Findings of the present study suggest that a CRT-oriented, single course may serve as a useful intervention for establishing and enhancing multicultural counseling competence, particularly multicultural knowledge.

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The Multicultural Counseling Knowledge and Awareness Scale (MCAKAS; Ponterotto et al., 2002) was used to asses two aspects of multicultural counseling competence. Multicultural counseling knowledge is a competency meant to address cognition and information attained through formal education and various other life experiences and perceptions that foster a culturally inclusive understanding of how and why a client exhibits specific behaviors (Arredondo, 1999; Sue et al., 1990). Multicultural counseling awareness is a competency that is meant to address counselor attitudes and beliefs, biases, assumptions, and values (Arredondo, 1999). In the current study, participants reported high levels of multicultural counseling awareness and multicultural counseling knowledge. This is consistent with previous literature that suggests that those who have taken a single multicultural counseling course yield scores that reflect higher multicultural counseling competence than those that have not taken a course (Chao et al., 2011; D' Andrea & Daniels; 2001; Díaz-Lázaro & Cohen, 2001; Knox et al., 2003).

The first research question sought to examine if having a multicultural course with or without clinical practice impacts multicultural competence, White privilege attitudes and behaviors, and likelihood of cross-racial contact. The findings suggest that participants who had completed the department multicultural counseling course scored higher on *Multicultural Counseling Knowledge* than those that did not take the department multicultural counseling course. This makes sense as an aspect of multicultural counseling knowledge captures multicultural training attained through formal education. With respect to the *Multicultural Counseling Awareness* subscale, the findings suggest that there was no significant difference between participants that had completed the department multicultural counseling course and those that had not completed it. Multicultural counseling awareness captures beliefs, attitudes, biases, assumptions, and values. One reason for the nonsignificant outcome could be that

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participants with an interest in a helping profession may come to a training program with more

inclusive worldviews and an interest in social justice and equity. Therefore, they may need less

formal training in this area. On the other hand, participants may feel compelled to answer

positively to a multicultural counseling assessment due to social desirability especially in a

training program that emphasizes multicultural competence throughout much of the curriculum.

Another reason for the nonsignificant outcome could be that about a third of the MCKAS

captures multicultural counseling competence in clinical practice. In this study, 17% of the

participants reported having clinical practice through departmental practicum and internship

experiences. Therefore, most of the participants may have answered from an unexperienced

place. For example, "I think that my clients should exhibit some degree of psychological

mindedness and sophistication," and "I believe that minority clients will benefit most from

counseling with a majority who endorses White middle-class values and norms" are two items on

the *Multicultural Counseling Awareness* subscale that could be perceived theoretically, but may

also be conceptualized as an inquiry meant to capture current clinical experience. This may

suggest that *Multicultural Counseling Awareness* scores are less different across groups as the

pool of participants are more homogenous with minimal clinical practice and lived experience as

counselors.

Clinical Experience and Multicultural Counseling Competence

In this study, clinical experience was harder to capture as most trainees that have reached

the clinical stage of their training are typically completed with coursework and are less active in

the program. Therefore, in-class and online recruitment was less successful with participants

who had clinical experience. The second part of the first research question sought to answer if

having a multicultural course with clinical practice impacts multicultural competence, White

privilege attitudes and behaviors, and likelihood of cross-racial contact more than without

clinical practice. In the study, two sets of analyses were conducted. A MANOVA test was

conducted on the uneven 3-group sample (n=167), and a second MANOVA test was conducted

on the even 3-group sample (n=84). The findings suggest that there is no significant difference

between participants that had clinical experience and those that did not have clinical experience.

The literature is mixed on this outcome as there is some research that suggests that clinical

experience fosters higher multicultural counseling competence (Allison, Echemendia, Crawford,

& Robinson, 1996; Carlson, Brack, Laygo, Cohen, & Kirkscey, 1998; Sehgal et al., 2011),

whereas other research suggests that there is no difference between counselor trainee and

practicing early professional multicultural counseling competence (Hansen et al., 2006).

Non-significance of clinical experience could be due to the kind of clinical practice

available to participants in the department. The department clinic is a training site that is open to

enrolled undergraduate and graduate students seeking mental health services at the institution.

Clinical services are also available to members in the community that either pay through

insurance or a sliding scale. A stipulation of clinical training is that trainees are not permitted to

provide clinical work to clients that have severe mental health concerns (e.g., bipolar disorder,

schizophrenia, psychosis). In 2019, the department training clinic reported client demographic

information. Black/African American clients made up 20% of new clients; 10% as Asian/Pacific

Islander; 9% as Hispanic/LatinX; and 4% as multicultural.   The overall client population of

color was 42%. Though mental health disorders do not discriminate, healthcare disparities may

relegate individuals of color with less access to premier healthcare to seek mental health services

at a training clinic. If those individuals present with co-morbidity or have unmedicated mental

health concerns, counselor trainees may not get the experience of working with a diverse group

of individuals as those clients will be seen by doctoral trainees or not seen at the training clinic at all. Furthermore, recruitment was conducted at a predominantly White institution. Though 42% is almost half of the client population seen at the department training clinic, most of the students that are seen in the training clinic identify as White. Moreover, only 17% of the sample collected in this study had clinical experience. As such, 83% of the participants in the study provided survey responses that were theoretical in nature as they had no clinical experience to ground their perspective in multicultural counseling competence and White privilege attitudes and behaviors in therapy. With limited clinical practice on individuals of color, there may be less opportunity to develop stronger multicultural counseling competence. Additionally, the average number of clients seen in a practicum course is between 15-25 clinical hours for the semester. These contact hours may be too low to significantly enhance multicultural counseling competence. Lastly, as previously mentioned, some existing research suggests that those with clinical practice still do not employ their multicultural counseling training in session; particularly when they lack confidence in employing such cultural practice in session (Cardemil & Battle, 2003; Hansen et al., 2006; Sehgal et al., 2011). This may be the case for the participants in this study. There may not be a significant difference in multicultural counseling competence, White privilege attitudes, and contact in those with clinical practice for fear of making a mistake or failing to prioritize it in session.

<div align="center">**Cross-Racial Contact**</div>

Cross-racial contact was challenging to capture in this study as there were limitations in measurement properties. This will be discussed further when addressing limitations of the study. Overall, the findings suggest that cross-racial contact had an impact on multicultural counseling competence and White privilege attitudes as it correlated positively to *Willingness to Confront*

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White Privilege with a medium effect (*r* = .31; p = .000); *White Privilege Remorse* with a

medium effect (*r* = .18; p = .023); *Multicultural Counseling Awareness* with a small effect (*r* =

.20; p = .010); and *Multicultural Counseling Knowledge* also with a small effect (*r* = .20; p =

.009). In spite of psychometric limitations of the *Contact Questionnaire*, significant correlations

were reported; though effect sizes were small to medium. This could be due to participant

involvement in multicultural courses and multicultural workshop attendance. Participants were

asked to provide information about past multicultural counseling training. In this study, 32% (n

= 53) of participants reported whether or not they had completed multicultural counseling

courses prior to enrollment in the department master's program. Fifty-two percent (n = 88)

participants reported that they had completed the CRT-oriented multicultural counseling course.

Participants were also asked to report the number of multicultural workshops they had attended

prior to and during their graduate studies. In the study, 37% (n=58) of participants had attended

at least one multicultural workshop. Overall, 68% of the participants did not have a multicultural

counseling course before enrolling in the department program. Additionally, 63% of the

participants had not attended at least one multicultural workshop.

Specific items on the *Contact Questionnaire* yield vital information relevant to the

efficacy of contact measured in this study. Participants were asked about frequency of and

substantive cross-racial contact. Both are necessary to fulfill Allport's hypothesis. In this case,

participants were asked, "I experience no visits to homes of people of color." This reverse-

scored item captures both frequency and intimacy of cross-racial contact. Fifty-seven percent of

participants in the study either agreed or strongly agreed with this question. On the other hand,

47% of the participants either agreed or strongly agreed when asked, "The contact I experience

with people of color is intimate in nature (e.g., meeting a person of color for coffee and having a

conversation)." While participants appear to have intimate cross-racial contact based on the example given in the item, almost 60% of the participants do not visit homes of people of color. Several items on the *Contact Questionnaire* ask about cross-racial contact in a professional and academic environment. Though some of the questions are meant to be substantive, perhaps collegial relationships are less intimate than what would be expected to reduce racial bias and foster investment in White privilege awareness and multicultural competence. These findings suggest that in the future when measuring contact, the following should be considered: (a) using a more stable instrument with items that clearly capture substantive and intimate cross-racial contact may yield more conclusive results about the impact of cross-racial contact; (b) collecting additional demographic information about cross-racial contact for those that had multicultural counseling experiences prior to graduate studies and those that had attended multicultural counseling workshops; and (c) providing specific demographic questions that yield a greater understanding of participants' clinical experience with more defined parameters (e.g., participants report an estimated number of clinical hours they have had with clients of color in a practicum or field placement setting). Recall that only 17% of the participants had clinical experience, therefore if more participants in the study had cross-racial clinical experiences, this may have given more data about the efficacy of cross-racial contact in this study. This is relevant as the literature suggests that cross-racial contact is catalytic for inclusive interpersonal experiences (Chang & Yoon, 2011; Knox et al, 2003; Utsey et al., 2005). Correlations between contact and White privilege attitudes and multicultural counseling competence may have been stronger if more than 17% of the participants had clinical experience.

The limited research that includes cross-racial contact and multicultural counseling competence suggests that counselor trainees with more cross-racial contact feel more equipped

working with racially/ethnically different individuals (Merta et al., 1988; Mio, 1989). With the exception of poor scale development to measure contact in the current study, a lack of significance may have been a result of participants scoring high on multicultural counseling competence from a theoretical and intellectualized framework but who also lack an applied method for learning more about communities of color. The MCKAS does not measure actual time spent with marginalized clients, so without a strong measurement of contact, it is difficult to determine the lived experiences of participants unless they are explicitly asked about their quality of contact. Though the *Contact Questionnaire* inquired about superficial and intimate cross-racial contact (e.g., "I experience frequent contact with people of color as neighbors," and "I experience no visits to homes of people of color."), one's self-report of cultural competence may not waiver; especially if the contact is superficial in nature as are most college classroom experiences.

White Privilege Awareness, Attitudes, and Behaviors

Four aspects of White privilege attitudes and behaviors were examined with the use of the White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009). In the current study, the findings suggest that only one aspect of White privilege, *White Privilege Remorse*, yielded statistically significant differences with respect to participant completion of the department CRT-oriented multicultural counseling course. Generally, participants seem to feel comfortable recognizing and confronting White privilege upon reflecting on their own perpetuation of it (*Willingness to Confront White Privilege*). Additionally, participants seem to have relatively high awareness of White privilege (*White Privilege Awareness*). This makes sense as they scored moderately high on recognizing and confronting White privilege (*Willingness to Confront White Privilege*). Participants seem to score lower on anticipated costs of addressing White

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privilege (*Anticipated Costs of Addressing White Privilege*). The items in this subscale reflect

two polarized experiences. Low scores on this scale could mean that participants feel relatively

secure in addressing, confronting, and speaking out against White privilege. For example,

sample items include, "I worry about what giving up some White privileges might mean for me,"

and "If I were to speak up against White privilege, I would fear losing my friends." Participants

seem to be ok with these costs if they exist. On the other hand, low mean scores may have

manifested as participants may not be worried about the anticipated costs of addressing White

privilege, because they actually do not engage in addressing White privilege. If White privilege

is not confronted, then there is no cost to anticipate. If this is the case, the high mean scores for

White Privilege Awareness and *Willingness to Confront White Privilege* may reflect a theoretical

response. In other words, in theory, participants may be aware of White privilege and are willing

to confront it, but it is hard to determine if they actually do as this is a self-report measure.

Furthermore, awareness of White privilege and willingness to confront it are mostly measured as

self-reflective experiences versus interpersonal experiences. Example items that reflect this

include, "I accept responsibility to change White people;" "I'm glad to explore my White

privilege;" and "I want to begin the process of eliminating White privilege." This may suggest

that participants do not actually intervene interpersonally when witnessing White privilege,

therefore they may not worry about the costs associated with confronting White privilege as

those costs would be irrelevant.

The final subscale in the WPAS is *White Privilege Remorse* (*M*=3.82; *SD*=1.11). This

subscale had the largest variance of all dependent variables in the study. This suggests that the

responses were highly varied with respect to White privilege remorse. The findings also suggest

that participants did not feel a great deal of White privilege remorse unless they had taken the

CRT-oriented multicultural counseling course. The significance could suggest that course completion yields a greater understanding of the costs of White privilege to people of color; fostering guilt, anger, sadness, and remorse. It could also suggest that when participants are taught multicultural counseling competence from a critical race perspective, they struggle to work through dissonance and feel guilty about their privileges, which can manifest into shame (DiAngelo, 2011; DiAngelo, 2018). On the other hand, some research suggests that guilt that leads to remorse can manifest into humility and foster behavioral change (Spanierman et al., 2004; Spanierman et al., 2009; Spanierman et al., 2006). In this study, all of these factors may be relevant.

Conversely, mean scores on *White Privilege Remorse* were relatively low despite course completion. This suggests that there was an overall lack of remorse. This may be due to understanding the potential counterproductive nature of guilt and shame when developing a positive White racial identity (DiAngelo, 2018; Helms, 1994; Feagin, 2013). The CRT-oriented course syllabus includes content on racial identity models. Participants may have developed an understanding of White racial identity development processes and the potential consequences of shame and guilt on positive White racial identity development. Another possible explanation of the data could be socio-political in that the election of a Black president has fostered erroneous rhetoric that the U.S. is now post-racial. Mainstream post-racial rhetoric may suggest that participants do not have anything to feel guilty about as a post-racial country seems to suggest that equity exists, and racism has been eradicated.

Correlations between MCC, White Privilege Attitudes, and Cross-Racial Contact

In the current study, correlations were examined to see if there was any connection between multicultural counseling competence, White privilege awareness, and cross-racial

contact. The second research question sought to answer if relationships exist among White, master-level counselor trainees' self-reported multicultural counseling competence, their White privilege attitudes and behaviors, and cross racial contact.

The most striking finding with respect to correlations in the present study is that the variable, *Anticipated Costs of Addressing White Privilege*, is not statistically significantly correlated with any of the other variables in the study. Recall that sample items on the *Anticipated Costs of Addressing White Privilege* include, "I worry about what giving up some White privileges may mean for me," and "I am anxious about stirring up bad feelings by exposing the advantages that Whites have." One of two things could be happening with this finding. About half of the participants in the study completed the CRT-oriented course. Due to an emphasis on race-related content, White privilege, and systemic racism, participants may find anticipated costs of addressing White privilege irrelevant or innocuous. On the other hand, the findings may suggest that White privilege awareness is self-reflective and represents an internal process that reduces the desire to engage in action-oriented processes to address White privilege. Participants may feel equipped to engage in critical race discussion at work or in a college classroom; perhaps even with self, but it may not extend beyond that. If there is little to no action being taken to address White supremacy via confrontation, this may reduce *anticipated* costs of addressing White privilege. Given that *White Privilege Remorse* seems to correlate with all other variables except *Anticipated Costs of Addressing White Privilege*, this suggests that remorse may be catalytic in prioritizing White privilege awareness. In other words, in the absence of remorse, anticipated costs of addressing White privilege fails to exist as White participants may not be at a place yet with respect to their White racial identity development to consider the notion of risking relationships with family members, friends, and colleagues to

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address White privilege. In this study, participants scored low on *White Privilege Remorse.*
Again, this may suggest that participants in the study did not feel remorse, thus they did not feel
pulled to address White privilege, let alone think about the costs of addressing it.

The findings suggest that *White Privilege Remorse* appears to positively correlate with all
other dependent variables with the exception of *Anticipated Costs of Addressing White Privilege*.
This observation may suggest that the concept of White privilege remorse undergirds cross-racial
contact, multicultural counseling competence, willingness to confront White privilege, awareness
of White privilege, and anticipated costs of White privilege. Previous research on White racial
identity development suggests that White guilt can lead to White remorse (DiAngelo, 2017).
This can foster movement when examining White privilege attitudes and behaviors as mentioned
earlier. The findings also suggest that remorse may be required for positive White racial identity
attitudes and behaviors.

Contact positively correlates with *Multicultural Counseling Awareness, Multicultural
Counseling Knowledge, Willingness to Confront White Privilege,* and *White Privilege Remorse.*
These correlations suggest that cross-racial contact may influence multicultural counseling
competence and White privilege attitudes and behaviors. However, it did not correlate with
White Privilege Awareness nor did it correlate with *Anticipated Costs of Addressing White
Privilege*. This may suggest that the CRT-oriented course fosters substantive multicultural
counseling competence along with White privilege remorse and willingness to confront White
privilege as White privilege, White supremacy, and institutional racism are addressed in the
course. It may also suggest that contact was difficult to measure in this study and therefore
inconclusive. Or it may suggest that though participants report a high level of frequent contact
with people of color in school and at work, they do not have interpersonal experiences with

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people of color in their homes or outside of school and work. Perhaps the study has uncovered the limitations of collegial relationships and the barriers that exist when one is doing their job versus voluntarily engaging in meaningful cross-racial contact. This final point is critical as we must think about what it means to be a therapist and if that role is as superficial as doing a job or as meaningful as connecting with people in intimate ways to foster a strong and safe therapeutic alliance. Past research further suggests that cross-racial therapy is better received when the therapist has meaningful relationships beyond the therapeutic space (Constantine, 2002; Chang & Berk, 2009).

Multicultural Counseling Competence, Gender, and Academic Year

It was suspected that more time spent in the training program could yield greater multicultural counseling scores as with most time spent learning and refining a skill, more knowledge is acquired over time. In the current study, year in academic program was assessed as a predictor for greater multicultural counseling competence. Additionally, previous research suggests gender differences in multicultural counseling competence (Middleton et al., 2005; Pinterits et al., 2009; Spanierman & Heppner, 2004; Spanierman et al., 2012).

The third research question sought to answer if relationships exist among White, master-level, counselor trainees' gender identity, current academic year, and their multicultural competence. The findings suggest that when equalizing group sizes for gender, there is no significant difference between men and women with respect to multicultural counseling competence, White privilege awareness, and cross-racial contact. In this study, there were only 24 male participants. After random extraction of 24 female participants, the two groups were analyzed for differences. Low sample size may account for a non-significant outcome. When the data was assessed with unequal gender group sizes, there was a significant difference as there

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were 140 female participants and 24 male participants. Though there was a statistically significant difference in the unequal gender group size MANOVA, none of the follow-up ANOVAs were statistically significant. This finding suggests that when replicating the study there may be significant gender differences with ample sample size. Or the current findings may reflect no difference across gender due to: (a) participants having *equal access* to and conceptualization of social media platforms that publicize White supremacist acts against people of color and progressive anti-racist tactics to counter systemic racism; (b) male participants evolving generationally as race-related content is more accessible now than it was 20 years ago; or (c) female participants, who generally report higher White remorse (Pintierits et al., 2009; Spanierman et al., 2004) and greater multicultural competence (Constantine, 2000), regressing in their understanding of racism and White privilege as they have more recently led social justice movements that reinforce a perception of "arrival" or reaching the pinnacle of competence in the multicultural counseling movement (i.e., arrival may lead to a false sense of competence that may thwart continued growth in White privilege attitudes and multicultural counseling competence).

Academic year was also assessed. In the current study, the findings suggest that year in program produces no significant difference in multicultural counseling competence, White privilege awareness, and cross-racial contact. This may suggest that increased multicultural counseling competence and White privilege awareness are enhanced over a period of time greater than three years. In all APA and ACA accredited programs, a single multicultural counseling course is required. If multicultural training is not infused in all program courses, the mandatory multicultural counseling course may be the only access students have to multicultural content. In this study, the program that was used to recruit participation is well-known for

multicultural inclusion in most courses. This infusion may have contributed to the statistically significant finding that participants who took the CRT-oriented multicultural counseling course reported higher scores the Multicultural Counseling Knowledge and Awareness Scale (MCKAS) regardless of clinical practice and time in program. Though infusion may increase multicultural content and foster greater multicultural counseling competence, it may not provide the same depth as one or two additional *required* multicultural counseling courses that explicitly focus on multicultural training and content.

Limitations

Participants were recruited from a single institution. This limited the variability and generalizability of the study as participants were somewhat homogenous as all recruited participants were master-level trainees in a single department. In other words, a comparative process could not be conducted as there were no other participants from other institutions used to assess the efficacy of their department multicultural counseling course as compared to the current institution. In the future, replicating this study with additional institutions may garner more expansive comparative analyses that can be used to generalize the data more robustly. Such analyses could examine: (a) the efficacy of a CRT-oriented course compared to a non-CRT-oriented course; (b) multiple examples of CRT-oriented courses across several programs and efficacy of a CRT-oriented course despite variability across programs; and (c) participants from more than one institution. This might also provide us with more information about how much the cultural context of the program matters. As reported in previous sections, faculty and instructor buy-in is catalytic to the inclusion of multicultural content in training programs (Ponterotto, 1997; Sue et al., 2010).

Additionally, participant recruitment was limited as the investigator only recruited participants for two academic semesters, thus potentially limiting sample size. Due to the small number of students in department practicum and internship courses, it was challenging to recruit those participants. This challenge contributed to the low number of participants that had clinical experience in the department. Due to this low number, it was difficult to answer Hypothesis 1a without correcting for unequal sample size. Because the overall sample size for those with clinical experience was so low, it was difficult to determine if clinical experience had any effect on multicultural counseling competence. Previous literature indicates that those with clinical experience compared to those that do not have clinical experience, exhibit higher levels of multicultural competence (Allison, Echemendia, Crawford, & Robinson, 1996; Carlson, Brack, Laygo, Cohen, & Kirkscey, 1998; Sehgal et al., 2011). Therefore, it is suspected that garnering more participants may have yielded a significant outcome, or perhaps the little clinical experience that participants likely had may have been the reason why clinical experience was nonsignificant in this study. In the future, developing more successful ways to collect data on students that may have less presence on campus and in the program could garner higher recruitment numbers.

Instrumentation used in the study had several limitations. For example, the *Contact Questionnaire* was adapted from previous work conducted by Hewstone and colleagues (Hewston & Islam, 1993; Turner et al., 2008; Walker & Hewstone, 2008) that was used in social psychology research to examine intergroup contact. Like Hewstone and colleagues, the *Contact Questionnaire* used in the current study did not undergo the process of scale development, nor was it piloted to individuals preliminarily to determine its utility. Consequently, the instrument had weak reliability properties, yielding an unacceptably low alpha ($r = .04$). In the future, it is

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recommended that for best practice, the developer go through the process of item-development (e.g., piloting the scale and running analyses on item reliability) when introducing a self-made instrument.

The White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009) has not been used extensively, and thus we do not know much about validity. Therefore, it may not have captured the nuances of White privilege attitudes that currently exist. For example, this instrument was developed in 2009. Since then, there have been critical contributions to the social sciences regarding White fragility, White privilege, and anti-racism (DiAngelo, 2011; DiAngelo, 2018; Feagin, 2013; Oluo, 2018; Sue & Spanierman, 2020). Therefore, the factors in this instrument may not be as relevant to the current conversation. This may be why *White Privilege Remorse* (*M*=3.82, *SD*=1.12) had a mean and standard deviation outcome that reflects higher variance and a lower mean score. White privilege remorse attempts to capture guilt associated with whiteness. As the country has been erroneously identified as post-racial, White individuals may find it harder to feel guilty about their whiteness as they may conclude that post-racial means we have achieved an equitable playing field. Future studies that capture White privilege remorse and examine White racial identity development as a moderator may inform the profession on the utility of White privilege remorse and how it may be useful tool for understanding White racial identity development and White privilege awareness. Recall, Helms' White Racial Identity Model (WRID) taps into White fragility, cross-racial contact, dissonance, anti-racist identity development, and non-defensive self-reflective work on whiteness. If White racial identity is measured as well as White privilege awareness, we may be able to make conclusions about effective critical race training in multicultural counseling courses.

The Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 2002) was limited in that it seems to be better suited for advanced trainees that have had clinical experience and practicing professionals. It may be harder for trainees to contextualize the items if they are at the beginning stages of their training. For example, about half of the items specifically inquire about client-related concerns that only a participant with clinical experience or a professional would most likely be able to answer with confidence. In the future, it may be helpful to develop a multicultural counseling competence scale that captures trainee knowledge, awareness, and behavior at the training level. This vulnerability calls into question the validity of the responses in the current study as students responded with high scores when asked about multicultural counseling competence. It seems that high scores could reflect an ideal representation of their clinical work rather than their actual clinical performance. If this is the case, the responses may have been somewhat guided by social desirability.

This study utilized self-report measures to answer the research questions. Though the literature is robust in self-report methods in the profession, it may be challenging to reduce social desirability especially when collecting data about multicultural counseling competence and White privilege in a graduate program that is known to infuse multicultural content and critical race theory in their curriculum. Participants may have felt compelled to answer the questions that align with program expectations as opposed to their lived and practiced experience. Additionally, it may be difficult for participants to recall information when asked to reflect on their past clinical and training experience.

In the current study, an online survey and in-person method was used to garner participation. First, the online-survey method can be vulnerable to duplicate submissions. Though survey platforms have become sophisticated in monitoring duplicate IP addresses, there

is no guarantee that a participant did not complete the survey on one device and complete the survey again on another device at a later time. To reduce this, they were asked to include a unique code ID, but this request does not guarantee that they did not use a different code ID in the process of completing the survey multiple times. Given the length of the survey (e.g., about 30 minutes to complete), it is suspected that this acted as a deterrent from multiple submissions. Additionally, survey fatigue and time-lapsed responses may disrupt the survey completion process. This method makes it harder to monitor survey participation as well as foster an environment that expects survey completion like in a classroom.

On the other hand, online-survey participation can be useful in collecting large samples of data in a concise way. It can also be a convenient way to answer questions for participants, therefore increasing response rates. The privacy of completing the survey without pressure from others in a classroom may foster more authentic responses. Finally, the costs are low to the investigator as it is relatively affordable or free to conduct an online survey, and it reduces imputing data by hand.

In-class participation was used in this study as well to reduce online-survey limitations. However, this multiple method may be vulnerable to normality concerns as class-room participation is much different than online-survey participation (Lefever, Dal, & Matthiasdottir, 2007; Roster, Rogers, Albaum, & Klein, 2004: Rhodes, Bowie, & Hergenrather, 2003; Ward, Clark, Zabriskie, & Morris, 2012). In the future, it may be best to either collect data in a single format, or keep the data separate for comparative purposes to see if there are differences before making final conclusions about data.

Future Directions for Training

The purpose of this study was to explore the efficacy of a single multicultural counseling course grounded in Critical Race Theory and its effect on White privilege attitudes, multicultural counseling competence, and cross-racial contact in White, master-level counselor trainees in a single counselor education/counseling psychology department. The following sections represent future directions for training based on the findings.

CRT-Oriented Course and Standardization

With respect to the unique single-course content in the department, this study may inform the counseling profession on the effects of a CRT-oriented multicultural counseling course as an intervention tool on White, master-level counselor trainees. The counseling profession continues to emphasize the need for culturally competent practitioners within the limitations of training programs that typically offer one multicultural course as a requirement of counselor training; a multicultural counseling course that may or may not infuse a strong power/privilege/oppression dynamic in the curriculum. The profession continues to interrogate colonized counseling practice by redefining ethical guidelines that will reflect a culturally competent profession (Goodman & Gorski, 2015). This study illustrates that a CRT-oriented course that focuses on race at the intersection of power, privilege, and oppression can be used to assist counselor trainees in their journey to become culturally competent practitioners.

Previous research has reported that White counselor trainees frequently become angry, resistant, and shut down during race-related dialogue when asked to acknowledge systemic racism and white privilege in the college classroom (Bryan, Wilson, Lewis, & Wills, 2015; DiAngelo & Sensoy, 2014, Sue et al, 2009). This is critical as future clinicians may work with clients of color and fail to provide culturally competent therapy. Therefore, using race-related

content, or in this case, a CRT-oriented multicultural counseling course to enhance cultural competence serves as a unique training experience to help White counselor trainees develop a positive White racial identity and cultivate racial literacy when working with marginalized clients in the future. This aspect of training is critical as previous research suggests that White counselor trainees struggle to engage in critical race discussion about White supremacy and their own racial identity development in their training program. In the current study, the data suggests that when counselor trainees are held accountable to race-related content and White privilege awareness—a traditionalist approach—they demonstrate more multicultural competence. Though a multicultural training paradigm is important (i.e. this approach captures a broad range of identities such as gender, sexual orientation, race/ethnicity, class, disability, nationality, religion, and other relevant identities), it may create barriers for critical race discussion as White counselor trainees tend to use other issues of diversity to deflect from the critical race discussion (DiAngelo, 2018; Parket et al., 1998; Watt, 2007). There is value in both multicultural and traditional approaches, however, the profession's inability to determine which approach yields greater cultural competence and self-awareness of power and privilege, further challenges the standardization process with respect to multicultural counseling training. Overall, it appears that the traditional-traditionalist approach (e.g., monolithic representations of African American, Asian American, Indigenous Native American, and LatinX American groups) can be problematic. It also appears that the traditionalist approach excludes other intersecting issues of diversity that may foster a more holistic understanding of an individual in therapy. Finally, it appears that the multiculturalist approach may deprioritize race-based discussion in training.

A potential solution may be to develop a three-part multicultural counseling course series that includes: (a) a foundational CRT-oriented multicultural counseling course exclusively

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focusing on the Black and Indigenous Native/White binary to pay homage to narratives of Indigenous Natives that have almost entirely been erased from race-based conversations; (b) a second-wave CRT-oriented multicultural counseling course focusing on racial and ethnic global issues that capture several sub-cultures for a more inclusive experience; and (c) a CRT-oriented multicultural counseling course that focuses on intersectionality and addresses the matrices of oppression (e.g., heterosexism, ableism, patriarchy, xenophobia, transphobia, etc.).

The current study provides the profession with information on the efficacy of a single multicultural counseling course on White, master-level counselor trainees' cultural competence and White privilege attitudes. However, the course itself is unique as it is taught from a critical race perspective. Without this level of intentionality, there is no way to know that White, master-level counselor trainees yield similar cultural competence outcomes and awareness of their White privilege.

The findings in this study also show that standardization of race-based course curricula may be useful in urging emerging clinicians to think critically about the insidiousness of White supremacy. This may be a necessary training technique to foster global understanding of power, privilege, and oppression as a majority of emerging clinicians identify as White. For example, the current cultural milieu exemplifies the insidiousness of White supremacy in global pandemic form. This socio-political reality reinforces that White counselor trainees should understand how to unpack their White privilege and interrogate systemic barriers that White supremacy creates within and outside of the profession. For example, Black/African Americans contracting COVID-19 are dying at a higher rate overall in the U.S. (CDC, 2020; Pilkington, 2020). Longstanding barriers to adequate healthcare and treatment contribute to this disparity. White men and women armed with semi-automatic weapons have the privilege of "protesting

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peacefully" several feet away from political leaders while using intimidation tactics in the form of yelling, screaming, and spitting in the faces of White police officers demanding frivolous privileges with no reprimand. Meanwhile, those same police officers enter Black neighborhoods to humiliate, assault, and murder black bodies for simply existing in their communities, free of weaponry and violence. Though mainstream visibility of this genocidal behavior is long overdue, White Supremacist America is now globally visible. Therefore, White counselor trainees must be prepared to have race-related discussion in therapy when working with Black and brown populations. A critical way to prepare trainees for these discussions is to foster a critical-race conversation in training. This study has attempted to capture the utility of critical race interventions as the findings show significant differences in multicultural counseling competence in those that took the department course compared to those that did not.

White Privilege Attitudes

The current study illustrates four aspects of White privilege that were addressed: (a) White privilege awareness; (b) White privilege remorse; (c) anticipated costs of addressing White privilege; and (d) willingness to confront White privilege. The WPAS was both helpful and limiting (i.e., instrumentation limitations were discussed in the previous section) as its use in this study adds to the literature on providing psychometric value to the scale. The inclusion of White privilege attitudes informs the profession on how White, master-level students assess their White privilege attitudes through self-report (Spanierman et al., 2004; Spanierman et al., 2009; Spanierman et al., 2006). This information is vital to assist training programs in developing new ways to meet the needs of their trainees. This may be in the form of curriculum development that fosters White privilege awareness and growth. For example, *Willingness to Confront White Privilege* (*M*=4.78; *SD*=.69) and *White Privilege Awareness* (*M*=5.28; *SD*=.68), had the highest

mean values and low variance. Relatively speaking, most participants have a basic-level awareness that White privilege exists, they recognize that they have White privilege, and they are willing to confront their own White privilege. The study findings highlight the need to reassess aspects of White privilege that were not considered during scale development of the WPAS. For example, the counseling psychology profession emphasizes self-reflection and introspection to foster a clinically therapeutic environment between counselor and client. As the profession has been moving in a social justice-oriented direction in the last decade, practitioners are being called to integrate social justice work in therapy. This includes conducting therapy from the perspective that clients are in pain due to systemic issues that may not be resolvable through traditional therapeutic techniques. With respect to one's willingness to confront White privilege, it may not be enough to expect counselor trainees to confront their own White privilege, but to intervene interpersonally when witnessing White privilege in session with clients, with White colleagues in staff meetings, and systemically when developing policies and procedures. Completion of at least one CRT-oriented course may assist in transcending the self-reflective process into action as White privilege remorse can lead to humility and non-defensive behavioral change (DiAngelo, 2018). It seems that if at the very least, a single CRT-oriented course is offered in training programs, a multicultural immersion experience (Ramirez, 1991) may be useful in facilitating cross-racial contact in training. As evidenced by previous literature and the current study, substantive and frequent cross-racial contact should be implemented in training programs to yield greater cross-racial intimacy as college classroom contact may be superficial and lack meaning.

Cross-Racial Contact

Intergroup contact was examined to understand its impact on White, master-level counselor trainees' multicultural counseling competence and White privilege attitudes. Per the social psychology literature, positive effects of intergroup contact reduce racial bias and social dominance perspectives (Pratto et al., 1994) while fostering inclusion. In the current study, the *Contact Questionnaire* was developed to assess superficial and intimate forms of cross-racial contact. Though there were psychometric limitations, cross-racial contact positively correlated with four of six possible variables in this study. Contact positively correlated with *White Privilege Remorse, Willingness to Confront White Privilege, Multicultural Counseling Awareness,* and *Multicultural Counseling Knowledge* with small to medium effect. This may be an indication that though there were statistically significant correlations with contact and White privilege attitudes and multicultural counseling competence, the magnitude of the correlation is questionable in strength. This limitation in the study reiterates the need for a viable scale with acceptable psychometric properties that can assess intimate and superficial levels of cross-racial contact in the counseling psychology profession. The social psychology profession generally examines intergroup contact utilizing experimental designs, therefore scale development in this area is limited to Hewstone and colleagues (Hewstone, Judd, & Sharp, 2011; Hopkins, Hewstone, & Hanski, 1992; Islam & Hewstone, 1993). In the counseling psychology profession, instrumentation does not exist at all. To address this limitation, it is suggested that counseling psychologists study training programs and how well they facilitate meaningful contact. The data could be used to develop instrumentation that captures cross-racial contact relevant to the counseling psychology profession. It is suspected that with better instrumentation that examined

cross-racial contact, more conclusive information could have been provided about its relevance in this study.

Cross-racial contact in counseling psychology training has been examined in multicultural counseling courses where White counselor trainees interact cross-racially with colleagues in their program and have been assigned cultural immersion projects to develop cross-racial relationships with people of color. Though this can be a valuable experience, it can be microaggressive and problematic for people of color who have to teach White people about their communities. It can be damaging to people of color who would then be expected to share cultural artifacts that could be misunderstood or belittled. Finally, immersion projects can be potentially voyeuristic in that White trainees who are instructed to go into environments where people of color represent a large portion of the population, may do so only for the sake of the assignment and may never interact with people of color beyond that. A possible solution to this problem may be to utilize outside consultants that provide race-based programing to give students an immersion experience. For example, inviting a panel of individuals of color that have agreed to share their racial narrative, gives students the opportunity to hear unique stories from people of color. It may also give students of color relief from having to share their narrative in class in ways that can be tokenizing and emotionally unsafe.

Overall, this study may inform the development of culturally appropriate interventions in training programs that are guided by a CRT-oriented course and race-based interventions that are infused in all courses offered. This work may reemphasize the need to prioritize multicultural curriculum as the profession has with respect to content relevant to counseling theories and clinical techniques. Finally, this study may provide an initial discussion regarding culturally competent training at the intersection of power, privilege, and oppression as understanding

racial/ethnic group membership is only one aspect of cultural competence; White privilege

attitudes and awareness are also critical to understanding client care when power dynamics

inevitably shape the therapeutic environment.

Future Directions for Research

Cross-Racial Contact Scale Development

In the planning process of this study, cross-racial contact in counseling psychology was

difficult to find. The dearth of this literature is a gap in the profession that needs to be addressed.

Social psychology is a well-established area of study that is robust with intergroup contact

literature that illustrates the efficacy of experimental design in research. Given what social

psychologists tell us about intergroup contact, it seems that it is a concept that is strongly

grounded in the research and supported by human interaction. In other words, intergroup contact

has been proven to successfully reduce implicit racial bias and foster inclusivity. In some

respects, the study of intergroup contact reinforces the sentiment that many of us have the human

capacity to transcend interpersonal barriers to productively interact with others in equitable and

respectful ways.

The counseling psychology profession is a community of individuals that is committed to

understanding human interaction in clinical practice. This is why understanding counselor bias

with respect to intergroup contact is critical to the multicultural movement. For example, it

would be a gross cultural misstep for a White counselor to create a safe, intimate, and authentic

environment with a client of color in therapy to only leave that environment and never interact

with people of color outside of work. This behavior is questionable and challenges the

authenticity of the clinical environment that is built on trust. It further insulates White

individuals literally and symbolically from recognizing power and privilege in having access to

White-only spaces with minimal discomfort. Finally, cross-racial contact gives individuals access to lived experiences that they would otherwise never have access to. The narrative of a lived experience is sacred and privileged information that White counselors should not only be able to witness in therapy, but to hold with understanding. Often, White counselors are given access to experiences that they cannot hold. Their response is to invalidate, misunderstand, or to sit paralyzed in ignorance. These microaggressive acts in therapy are emotionally assaultive and happen far too often (Constantine, 2007; Crawford, 2011; Hook et al., 2016; Morton, 2011; Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Sue et al., 2007; Sue et al., 2008).

Creating a psychometrically sound instrument that examines several dynamics of cross-racial contact to be used exclusively in counseling psychology spaces for training and professional development may give the profession insight on how to develop curriculum that is cross-racial in nature. When the multicultural counseling movement began, some of the profession's pioneers used experiential cross-racial contact methods to increase counselor trainee multicultural counseling competence (Heppner & O'Brien, 1994; Pope et al., 1997; Merta et al., 1988; Mio, 1989; Neville et al, 1996). Cross-racial contact is not a new concept in the counseling psychology profession. However, it is not a widely studied method grounded by research in the way intergroup contact is in social psychology. As the profession moves towards social justice-oriented practice, cross-racial contact should be studied and measurable as it serves as a valuable asset to client care and multicultural counseling competence.

Comparative Multicultural Counseling Training Studies

As discussed in the limitations section, participant recruitment was not extended beyond the institutional department in this study. Therefore, comparative analyses could not be conducted, and conclusions could not be made about the efficacy of the CRT-oriented course

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when compared to a non-CRT-oriented course. Extending this research to include other institutions with similar training programs may be useful in understanding the utility of a CRT-oriented multicultural counseling course when examining multicultural counseling competence and several relevant variables. Additional variables that were not used in this study could be integrated to assess colorblind-racial attitudes (Neville et al., 2000), social dominance orientation (Pratto et al.,1994), or White racial identity development (Helms, 1990, 1994, 1995) as previous research has yet to identify the correlation between these three variables when examining multicultural counseling competence. This study was also conducted only on master-level trainees. It may behoove the profession to understand CRT-oriented multicultural counseling course content on doctoral trainees as well.

For a more robust examination, a comparative study could be conducted across multiple levels of training and practice over multiple years. In other words, to develop a better understanding of course efficacy in training and practice, it may be helpful to conduct a longitudinal study over the course of two to three years on master-level trainees, doctoral-level trainees, and early professionals that have had no more than five years of post-trainee clinical practice. This line of research may give insight into the applicability of multicultural counseling training and its utility in practice. This is critical as previous research suggests that professionals report not always applying their multicultural counseling training for various reasons when in practice (Cardemil & Battle, 2003; Hansen et al., 2006; Priester et al., 2008).

These suggestions to expand research beyond examination of a single CRT-oriented course at a single institution, is not made without acknowledgement that CRT is a unique orientation that may not be paradigmatically representative of most training programs. Therefore, preliminary steps may need to be taken before a department can establish a CRT-

oriented course to understand its efficacy on graduate counselor trainees. Preliminary steps may include department-wide training on critical race theory and how to productively integrate it into teaching pedagogies and curricula. Additionally, training on whiteness that includes internalized superiority, white fragility, and colonized pedagogy that is typically grounded in color-blindness and meritocracy would also foster productive integration of CRT-oriented multicultural counseling training.

Standardization of Race-Based Multicultural Counseling Training

As the profession continues to get feedback from scholars in the field about multicultural counseling training and preparedness, there still lacks continuity in training in this area. The multicultural movement has advanced the profession with respect to race/ethnicity, sexual orientation, class, religion, gender, and disability. In the last decade, there has been an emphasis on social justice and transcending the counselor role that includes social justice advocate, policy maker, and gatekeeper of the profession. By the 90s, roughly 90% all doctoral programs in counseling psychology and counselor education were required to have a multicultural counseling course (Ponterotto, 1997). Currently, a single multicultural counseling course at the graduate level is required for trainee program completion and accreditation expectations per APA and CACREP standards. Though multicultural counseling training is required in the form of a single course for all accredited graduate training programs, it is not required for non-accredited training programs that produce future clinicians to work in the profession. Therefore, it is left to the discretion of the department and hinges on faculty buy-in. This study is one of several studies (Fier & Ramsey, 2005; O'Donohue, 2016; Perlman & McCann, 1999; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009; Ponterotto, Rieger, Barrett, & Sparks, 1994) that identify a need to begin the standardization process of multicultural counseling course content; to make

multicultural counseling training equitable and prioritized in the profession as are traditional theories, techniques, and treatment.

In 2015, the Association for Multicultural Counseling and Development approved the 2015 Multicultural and Social Justice Counseling Competencies as a revision to the original multicultural competencies (Ratts et al., 2016). In 2017, the APA Council of Representatives included five prolific scholars with expertise in multicultural counseling competence in the profession. They adopted new multicultural guidelines that were conceptualized and developed from an ecological understanding of systems and human development (APA, 2017). These two historical moments in the multicultural counseling movement have given the profession a multicultural template for training and practice. In many ways, we have written techniques for providing culturally competent training and practice. This information may be useful in developing curriculum that is required for all accredited programs and strongly recommended for non-accredited programs. To ensure the utility of standardized multicultural counseling curricula, future research may need to be conducted on the utility of a standardized multicultural counseling course to present to APA and ACA for approval. The research could also include examination of licensing exams and board requirements. Though non-accredited training programs are not bound by the same standards as accredited training programs, it may be necessary to develop licensing exams that prioritize multicultural counseling content that could pressure non-accredited training programs to meet several multicultural counseling benchmarks to adequately prepare for exams. Though this initiative would require several moving parts in addition to board and committee appointments, the multicultural movement has shown the profession that it can be done.

Conclusion

In the current study, I examined how effective a single, CRT-oriented multicultural course was on White, master-level counselor trainees who may or may not have had clinical practice. More specifically, the study examined differences in participants' responses to instruments that assessed White privilege awareness, multicultural counseling competence, and cross-racial contact compared to White, master-level counselor trainees that did not have a single multicultural course. The findings suggest that clinical experience did not predict greater multicultural counseling competence, White privilege awareness, or cross-racial contact. The findings also suggest that gender and year in program do not predict greater multicultural counseling competence, White privilege awareness, or cross-racial contact. However, the findings yielded several statistically significant correlations between White privilege attitudes and behaviors, multicultural counseling competence, and cross-racial contact. Finally, the findings suggest that a single, CRT-oriented multicultural counseling course is efficacious as it predicted greater multicultural counseling knowledge and greater White privilege remorse.

The findings from this study confirm what the counseling psychology profession has reported for the last several decades about multicultural counseling competence. This study also suggests that: (a) the profession has more to learn about CRT-oriented multicultural counseling course curricula and its effect on training; (b) the profession may be informed by future research that examines cross-racial contact utilizing instrumentation that exclusively measures constructs relevant to counseling psychology; and (c) the profession must continue deconstructing White privilege attitudes and behaviors as it relates to contemporary discussions on White supremacy and its presence in our profession.

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APPENDICES

Appendix A: Human Subjects Institutional Review Board Letter of Approval

WESTERN MICHIGAN UNIVERSITY

Institutional Review Board
FWA00007042
IRB00000254

Date: May 29, 2018

To: Joseph Morris, Principal Investigator
Dawnielle Simmons, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 18-05-09

This letter will serve as confirmation that your research project titled "A Brief Racial Intervention and Cultural Competence in White Master-Level Trainees" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., *you must request a post approval change to enroll subjects beyond the number stated in your application under "Number of subjects you want to complete the study"*)." Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

Reapproval of the project is required if it extends beyond the termination date stated below.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: **May 28, 2019**

Appendix B: Approval to Change Principal Investigator

WESTERN MICHIGAN UNIVERSITY

Date: November 13, 2019

To: Mary Anderson, Principal Investigator
        Dawnielle Simmons, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 18-05-09

This letter will serve as confirmation that the change to your research project titled "A Brief Racial Intervention and Cultural Competence in White Master-Level Trainees" requested in your memo received November 13, 2019 (to change Principal Investigator to Mary Z. Anderson and remove Joseph Morris from the protocol) has been approved by the WMU Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the IRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: **May 28, 2020**

Appendix C: Recruitment Email

Greetings [Insert Instructor Name]!

I am currently a 6th-year doctoral student in the Counseling Psychology department at Western Michigan University. I am reaching out to you as I am currently collecting data for dissertation research under the supervision of Joseph R. Morris, Ph.D. I am inviting master-level students to participate in a study approved by the Human Subjects Institutional Review Board (HSIRB). The study will be examining current master-level counselor trainees enrolled in the counselor education or counseling psychology program at Western Michigan University.

The nature of the study is about the efficacy of a multicultural counseling course on master-level counselor trainees' multicultural knowledge, awareness, and practice. Master-level trainees enrolled at varying levels of their program will be targeted. For example, this study will examine master-level trainees' cultural competence that have not completed CECP 6070, those that have completed CECP 6070, and those currently in practicum and/or on internship.

To garner the most participation in this study, this letter serves as permission to enter one or more CECP classes during the fall 2018 semester to gather student responses. With permission, I would like to schedule a time that is convenient for you to come to the beginning or end of class to disseminate survey materials. This would require no more than 20 minutes of class time.

Please follow up via email with questions and/or interest!

Thank you for your time and consideration.

Sincerely,

Dawnielle D. Simmons, M.E.d.

Ph.D. Candidate

Counselor Education & Counseling Psychology Department

Western Michigan University

pronouns: she/her/hers

Email: dawnielle.d.simmons@wmich.edu

Appendix D: Demographic Questionnaire

Please <u>indicate your unique code.</u> The code should be the first 3 letters of your <u>previous</u> street name, the first 3 letters of your caregiver's first name (e.g., parent, grandparent, foster-parent, uncle, cousin, etc.), and the month and day you were born. Example: street name is Parkwood (PAR); caregiver name is James (JAM); month and day of birth is 12/15 (1215). My unique code is PARJAM1215.

Please complete demographic items listed below by filling in or circling the option that best corresponds with the question.

1. Gender Identity
   a. Male
   b. Female
   c. Non-Binary
   d. Specify_____

2. Racial/Ethnic Identity
   a. African American
   b. Black (e.g., Caribbean, Jamaican, Nigerian, Ghanaian)
   c. Caucasian or White
   d. Hispanic
   e. Latino/a
   f. Southeast Asian (e.g., Indian, Bangladeshi, Laotian)
   g. Northeast Asian (e.g., Chinese, Japanese, Korean)
   h. Indigenous Native American Indian
   i. Middle Eastern (e.g., Pakistani, Afghani, Iranian)

3. Age
   a. _____

4. Highest educational degree earned:
   a. Bachelor's
   b. Master's
   c. Ph.D.
   d. Specify_____

5. Currently in the specialty area of one of the following:
   a. Counseling Psychology
   b. Clinical Mental Health Counseling
   c. College Counseling
   d. Rehabilitation Counseling
   e. Marriage, Couple, and Family Counseling
   f. School Counseling

6. Year in your current program:

a. 1st Year
b. 2nd Year
c. 3rd Year
d. 4th Year
e. Beyond 4th Year

7. Have you taken CECP 6070?
   a. Yes
   b. No

8. Did you successfully complete CECP 6070 with a grade of C or better?
   a. Yes
   b. No

9. Have you completed CECP 6120?
   a. Yes
   b. No

10. Are you currently enrolled in CECP 6120?
    a. Yes
    b. No

11. Have you completed CECP 6130?
    a. Yes
    b. No

12. Are you currently enrolled in CECP 6130?
    a. Yes
    b. No

13. Specify the number of multicultural counseling courses taken since undergraduate.
    _____

14. Specify the number of multicultural counseling workshops attended since undergraduate (include ones currently attending).
    _____

15. In the future, what percentage of your clinical training would you **ideally** like to devote to seeing clients who are racially different from you?
    _____%

16. Indicate the # of direct contact hours that you have worked with clients from the following racial/ethnic groups in individual, couple/family, or group counseling by circling the appropriate numbers:

Identity	1 (0-4Hours)	2 (5-7Hours)	3 (8-11Hours)	4 (12-15 Hours)	5 (16+ Hours)
African American Black (e.g., Caribbean, Jamaican, Ghanaian)	1	2	3	4	5
Caucasian or White	1	2	3	4	5
Hispanic	1	2	3	4	5
Latino/a	1	2	3	4	5
Southeast Asian (e.g., Indian, Bangladeshi, Laotian)	1	2	3	4	5
Northeast Asian (e.g., Chinese, Japanese, Korean)	1	2	3	4	5
Indigenous American Indian	1	2	3	4	5
Middle Eastern (e.g., Pakistani, Afghani, Iranian)	1	2	3	4	5

Appendix E: Contact Questionnaire

Directions. Below is a list of statements that measure your level of contact with people of color. We are interested in how you believe you experience high or low frequency of contact with people of color. Please use the rating scale below to indicate the extent to which you agree or disagree with each statement by writing the corresponding value in the blank space provided before each statement.

Rating Scale:

1=strongly | disagree 2=disagree | 3=slightly disagree | 4=slightly agree | 5=agree | 6=strongly agree

1.   I experience frequent contact with people of color as neighbors.

2.   I experience no contact with people of color as close friends.

3.   I experience frequent contact with people of color at college.

4.   I experience no informal talk with people of color.

5.   I experience no visits to homes of people of color?

6.   The contact I experience with people of color is perceived as equal (e.g., being a student in a
department that situates you and people of color as colleagues and not student/instructor).

7.   The contact I experience with people of color is competitive (e.g., interviewing for a job).

8.   The contact I experience with people of color is cooperative (e.g., working closely with a colleague of color on an assignment to achieve a goal at your place of employment).

9.   The contact I experience with people of color is superficial (e.g., standing next to a person of
color in a crowded coffee shop).

10.   The contact I experience with people of color is intimate in nature (e.g., meeting a person of color
for coffee and having a conversation).

Appendix F: White Privilege Attitudes Scale (WPAS)

Directions. Below is a set of descriptions of different attitudes about White privilege in the United States. Using the 6-point scale, please rate the degree to which you personally agree or disagree with each statement. Please be as open and honest as you can; there are no right or wrong answers. Record your response to the left of each item.

Rating Scale:

1=strongly | disagree 2=disagree | 3=slightly disagree | 4=slightly agree | 5=agree | 6=strongly agree

1. _____ I plan to work to change our unfair social structure that promotes White privilege.
2. _____ Our social structure system promotes White privilege.
3. _____ I am angry that I keep benefiting from White privilege.
4. _____ I am worried that tacking action against White privilege will hurt my relationship with other Whites.
5. _____ I take action against White privilege with people I know.
6. _____ Everyone has equal opportunity, so this so-called White privilege is really White-bashing.
7. _____ I accept responsibility to change White people.
8. _____ I feel awful about White privilege.
9. _____ If I were to speak up against White privilege, I would fear losing my friends.
10. _____ I have not done anything about White privilege.
11. _____ I am ashamed of my White privilege.
12. _____ I look forward to creating a more racially-equitable society.
13. _____ I am anxious about the personal work I must do within myself to eliminate White privilege.
14. _____ I intend to work towards dismantling White privilege.
15. _____ I am ashamed that the system is stacked in my favor because I am White.
16. _____ I don't care to explore how I supposedly have unearned benefits from being White.
17. _____ If I address White privilege, I might alienate my family.
18. _____ I am curious about how to communicate effectively to break down White privilege.
19. _____ White people have it easier than people of color.
20. _____ I'm glad to explore my White privilege.
21. _____ I am angry knowing I have White privilege.
22. _____ I worry about what giving up some White privileges might mean for me.
23. _____ I want to begin the process of eliminating White privilege.
24. _____ Plenty of people of color are more privileged than Whites.
25. _____ White people should feel guilty about having White privilege.
26. _____ I take action to dismantle White privilege.

27. _____ I am anxious about stirring up bad feelings by exposing the advantages that Whites have.
28. _____ I am eager to find out more about letting go of White privilege.

Appendix G: Multicultural Counseling Knowledge Awareness Scale (MCKAS)

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

----

1. I believe all clients should maintain direct eye contact during counseling.

1	2	3	4	5	6	7

2. I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education.

1	2	3	4	5	6	7

3. I am aware some research indicates that minority clients receive "less preferred" forms of counseling treatment than majority clients.

1	2	3	4	5	6	7

4. I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.

1	2	3	4	5	6	7

5. I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients.

1	2	3	4	5	6	7

6. I am familiar with the "culturally deficient" and "culturally deprived" depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination.

1	2	3	4	5	6	7

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

----

7. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.

1   2   3   4   5   6   7

8. I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation.

1   2   3   4   5   6   7

9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.

1   2   3   4   5   6   7

10. I think that clients should perceive the nuclear family as the ideal social unit.

1   2   3   4   5   6   7

11. I think that being highly competitive and achievement oriented are traits that all clients should work towards.

1   2   3   4   5   6   7

12. I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.

1   2   3   4   5   6   7

13. I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.

1   2   3   4   5   6   7

14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at			Somewhat			Totally
All True			True			True

----

15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

16. I am knowledgeable of acculturation models for various ethnic minority groups.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

17. I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

18. I believe that it is important to emphasize objective and rational thinking in minority clients.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

19. I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

20. I believe that my clients should view a patriarchal structure as the ideal.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at			Somewhat			Totally
All True			True			True

----

23. I am aware of institutional barriers which may inhibit minorities from using mental health services.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

24. I think that my clients should exhibit some degree of psychological mindedness and sophistication.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

25. I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

26. I am aware that being born a White person in this society carries with it certain advantages.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

28. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

29. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.

1   2   3   4   5   6   7

30. I believe that all clients must view themselves as their number one responsibility.

1   2   3   4   5   6   7

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

----

31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.

1   2   3   4   5   6   7

32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.

1   2   3   4   5   6   7

Thank you for completing this instrument. Please feel free to express in writing below any thoughts, concerns, or comments you have regarding this instrument:

Appendix H: Email Permission to Use (MCKAS)

Re: Permission to Use: The Multicultural Counseling Knowledge and Awareness Scale

Dawnielle D Simmons <dawnielle.d.simmons@wmich.edu>
Thu 9/6/2018 4:33 PM
To: JOSEPH Ponterotto [Staff/Faculty [GSE]] <ponterotto@fordham.edu>

Thank you, Dr. Ponterotto!

From: JOSEPH Ponterotto [Staff/Faculty [GSE]] <ponterotto@fordham.edu>
Sent: Monday, September 3, 2018 9:08:40 PM
To: Dawnielle D Simmons
Subject: Re: Permission to Use: The Multicultural Counseling Knowledge and Awareness Scale

Dear Dawnielle,

Here is all you need at this point. Good luck. Be sure to calculate coefficient alpha on the MCKAS subscales with your sample.

sincerely
Joe Ponterotto

On Mon, Sep 3, 2018 at 4:04 PM, Dawnielle D Simmons <dawnielle.d.simmons@wmich.edu> wrote:
Hello Dr. Ponterotto,

I am currently a doctoral student at Western Michigan University and would like to include the MCKAS in my dissertation work. The purpose of my dissertation is to examine White counselor multicultural counseling competencies. This assessment is useful in that I would like to investigate how salient MCC is across four groups of master-level counselor trainees (new admitted without multicultural counseling, recently completed course in multicultural counseling, practicum students, and students on internship--essentially to assess the efficacy of our counseling psych/counselor ed. training program at WMU.

If there's anything else you need from me regarding my dissertation and how I plan to use the instrument, please let me know!

Thanks,

Dawnielle

Dawnielle D. Simmons, ME.d
Ph.D. Candidate
Counseling Psychology Department
Western Michigan University

Appendix I: Signed Form to Use (MCKAS)

Utilization Request Form

In using the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), I agree to the following terms/conditions:

1. I understand that the MCKAS is copyrighted by Joseph G. Ponterotto (Ph.D.) at the Division of Psychological and Educational Services, Fordham University at Lincoln Center, 113 West 60th Street, New York, New York 10023-7478 (212-636-6480); Jponterott@aol.com.

2. I am a trained professional in counseling, psychology, or a related field, having completed coursework (or training) in multicultural issues, psychometrics, and research ethics, or I am working under the supervision of such an individual.

3. In using the MCKAS, all ethical standards of the American Psychological Association, the American Counseling Association, and/or related professional organizations will be adhered to. Furthermore, I will follow the "Research with Human Subjects" guidelines put forth by my university, institution, or professional setting. Ethical considerations include but are not limited to subject informed consent, confidentiality of records, adequate pre- and post-briefing of subjects, and subject opportunity to review a concise written summary of the study's purpose, method, results, and implications.

4. Consistent with accepted professional practice, I will save and protect my raw data for a minimum of five years; and if requested I will make the raw data available to scholars researching the multicultural counseling competency construct.

5. I will send a copy of my research results (for any study incorporating the MCKAS) in manuscript form to Dr. Ponterotto, regardless of whether the study is published, presented, or fully completed.

Signature: *Dawnielle D. Simmons, M.Ed.*   Date: 09/05/2018

Name: Dawnielle D. Simmons   Phone: 269.370.8566

Address: 1400 Greenwood Avenue Apartment 6

Kalamazoo, MI 49006

If a student, supervisor/mentor's name and phone number, affiliation, and signature:

Name: Mary Z. Anderson, Ph.D.   Phone: 269.387.5113

Affiliation: Western Michigan University

Signature: *Mary Z Anderson*   Date: 6/23/2020

Appendix J: Email Permission to Use (WPAS)

From: <vppoteat@gmail.com> on behalf of Paul Poteat <poteatp@bc.edu>
Date: Wednesday, February 7, 2018 at 12:10 PM
To: Dawnielle D Simmons <dawnielle.d.simmons@wmich.edu>
Subject: Re: Permission to Use Instrument: WPAS

Hi Dawnielle,

Thank you for sharing about your dissertation and plan to use the WPAS as part of it. Wishing you the best in completing the project!

Best,
Paul Poteat

On Wed, Feb 7, 2018 at 11:49 AM, Dawnielle D Simmons
<dawnielle.d.simmons@wmich.edu> wrote:

> Hello Dr. Poteat,
>
> I am currently a doctoral student at Western Michigan University and would like to include the WPAS in my dissertation work. The purpose of my dissertation is to examine White counselor preparedness when addressing a critical race incident in therapy. This instrument is useful in that I would like to investigate how one's White privilege awareness, attitude, and behavior predicts their level of preparedness when working with clients of color.
>
> If there's anything else you need from me regarding my dissertation and how I plan to use the instrument, please let me know!
>
> Thank you for your time.
>
> Dawnielle
>
> Dawnielle D. Simmons, M.Ed.
> Doctoral Student
> Counselor Education & Counseling Psychology
> Western Michigan University

Study Participation

———

10-15 Minute-
Commitment

———

We Value Your
Responses

———

Chance to Win $100 Visa
Gift Card

MASTER-LEVEL COUNSELOR EDUCATION & COUNSELING PSYCHOLOGY STUDENTS NEEDED!

I invite you to participate in a study approved by the Human Subjects Institutional Review Board (HSIRB). The study will be examining current master-level counselor trainees enrolled in the counselor education or counseling psychology program at Western Michigan University.

Participation in this study involves completing a survey assessing your cultural competence.
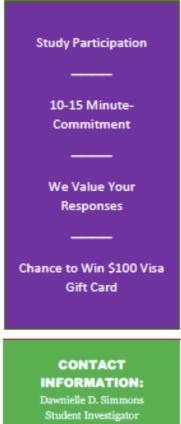
It will take approximately 10-15 minutes to complete.

If you agree to participate in this study from start to completion, you will be given a chance to enter a drawing to win a $100 Visa gift card upon completion of the study. To complete the study, follow the instructions below:

Copy and Paste to Browser:
https://wmucehd.co1.qualtrics.com/jfe/form/
SV_bg4SpunQUCKv9Xv

Scan the QR Code:

CONTACT INFORMATION:
Dawnielle D. Simmons
Student Investigator
dawnielle.d.simmons@wmich.edu

Supervised by:

Dr. Joseph R. Morris

joseph.morris@wmich.edu

You may be empowered by thinking about your experiences and understanding that your participation may help us better understand issues related to counselor trainees during their graduate studies.

Appendix L: Verification of $100 Visa Card Winner

From: Dawnielle D Simmons <dawnielle.d.simmons@wmich.edu>
Sent: Saturday, April 4, 2020 11:23:28 PM
To: XXXXXXXXXXXXXX <XXXXXXXXXXXXX@wmich.edu>
Subject: $100 Visa Gift Card Winner

Hi XXXXXXXXX,

I am reaching out as I have completed data analyses for my dissertation that you participated in!

My original plan was to confirm your mailing address and send the card there, but given our current limitations, I would like to know if you are ok with an e-gift card.

What I would need is the name you'd like to appear on the card and an email address that works best to send the e-gift card. The amount will be $100 and a Visa card.

Congratulations and I look forward to hearing from you soon.

Take care,

Dawnielle

Dawnielle D. Simmons, ME.d
Ph.D. Candidate
Counseling Psychology Department
Western Michigan University