

INFLUENCE OF RACIAL IDENTITY AND INFORMATION PROCESSING
STRATEGIES ON CLIENT CONCEPTUALIZATION

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by
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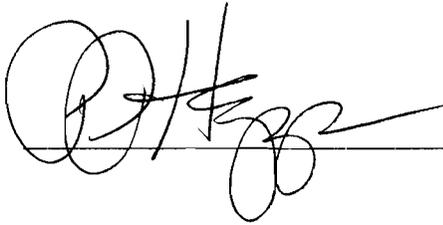
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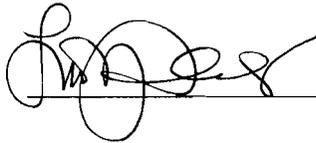
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ABSTRACT

Within the Multicultural Counseling literature, several models exist that explain how counselors can more effectively work with racial/ethnic minority populations (Atkinson, Thompson & Grant, 1993; Fisher, Jome & Atkinson, 1998; Helms, 1984; Leong's, 1996; Ridley, Mendoza, Kanitz, Angermeier & Zenk, 1994; Sue, Arredondo & McDavis, 1992; Trevino, 1996; Sue, 2001a). Several of these models discuss how counselor characteristics (like awareness, worldview, attitudes, racial/cultural identity) can impact the way counselors practice. Helms (1985) hypothesized that individuals operating in different statuses of racial identity will actually process racial information in ways characteristic of that status. The social/cognitive psychology literature supports Helms' theory that attitudes, and the cognitive schemas and expectancies they influence, affect the processing of social information. Gushue and Carter (2000) directly investigated Helms' hypotheses and found that the racial identity status of White participants was related to how they remembered stereotypical information about a hypothetical person. If racial identity attitudes affect how people process information, this implies that racial identity attitudes would effect the information processing of counselors, which in turn, would have an effect on the product of that information processing, such as the counselor's conceptualization of the client.

This study is an extension of Gushue and Carter's study with a sample of White counselors in training. It investigated the relationship between participants' racial

identity, their memory for a client's racial information and their conceptualization of this client's presenting problems. Participants read a vignette about a first counseling session with a hypothetical Black client. At that time, they rated their perceptions of the client's adjustment, psychological health, adaptive behaviors, problem severity and problem etiology. A week later, they completed a recognition task about the vignette and two racial identity attitudes measures (Helm's White Racial Identity Attitudes Scale, WRIAS, 1990 and La Fleur, Leach, & Rowe's Oklahoma Racial Attitudes Scale, ORAS, 2003). Scores from the recognition task were used to calculate Memory Sensitization scores (ability to distinguish between information that was previously presented from information that was not presented) and Response Bias (tendency to remember information consistent with stereotypes).

Correlations indicated no relationship between either racial identity attitudes scale and memory sensitization or response bias. For the WRIAS, Disintegration attitudes were negatively correlated with ratings of psychological health and positively correlated with ratings of problem severity. Reintegration attitudes also were negatively correlated with ratings of psychological health. For the ORAS, there was a correlation between Dominative attitudes and lower rating of psychological health and higher ratings for problem severity for the hypothetical Black client. On the other hand, there was a correlation between integrative attitudes and higher ratings of psychological health and lower ratings of problem severity for the hypothetical client.

This study provides evidence that some, but not all, racial identity attitudes can affect one's conceptualization of a racially different client. This reinforces the importance that has been placed on multiculturalism in counselor training. It is of great

importance that counselors-in-training have opportunities to grow into the advanced stages of racial identity. Future research should continue to explore the complex relationship between racial identity attitudes, information processing and client conceptualization among counselors in training

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Chapter 1: Introduction

Neville and Tompson (1999) wrote that despite significant advances in civil rights, racism continues to be a major societal problem in the U.S. They strengthened their argument by giving examples of how racism manifests itself in a variety of ways in U.S. society from public opinion, to incidents of racially motivated violence, to discrimination that is still a part of many of our societal institutions. The affects of racism in the U.S. are far reaching, and penetrate all levels and areas of society. Psychology as an academic area and as a profession has not been immune from the affects of this racism.

Sue and Sue (1999) discussed how psychology developed under a blanket of ethnocentric monoculturalism. In other words, values, assumptions, beliefs and practices of the dominant culture (derived from Anglo or Western European cultural influences) have shaped the theory, research, and practice of psychology. Sue and Sue also discussed how despite the additional stressors created by living in a racist society, minorities have historically underutilized mental health services. They contend that the services offered in mental health are biased as a result of the influence of ethnocentric monoculturalism on the theories and research that guide the practice of psychology. In this sense, Sue and Sue argued that the mental health profession has not fulfilled its obligations to racial/ethnic minority clients because professionals are providing services that are not effective in helping them. Sue (2001b) lists several hypotheses for why racial/ethnic minorities underutilize services: (1) therapists' insensitivity to cultural attributes of their clients, (2) overt discrimination from nonminority service providers, (3) bias and discrimination embedded in the organization of mental health services, and (4)

professionals being trained in ways that ignore and invalidate cultural variables that would affect a client's treatment.

Over the past 25 years, there have been numerous psychologists and groups calling for more focus in training on cultural competence to better serve racial/ethnic minority clients (Sue, 2001a). Specifically, the field of counseling psychology has pioneered much of the work that has shaped the area of multicultural psychology. Reynolds and Constantine (2001) wrote that cultural competence is the central topic in the multicultural counseling literature. Carter (2001) lists several models of cultural competence to be found in the literature. One model that has been widely cited and used is Sue and colleagues (1992) three part model of cultural counseling competence.

Sue et al.'s model (1992) proposes three areas in which counselors need to develop competence: (1) awareness of one's own attitudes and beliefs about those who are culturally different and the therapeutic process, (2) knowledge and understanding of the characteristics and worldviews of other cultural groups, and (3) culturally appropriate intervention skills. The last two domains of competence are relatively easy to address in training programs. Course work that focuses on counseling in the multicultural context and that gives focus to characteristics of different racial/ethnic groups in the U.S. offers students a knowledge base to refer to in their work with diverse clients. Practicums where students have the opportunity to work with clients from different cultural groups and receive supervision helps them develop culturally appropriate skills they can apply in future work. It seems the most troublesome domain is awareness. How can counselors be trained to develop multicultural awareness?

Scholars in counseling psychology have pointed out why awareness is so important. Suzuki, McRae and Short (2001) discussed the consequences of having the power to define reality, and its affects on how people interact. They wrote that attitudes, stereotypes and beliefs that the dominant group has about other out-groups shape how these out-groups are treated. The practice of counseling has been greatly influenced by dominant or Anglo-European cultural beliefs. It is fair to infer that the same differential treatment would go on among psychology professionals when interacting with racial/ethnic minorities. To stop this differential treatment and to decrease the disparities in access and effectiveness in mental health services for racial/ethnic minorities in the U.S., professionals need to understand how their attitudes and beliefs may perpetuate this treatment and be ineffective or even harmful to clients.

One construct that has been identified as key to cultural competence in general is racial identity development (Sue, 2001a). Thompson and Neville (1999) wrote that models describing racial identity development are valuable tools in understanding and addressing race in the therapeutic context. It can also be valuable in helping the therapist understand how his/her own attitudes and beliefs may affect the therapeutic context. This kind of awareness on the part of the therapist is needed to help him/her know when and how to use his/her cultural knowledge and skills, which can then lead to more effective services for minority clients. Very little has been written theoretically or empirically about how a therapist's own understanding of his/her own racial identity development may be related to cultural competence. Studies have examined how therapist and client racial identity statuses affect counseling process and outcome (Carter & Helms, 1992; Carter, 1995, Richardson & Helms, 1994; Ladany, Brittan-Powell & Pannu, 1997) and

how racial identity may be related to client conceptualization (Ladany & Constantine, 1997). It will be important that future theory and research examine how the construct of racial identity can be used by the therapist to help increase multicultural awareness.

Despite the obvious need to increase cultural competence among professionals, there has been resistance among psychologists to the concept (Sue, 2001). Sue attributes this resistance to beliefs that psychological laws and theories are universal, and the invisibility of the monoculturalism that is inherent in these laws and theories. Another reason why individual professionals may be resistant to the concept of cultural competence is the notion that the very attitudes and beliefs that comprise their personal reality may make them ineffective or “incompetent” in working with certain populations.

One way to counter this resistance is to help professionals understand that these attitudes and beliefs are part of socialization in U.S. society. Sue and Sue (1999) write that the monoculturalism of U.S. society breeds attitudes about the superiority of Whites and the inferiority of those who are not White. Social psychologists have conducted numerous studies that demonstrate people not only have awareness of these “stereotypes,” but they use these stereotypes in processing information about non-whites (see Chapter 2 of this proposal). This empirical evidence demonstrates that cultural competence is something that every therapist in the U.S. needs to develop since they all are socialized in this monoculturalism. Understanding how this socialization affects therapists’ practice could help training programs develop better courses/interventions to increase self-awareness in their trainees. For example, people who have been socialized to hold negative stereotypic beliefs about other groups would need different training interventions than persons socialized not to believe or hold these stereotypes.

Empirical investigation of how stereotypes and racial identity affect the work of counselors can lead to better understanding of how awareness can facilitate or hinder various therapist variables, like therapeutic relationship or client conceptualization. This study takes a necessary first step in this understanding. By exploring the relationship between racial identity, memory for stereotypes and client conceptualization, we can better understand how attitudes or awareness affect the practice of mental health professionals. Increasing our understanding of this relationship has several implications.

The implications of this study can be categorized into three areas. This study is an opportunity to verify findings from laboratory studies within social psychology that stereotypes do affect information processing. Counselors integrate information they learn about a client into schemas they have created about the “group” to which the client belongs. These schemas will have an affect on the counselors processing of that information, which will in turn affect information that can be recalled or recognized by the client and the conceptualization of the client (for a description of schema theory see Chapter 2).

Second, this study seeks to validate Helms’ (1995) hypotheses by addressing the question “is racial identity status related to counselor’s processing of client information?” A study by Gushue and Carter (2000) provided some preliminary support for her hypotheses, but more studies need to be conducted. They found that participants characterized by two of Helm’s White racial identity status (Disintegration and Pseudo-independence) differentially remembered stereotypical information about a person in a story. Replication of such results would give increased empirical weight to Helms’ theory.

Third, this study would further clarify what relationship racial identity status might have on the specific therapeutic variable of client conceptualization. Constantine (2001) examined the relationship between racial identity and client conceptualization. She did not find a statistically significant relationship, but did cite that measurement problems could have affected these relationships. If racial identity status does affect how one processes information, then it logically follows that products of that information processing would be affected. Client conceptualization is one of the products of counselors' processing of client information. Researchers need to continue to consider the research question of whether racial identity development status is related to client conceptualization.

Definitions and Limitations

There have been several racial/cultural identity models proposed in the literature. The theories that will be used to define White racial identity development are Helms' (1995) White Racial Identity Statures, and Choney and Behrens' (1996) model of White Racial Consciousness. The proposed study specifically uses these models of White racial identity development because the study will focus on White counselors-in-training. Helms' (1995) proposes five White racial identity statures, and Choney and Behren propose four attitude clusters. These theories are described in more detail in Chapter Two.

Information processing is a psychological construct that can only be indirectly measured. In the social sciences, memory recall and recognition tasks have been used in several studies looking at how stereotype expectancies affect information processing (see Chapter Two for examples). When information is remembered differentially, it is

assumed that something occurred during information processing to affect what is remembered. Information processing is measured using a memory recognition task in this study.

Lastly, conceptualization is difficult to operationalize. Several studies have examined client conceptualization's relationship to a host of counselor characteristics (for a review of this literature, see the Client Conceptualization section of Chapter 2). Client conceptualization has been operationalized in many different ways across these studies. Because of the variation on how conceptualization has been measured, studies have not always yielded similar results. The proposed study will combine some of these methodologies to try and obtain a better measure of this variable.

Limitations of the proposed study should be noted. This study will only study the research questions as they pertain to white counselors-in-training. This is not to imply that racial identity development may not affect the information processing of people of color. To the contrary, Helms (1995) hypothesized that both Whites and people of color would use differential information processing strategies depending on what their primary racial identity status is. This study has narrowed its focus to white counselors-in-training and will not generalize to counselors of color.

Overall, this study should add to the field an understanding of how racial identity development theory can be used to better understand multicultural awareness. A better understanding of how this can affect the work of counselors will have implications for future research, training, and practice. Future research could further explain the role racial identity plays in the work of counselors. By increasing the field's understanding of the part counselors' awareness, or racial identity, plays in their work with clients, better

strategies can be created to help counselors in training develop awareness. This will have a definite impact on the practice of professional psychology as those working in the field will be better prepared to deal with the challenges of working with diverse clients. It will lead to more people getting the help they need from the mental health care system.

Chapter 2: Literature Review

With ethnic and racial minorities making up more and more of the U.S. population, it is important that mental health care in our country work to make its services accessible and effective for different cultural groups (American Psychological Association [APA], 2002). Historically, minorities have been less likely to participate and benefit from these services. Sue & Sue (1999) pointed to factors such as the ethnocentric monoculturalism of psychological theories and the lack of therapists of color that may explain this trend. In the last 20 years, there have been numerous scholars in the field of counseling psychology who have developed theory and research in the domain of multicultural counseling to try and address the need to provide more effective services to a diverse U.S. population. These scholars have used many different points of reference through which to view multicultural counseling. Some have focused on developing models for multicultural counseling and multicultural counselor training, as well as general lists of competencies to guide the work of those in the profession (some examples are the work of Sue, Arredondo & McDavis, 1992; Fischer, Jome & Atkinson, 1998; Sue 2001a; and APA, 2002). Others have worked to develop psychometrically sound instruments to measure multicultural counseling competencies among professionals and counselors in training (e.g. LaFromboise, Coleman, & Hernandez, 1991; D'Andrea, Daniels, & Heck, 1991; Sadowsky, Taffe, Gutkin & Wise, 1994). There are still other individuals who have contributed significantly to the literature by focusing their work on counseling with specific ethnic minority groups, which includes theories of identity development among specific ethnic and racial groups like African Americans (Cross, 1971, 1995; Helms, 1990, 1995; Jackson, 1975, Parham, 1989), Hispanics/Latino/as

(Bernal & Knight, 1993; Casas & Pytluk, 1995; Ruiz, 1990), Asian Americans (Sue & Sue, 1971), Native Americans (Choney, Berryhill-Paapke & Robbins, 1995) and Whites (Helms, 1990, 1995). There are also models for general minority identity development (Atkinson, Morten & Sue, 1998; Sue & Sue, 1990).

This prior work is important because it has expanded the understanding of professionals in the field to more complex conceptualizations of multiculturalism and how it impacts counseling training, research and practice. An example of this complexity is shown in Helms' model of racial identity development (Helms, 1995). This model describes how Whites and people of color move through various ego statuses in their own racial identity development as their attitudes toward their own racial group and other racial groups change. One important facet of this theory is the implications it has for therapy. Helms' (1984) interactional model hypothesized therapy outcomes based on the interaction of the racial identity development statuses (more specifically attitudes toward in- and out-group) of the counselor and client (see section on Models of Multicultural Counseling in this paper for more information). Yet another important facet is the implication these ego statuses have on how a person processes racial information (see section on Influence of Racial Identity Development on Information Processing in this paper). To extend this complexity one step further is to pose the question "How does the information processing associated with a particular ego status influence a counselor's conceptualization of a client?" This question addresses the construct of "racial identity development" and expands understanding of how multicultural issues influence the counseling process. To address this new question, it is important to step outside of the multicultural counseling literature and examine an area of psychology that has focused on

attitudes toward social groups and how humans process information. More specifically, the area of social/cognitive psychology provides important theoretical and empirical information that will assist in the understanding of how counselors process racial information about clients.

The purpose of this review is to integrate theory and empirical findings in the areas of multicultural counseling, social/cognitive processes, and racial identity development to suggest a theoretical model of how counselors process racial information. The social psychology literature has numerous empirical studies that demonstrate that stereotypes can affect one's processing of racial information. Helms (1995) hypothesized one's predominant racial identity status is related to how that individual will process racial information. As the population served by counseling professionals becomes more and more racially and ethnically diverse, the processing, understanding and interpreting of racial information has become an increasingly important part of the work counselors do (APA, 2002). It can then be inferred that cognitive bias (stereotypes) and racial identity development would play a part in the information processing of counselors. This information processing would then in turn have an impact on clinical decision making. This has implications for how effective treatment is for a client.

To begin, this review will address multicultural counseling models, specifically focusing on how these models address the influence of counselor characteristics on the therapeutic relationship. Next, there will be a review of the information on stereotypes and how they affect information processing. Helms' racial identity development model will be reviewed, including her hypothesis about how different ego statuses process racial information. Then Choney and Behrens' (1996) model of White Racial Consciousness

will be presented as an alternative conceptualization of White racial identity development. Studies focusing on clinical decision making/client conceptualization will be discussed and related to information processing. Finally, these areas will then be integrated into a model of how counselors process racial information from which the hypotheses for this study will be constructed.

Models of Multicultural Counseling

Several models of multicultural counseling have been put forth in the literature. In the third edition of the Handbook of Counseling Psychology, Ponterotto and his colleagues (2000) reviewed these major models. They began their review by constructing a definition of multicultural counseling models. They defined it “broadly to refer to conceptualizations that address the ‘how to’ component of counseling, providing explication of how therapy is conducted, the role of clients and counselors and the mechanism for client change and growth” (p. 640). From this definition, they identified two “older and highly visible models” of multicultural counseling (p. 640): Sue and colleagues model (Sue, Bernier, Durran, Feinberg, Pederson, Smith & Vazquez-Nutall, 1982; Sue et al., 1992; Arredondo, Toporek, Brown, Jones, Locke, Sanchez, & Stalder, 1996); and Helm’s interactional model (Helms, 1984). Ponterotto and colleagues (2000) also reviewed some of the “emerging models” of multicultural counseling that have been proposed in the literature. Models covered included:

- (1) Atkinson, Thompson and Grant’s (1993) three dimensional model for counseling racial/ethnic minorities, which proposes that assessing a client on three key dimensions (acculturation, locus of problem etiology and goal of

helping) can help the counselor shape his/her role in the therapeutic relationship.

- (2) Trevino's (1996) worldview and change model, which hypothesizes how similarities and discrepancies between the worldviews of the counselor and the client affect the therapeutic relationship.
- (3) Ridley, Mendoza, Kanitz, Angermeier and Zenk's (1994) perceptual schema model where cultural sensitivity is seen as essential to understanding the clients' experiences. This model is based on information processing theory.
- (4) Leong's (1996) integrative model, which conceptualizes multicultural counseling as a complex and dynamic process that should not be described in a formulaic way.
- (5) Fisher, Jome and Atkinson's (1998) model of multicultural counseling competence, which focuses on the role of universal healing conditions in the context of counseling the culturally different.

Several of the models from the Ponterotto et al. (2000) review address how characteristics of the counselor could facilitate or diminish the therapeutic relationship between the client and the counselor. Characteristics that are referred to by multiple models are (a) beliefs about self, (b) beliefs about one's in-group (as characterized by the counselors race, ethnicity, gender, sexual orientation, religion, etc.), and (c) belief about other groups to which the counselor does not affiliate. A central assumption of the current investigation is that counselor characteristics like the ones listed above are central to the process of counseling, and must be taken into consideration when discussing what makes a counselor culturally competent. The investigator identified five models of multicultural

counseling competence that focus some attention on how counselor characteristics can effect the therapeutic relationship: Trevino (1996), Ridley et al. (1994), Helms (Helms, 1984), Sue et al. (1992),and Sue (2000). The next section will critically review these models.

Trevino's (1996) model focuses on how similarities and discrepancies between the worldview of the client and the counselor can both facilitate and hinder therapeutic change. She contends that counselors need not only be aware of and understand their clients' worldviews, but also need to be aware of their own worldview and not try to impose it on the client. In the description of the model, the client's worldview is divided into two categories: general and specific. The general category represents the broader, more abstract levels of the client's worldview. The specific category represents specific views about a broader concept. Trevino suggests that counselors should display congruence with client's worldview in the initial phases of therapy to help build the therapeutic relationship, but display discrepancies with specific components of the clients worldview that pertain to their presenting problem to help facilitate change in the intervention phase of therapy. An important contribution that Trevino made in this model is her conceptualization of worldview. Using knowledge from both psychology and anthropology, her definition addresses how people form worldviews and how worldviews work in their lives. She contends that worldview is formed by one's "shared cultural experiences and [our] unique [personal] experiences" (p. 201). She continues to define worldview as "providing the common base of understanding that, in turn, allows for communication to occur among members of a particular culture," and that they are "organized into systems of thought within the individual" (p. 201). Trevino uses the

word “schema” to describe the more specific components of worldview alluding to a cognitive component that could affect the information processing of the counselor.

The next model to be reviewed, Ridley and colleagues’ (1994) perceptual schema model, focuses on the construct of cultural sensitivity and identifying cognitive processes that assist the counselor in being culturally sensitive. These authors recognized that human information processing is influenced by the perceptual schemata that are acquired through life experiences. Citing research from the realm of cognitive psychology, they identify schemata as naturally data-reducing (focusing on some information and not other information for simplicity) and that this results in information processing errors. They operationally define cultural sensitivity as being able to develop and use perceptual schemata of the client and their presenting concerns that are accurate while avoiding major errors in information processing. This can lead to the counselor using more culturally relevant/appropriate interventions. Inaccurate schemata would lead to interventions that may not be therapeutic.

Ridley and colleagues (1994) identify five cognitive processes that counselors can engage in to assist them in being culturally sensitive.

1. Counselor cultural self-processing: Counselors “actively work to eliminate their prejudicial or stereotypic perceptions of culturally different clients, and gain an understanding of the self as a cultural being” (p.131).
2. Purposive application of schemata: Counselors should collect data to increase the accuracy of their schema concerning the client and use it in the different steps of the therapeutic process (pp.131-132).

3. Maintaining plasticity: A counselors' schemata remain flexible to allow for the incorporation of new data that is relevant to client's therapeutic work (p. 132).
4. Active-selective attention: Counselors may ignore cultural information. Therefore to be culturally sensitive, counselors must actively attend to this information (p. 132).
5. Counselor motivation: Counselors must be motivated either by internal means (their belief that cultural variables need to be considered in counseling) or external means (pressure from colleagues/supervisors) to continually develop the schema that are relevant to a particular client/therapeutic relationship (p.133).

In the third model reviewed, Helms' interactional model (1984)¹, counselor/client dyads can be classified into four types of relationships according to the racial identity development status of both the client and the counselor (these statuses are described in more detail later in this review). In parallel relationships, counselor and client belong to similar identity statuses therefore, sharing the same attitudes about both whites and people of color. In crossed relationships, counselor and client are in opposite identity statuses, therefore having opposing attitudes about both whites and people of color. In Progressive relationships, the counselor displays attitudes that are consistent with an identity status that is more advanced than the predominant status of the client. Lastly, in regressive relationships, the client's predominant identity status is more advanced than the status of the counselor. Helms makes three general hypothesizes. First, progressive

¹ Note that Helms in her 1984 article wrote specifically about Black and White counselors.

relationships are ideal because the counselor would then have the opportunity to help the client move toward a “healthier” status, but would eventually lead to a counseling impasse when the relationship eventual became parallel. Second, the counselor would be unable to understand the worldview of a client in a regressive relationship, making it likely to end in premature termination. Lastly, the outcomes of crossed and parallel relationships would depend on the racial makeup of the counselor/client dyad (intra- vs. cross-racial). Ponterotto et al. cited four empirical studies that have examined the interaction between racial identity development status of counselor and client (Carter & Helms, 1992; Carter, 1995; Richardson & Helms, 1994; Ladany, Brittan-Powell & Pannu, 1997). They commented that the results of these studies are consistent with Helms’ hypotheses, but that further research is needed.

The fourth model reviewed, Sue and colleagues’ (1992) model of multicultural competence, addresses three domains in which counselors need to develop competence. Counselors must work to (1) form an “awareness” of their own assumptions, values and beliefs. They must also (2) gain “knowledge” of the worldview of clients that are culturally different from them. Lastly, they must (3) build their repertoire of “skills” or interventions that are culturally sensitive to clients from differing cultural backgrounds. This model implies that counselors have a responsibility to work on becoming multiculturally competent and need to seek out experiences that assist them in developing this competency. Sue et al.’s model is probably the most widely used of all the multicultural counseling models in the literature, and has served as the basis for instruments measuring

multicultural competence. This could be due to operationalization of the different components in the model (Ponterotto et al., 2000).

Sue (2001) has conceptualized a model that outlines the multidimensional facets of multicultural competence. This newer three-dimensional model is built on Sue's previous work with colleagues (1992). One dimension consists of components of cultural competence that were discussed in Sue et al.'s earlier model: awareness, knowledge and skills. The other two components consist of race and culture specific competence (dealing with specific minority groups, for example African Americans or Latino/a) and foci of cultural competence (individual, professional, organizational and/or societal levels). The major contribution that this model has made to the literature is that it addresses not only specific competencies needed by individual professionals, it also highlights competencies on a systemic level that affect competency at the individual level.

The common thread linking the models that have been addressed here is their focus on counselor characteristics. Each model directly or indirectly acknowledges how personal characteristics (such as perceptions, beliefs, behaviors etc.) of the therapist can facilitate or hinder the therapeutic relationship, and/or how they can even cause harm to clients. This focus is important because it makes counselors aware of the role they can and should play in relationships with their clients and can guide their professional development (APA, 2002). This role can and should then be the focus of counselor training.

Suggestions on how to improve counselor training or how individual trainees can expand their multicultural competence abound in the literature. Ponterotto (1998)

identified sixteen characteristics of effective multicultural counseling trainers and mentors along with eight characteristics of effective multicultural counseling training environments. He also identified characteristics that would be exhibited by promising trainees. Some of the suggestions in the literature focus directly in the training of White counselors. Kiselica (1998) discussed how it is important for white counseling trainees to receive “supportive assistance” in confronting their own racism, taught to respond to challenges from racial/ethnic minority clients and colleagues with empathy, and be introduced to the “joys inherent in multicultural counseling” (p. 5). Ancis and Szymanski (2001) discussed how White counselors-in-training need to become aware of the privilege they have as Whites in society, since this privilege can influence how they conceptualize and treat clients who are racial/ethnic minorities. Thompson and Neville (1999) discussed how racial identity development models are important tools to a therapist in that they help the therapist understand the client’s cultural experiences (for example racism) and how these affect him/her. They have highlighted how understanding racial identity is a legitimate and important part of counselor training.

In response to the many calls in the literature for training programs to include training on multicultural issues, the American Psychological Association has included in its criteria for accreditation that programs include training on multicultural issues (APA Committee on Accreditation, 2002). One way training programs can address this criteria is the addition of multicultural counseling courses to many programs’ core curriculum. This has led some researchers in counseling to focus on how these courses effect measured multicultural competencies (some examples include Constantine & Yeh, 2001; Diaz-Lazaro & Cohen, 2001; Holcomb-McCoy, 2001; Byington, Fischer, Walker &

Freedman, 1997). The basis for this seems to be that the knowledge obtained from multicultural counseling classes (through lecture, reading and discussion) helps students become multiculturally competent. Another way that programs expose students to multicultural training is through encouraging them to work with diverse clientele through their practicum/internship experiences. Using Sue et al.'s (1992) model, adding multicultural courses and practica covers two areas of the model: knowledge and skills. But what part of counselor training focuses on awareness? In Sue's (2001) newer model, he discussed how counselor training programs need to expand their multicultural training in two areas. First, he pointed out how training programs should go beyond training for competence at the individual level (therapist/client) and expand training to address multicultural competence at the organizational/professional/societal levels. Secondly, he pointed out that many training programs focus mostly on acquiring knowledge of specific ethnic groups. He made an important point when he wrote "although cultural knowledge may be a necessary condition to becoming culturally competent, it is not a sufficient one" (p. 812). One important component that is overlooked by focusing mostly on knowledge (through classes in the core curriculum) or on both knowledge and skills (through classes and practica) is the development of the trainees own awareness of themselves as cultural beings.

One major influence on self-awareness is socialization. According to Henslin (2001), socialization is "the process by which people learn the characteristics of their group – the attitudes, values and actions thought appropriate for them" (p. 68). Sue and Sue (1999) addressed the issue of socialization of White individuals in US society, saying that "being a White person in this society means chronic exposure to ethnocentric

monoculturalism as manifested in ‘White supremacy’” (p. 145). Through this socialization, white individuals not only learn assumptions of superiority of their own group, but also learn assumptions of inferiority of those belonging to other groups. People of color in our society are exposed to the same “White supremacy,” which most likely also has an effect on how people of color perceive their own group and other social groups. These assumptions lead to a person forming stereotypes. The social and cognitive psychology literature operationalizes the concept of stereotypes and illustrates the effects stereotypes can have on one’s impressions or conceptualizations of members of an outgroup (See section on Stereotypes in this chapter).

To summarize, consistent with how Ponterotto and his colleagues (2002) defined a model of multicultural counseling, the theories reviewed include explanations of how therapy is to be conducted and the roles of both client and counselor in the therapeutic process. Focusing on a narrower dimension of that definition, each model reviewed in this paper assumes that personal characteristics of the counselor (e.g., perceptions, schemas, beliefs) play an important role in the therapeutic process. In particular, Sue and colleagues’ Multicultural Counseling Competencies (1992) focuses on the therapist’s role by listing areas in which a therapist should be competent when practicing psychotherapy. Of the three dimensions of competence presented in this model, self-awareness seems to be the most ambiguous dimension in terms of how training programs teach this competency. One way to better understand what is meant by “self-awareness” is to examine the consequences of being socialized in a racist society. One of these consequences is the development of stereotypes.

Stereotyping

With racism being a pervasive social problem, its affects on socialization are inevitable. The forming of stereotypes is one way this racism affects all Americans. In this section, the social psychology literature that defines and describes the construct of stereotyping is reviewed.

Definitions of what is meant by “stereotype” abound in the social psychology literature. Kunda and Thargard (1996) indicated that “stereotypes refer to membership in social categories such as sex, race, age or profession that are associated with certain traits and behaviors” (p. 284). Hamilton, Stroessner, and Driscoll (1994) outlined three conceptual approaches to stereotyping. The first can be explained from a psychodynamic perspective. According to this perspective, an individual can maintain his/her own self-esteem by enhancing evaluations of the group to which he/she belongs. In other words, stereotypes are used to perceive the “out-group” more negatively than one’s own group. Another perspective addressed by Hamilton and colleagues is the sociocultural perspective. According to this perspective, stereotypes are the result of societal and cultural influences. Family, peers, media, cultural traditions, etc. play a part in both the creation and endurance of stereotypes over time within an individual. As a result of social learning, people form the stereotypes that seem to prevail in their environment. It is through social reinforcement that these stereotypes are perpetuated. The last perspective covered by Hamilton and colleagues is the cognitive perspective. This conceptualization purports that our mind inevitably categorizes incoming information. It is this categorization that instigates the formation of stereotypes and influences our perceptions about the characteristics of different groups of individuals. Also according to

this perspective, stereotypes “[bias] the way we perceive and interact with members of stereotyped groups” (pp. 294). This cognitive perspective described by Hamilton and colleagues is of particular interest to this review and will be addressed again later.

In her review of the literature, Fiske (1998) categorized theories that address the phenomena of stereotyping, prejudice and discrimination into two types. One category focuses on individual differences. One of the theories she placed in this category is Adorno and colleagues’ (1950) authoritarian personality which posits a set of personality characteristics that makes a person more likely to hold deeply engrained prejudices.

Other theories Fiske (1998) discussed in this first category, individual differences, focus on what she calls “subtle racism” (p. 359). In her review, she gave three examples of such theories. First, she discussed “symbolic racism” (Sears & Kinder, 1971; Sears & McConahay, 1973) which focuses on how whites have become less likely in recent history to directly express their prejudiced beliefs. Instead, they use “traditional values and policy preferences” that disadvantage minorities (particularly Blacks) as a way of indirectly expressing prejudice (e.g. opposition to busing, affirmative action and welfare) (p. 359). Second, Fiske addressed what she calls “a more general theory of stigma” or ambivalence theory (pp. 359-360) proposed by Katz (1981). This theory describes Whites’ attitudes and perceptions that identification as a minority (again, particularly Black) has a stigma attached to it. These attitudes include feelings of sympathy because minorities are disadvantaged, but also feelings of resentment because of a belief that minorities are deviant (do not conform to the norms and values of traditional American society like hard work and individualism). The last theory she addressed in the subcategory of subtle racism is the “theory of aversive racism” (pp. 360) proposed by

Gaertner and Dovidio (1986). They discussed how even though many whites agree that different racial/ethnic groups are equal and deserve equal treatment, they still have “cognitive biases” that prejudice attitudes. It can be inferred that these cognitive biases are learned through socialization into American society and through internalization of its core values. Since the direct expression of prejudice has become more unacceptable in our society, whites cannot admit their own prejudice because it will appear aversive to others.

The last theory to be addressed in the category of individual differences is the Dissociation Model (Devine, 1989). This model described prejudices and stereotypes as being contained in the unconscious mind. Since stereotypes are learned early in our lives and at an unconscious level of awareness, they eventually become automatically activated. As a person ages and learns things that contradict the earlier learned stereotypes, they are more likely to be automatically activated than the contradictory and, at times, more accurate information because the stereotypes have been practiced for a longer time.

The second category of theories that Fiske (1989) identified are those theories that focus on a contextual level of analysis, specifically drawing from the ideas of Allport (1954) with regard to social categorization. Fiske paraphrased Allport’s ideas on social categorization: “He said humans inevitably categorize objects and people in their world, and that to prejudge is entirely normal. People categorize each other into ingroups and outgroups, loving one and (therefore, he argued) hating the other” (pp. 361). Two theories that Fiske identified as having followed from Allport’s work are social identity theory (Tajfel, 1981) and self-categorization theory (Turner & Oakes, 1989). Social

identity theory posits that “prejudice results from the need for a positive social identity within an ingroup, which recruits the outgroup as a relatively devalued contrast” (p. 361). Self-categorization theory posits that people are categorized or stereotyped when the differences within a category’s membership seem less than between category differences, when the categorization has a salient social meaning, and/or the category is “accessible” to the person doing the categorization.

An important aspect of stereotypes that was addressed by both the Hamilton et al and Fiske articles is the cognitive nature of stereotypes. Both authors addressed stereotypes as cognitive structures and acknowledged the inevitability of categorization. Fiske, through her discussion of social identity theory and self-categorization theory, addressed why categorization may be an inevitable part of the human condition. Similarly, other researchers highlight the critical idea of stereotypes as cognitive structures. Zarate and Smith (1990) defined stereotyping as “the generation of expectations or assumptions concerning a particular individual based on the individual’s group or category membership” (p. 161). The “generation of expectations or assumptions” are cognitive tasks. Hamilton, Sherman and Ruvolo (1990) defined stereotype as “a cognitive structure containing the perceiver’s knowledge and beliefs about a social group and its members, which is an important source of expectancies about what the group as a whole is like as well as about attributes that individual group members are likely to possess” (p. 36).

The previously reviewed literature on relevant theories highlight several important characteristics of stereotypes. First, they are cognitive structures in the mind of the perceiver. Second, these structures are a consequence of the social environment.

They are learned and perpetuated through social reinforcement (Hamilton, et al., 1994). Third, they are “a pervasive characteristic of social perception” (Zarate & Smith, 1990, p. 161), and have inevitable consequences on human information processing. Several studies exist that illustrate the inevitable influence of stereotypes.

Stereotyping from an Information Processing Perspective

If stereotypes are a part of human cognitive processes, then how might these categories affect the processing of new information about the group or an individual in that group? In this section, empirical evidence will be reviewed from several social/cognitive psychology studies that highlight the influence of stereotypes on information processing. First, schema theory (Alba & Hasher, 1983) is introduced as a way of understanding how the human mind organizes information into categories. Then the literature on how this general categorization affects information processing will be discussed. Lastly, studies that focus on social stereotypes (specifically gender and race) will be reviewed.

Schema Theory

One theory of memory/information processing that is relevant to the construct of stereotypes is schema theory which addresses the inevitable categorization of information. Alba and Hasher (1983) addressed the question “Is memory schematic?” in their literature review. They wrote that schema theory “proposes that what is encoded, or stored in memory, is heavily determined by a guiding schema that selects and actively modifies experience in order to arrive at a coherent, unified, expectation-confirming and knowledge consistent representation of an experience” (p. 203). The schema that they discuss is a cognitive structure that contains “general knowledge about a particular

domain” (p. 203). They wrote that schema theory proposes four central encoding processes. One process is selection. A natural part of human information processing is that only certain pieces of information are selected to be encoded into memory. According to Alba and Hasher, whether or not a piece of information will be encoded depends on the “(1) existence of a relevant schema, (2) the activation of that schema, and (3) the importance of the incoming information with respect to the schema” (p. 205). Another process is abstraction when the meaning of the experience is stored with no reference to specific details of that experience. Interpretation is the process where the general knowledge from the schema, which was encoded at a prior time, is used to understand the current experience. Finally, there is the process of integration. This process can occur at two different points in information processing: at schema formation and when an established schema is modified. In respect to when the schema is modified, Alba and Hasher wrote “data suggest that new information is immediately integrated into the prior knowledge system that subjects possessed about the topics, resulting in an inseparable combination of the new and old information” (p. 211). Alba and Hasher discussed schema theory with respect to memory for any type of general information. Schemas as the basis for social information processing will be now be addressed.

Role of Expectancies in the Processing of General Social Information

Dovidio, Evans and Tyler (1986) described an information processing perspective on stereotyping in which “stereotypes are seen as cognitive structures that mediate the information processing involved in person perception” (p. 23). Empirical evidence exists that supports the assumption that stereotypes influence how one processes information about out-group individuals. Hamilton, Sherman and Ruvolo (1990) reviewed the

empirical literature on the effect of stereotype based expectancies on social perception. They wrote that a perceiver's selective attention (which depends on various contextual variables such as complexity of judgement task, type of information given, etc.) affects how he/she processes the information. This leads to the perceiver forming cognitive representations of the stimuli/experience that may differ (sometimes significantly) from the actual stimuli/experience and that are biased in the direction of confirming/maintaining the expectancy or stereotype.

Skrull's (1981) study used four experiments to test how well participants remembered information about other individuals that was either congruent or incongruent with expectancies. The participants read brief descriptions of an individual or group to create an expectancy (the group or person as friendly or unfriendly). Then the participants read behavior statements about the individual's/group's behavior. They were then asked either immediately or 48 hours later to recall the behaviors. In the first experiment, participants showed better recall for behaviors that were incongruent with the expectancy. This was true when the number of incongruent items was less than, more than and the same as the number of congruent items. Participants were more likely to remember incongruent items after the longer delay. In experiments two and three, the authors found that when holding the number of congruent items constant, the more incongruent items added, the more congruent items are recalled. They explained that with more incongruent items, it is harder to create associations for these items during information processing. In the fourth experiment, the participants were engaged in a distracter task, which led to remembering more congruent items because participants were unable to make associations with the incongruent behavior information.

Stangor and McMillan (1992) performed a meta-analysis of 54 experiments that examined remembering information congruent or incongruent with expectancies in recall and recognition tasks. They found that memory is better for incongruent information than congruent information. This contradicts schema theory which posits that one filters out incongruent information. They found that several variables moderated what type of information was most likely to be remembered like strength of expectancy, complexity of cognitive demands, target of the processing, participants' information processing goals and delay between stimulus exposure and memory test.

Role of Social Stereotypes in the Processing of Social Information

The investigator now turns to the literature that directly addresses specific stereotype expectancies (i.e. racial or gender stereotypes) and their effects on information processing. Stangor (1988) investigated how accessibility of gender stereotypes affects encoding and responses to gender related behavior. In this study, participants were presented behavioral descriptions that were stereotypically male, female or irrelevant to gender. These behaviors were attributed to one of four persons (two males and two females). Stangor found that on a test of recognition given after the stimuli presentation, participants were more likely to say they had seen stimuli that were more stereotype consistent than inconsistent or irrelevant. Participants also made more within gender than between gender false alarms (participants saying they saw one women described this way when it was really another women). Stangor also looked at how accessibility to a stereotype affects one's information processing. Individuals who were measured as high in construct accessibility for gender were more likely to be consistent with traditional gender stereotypes when responding to the recognition task than individuals who were measured low on construct accessibility.

Taylor, Fiske, Etcoff and Ruderman (1978) examined both racial and gender stereotypes. In the experiments, participants heard a taped portrayal of a group of people having a discussion. As each person spoke, their picture was presented on a slide projector. The groups were made up of different combinations of men and women. Other groups were made up of different combinations of black and white individuals. Participants in the control conditions were asked not to attend to anything in particular while listening to the discussions. Those in the experimental condition were told they would have to match up suggestions given during the conversation to the individual who made the statement after the presentation. There was evidence that participants did process information about the groups using race and gender as a way of categorizing and organizing information. Participants had a higher recall error rate for information that was within a particular gender or racial group than between the groups which suggests that within group differences were minimized and between group differences were more pronounced. Participants also perceived the behaviors of men and women in the groups according to traditional gender role stereotypes despite the fact that the behaviors remained constant. Only the gender of the individual was varied. Another interesting finding was that the groups were stereotyped as a function of their gender makeup. Groups with more women were seen in terms of more traditionally female stereotypes, and groups with more men were seen in terms of more traditionally male stereotypes. The authors also discussed how the use of stereotypes in information processing depends on contextual influences and that the process of stereotyping (although having sometimes negative effects on information processing) is a normal part of human cognitive processes.

Zarate and Smith (1990) studied social cognition using a social category verification task. They wanted to know the relative speed of matching different categories to a target (Black/White or male/female). They found that White photos were classified more quickly than Black photos, and in one experiment, participant's race was related to which photos were categorized faster. They also found that photos that were the same gender as the participant were classified faster than photos of the opposite gender. Zarate and Smith explained their finding in the framework of social identity theory, which posits that one's group membership has a differential effect on how he/she processes information about an out group versus an ingroup.

Dividio, Evans and Tyler (1986) used a priming experiment to show the effects stereotypes can have on social information processing. They found that Black/White primes helped participants respond in ways that were based on stereotypes of that particular social group. The responses given by the participants suggested that positive traits were strongly associated with White, whereas negative traits were more strongly associated with Black. Their conclusion was that stereotypes are cognitive structures that mediate information processing.

Gaertner and McLaughlin (1983) tested high and low prejudice individuals on associative strength of "white" and "black" with positive and negative traits. They used a lexical decision task where they paired the words "black" and "white" with positive and negative traits. They found that White participants responded faster when "white" was paired with a positive trait than when they were paired with negative traits. There was no difference in reaction time with negative traits. On an association task, participants were

more likely to ascribe positive characteristics to Whites, but as with the lexical decision task, they were not more likely to attribute negative traits to Blacks.

Devine (1989) investigated automatic versus controlled processing in the use of stereotypes to process information. In the first experiment, they found that both high and low prejudice participants were equally knowledgeable about stereotypes about blacks. In the second experiment, when the ability to consciously monitor stereotype activation is taken away, both low and high prejudice participants give stereotype congruent responses. In the third experiment, low prejudice participants used more controlled cognitive processes and listed non-prejudiced thoughts. Participants who were high prejudice showed more automatic processing and listed information congruent with the stereotype.

Kawakami, Dion and Dovidio (1998) also examined stereotype activation related to level of prejudice. They argued that because of the cultural environment in the United States, both high and low prejudice individuals automatically activate stereotypes when processing racial information. In their experiment, participants were presented words in the center of a computer screen. First, either the word “white” or “black” was presented followed by a delay and then a stereotypical or non-stereotypical trait was presented. The time delay served as the independent variable, which had 2 levels: 300 ms (which was equated with only time for automatic processing) and 2,000 ms (which was equated with having time to move into controlled processing). The dependent variable was response latency of the participant who was instructed to read the second presented word aloud into a microphone. The authors found that high prejudice individuals showed stereotype activation in both conditions of the independent variable. For low prejudice individuals,

there was “no systematic facilitation of black stereotype words following a black prime” (pp. 413). They also found that both high and low prejudice individuals were knowledgeable about Black stereotypes presented as in the Devine (1989) study, but they also believe that high and low prejudice individuals may have difference in their cognitive representation of Blacks. Since high prejudice individuals stereotype more often, they create more cognitive associations between a racial category and the stereotype. Low prejudice individuals do not make as strong of associations between the racial category and the stereotypes because the stereotype is not activated as often. They concluded by writing that their findings show that automatic processing (and therefore the use of stereotypes) is not an inevitable part of human information processing and may depend on contextual factors.

In summary, the empirical findings suggest that categorization is an expected part of human information processing. This categorization can lead to the formation of expectancies (stereotypes) about a target that is perceived as belonging to a specific social category. These expectancies affect how the information that is coming in about the target is processed. The studies reviewed give evidence that information that is remembered about the target depends on what the person is going to do with the information and what type of information they receive. Looking more specifically at race and gender information, the studies reviewed show that participants did use racial or gender categories to organize information, and that this organization may have affected participants’ later recall of that information. Another significant finding came from the studies that looked at level of prejudice as an independent variable (Kawakami, Dion & Dovidio, 1998; Devine, 1989). Both studies found that high and low prejudice

participants were equally knowledgeable about negative racial stereotypes. This gives credibility to the assumption made earlier that an inevitable consequence of socialization in a racist society is the formation of stereotypes.

These findings are relevant to the field of counseling psychology in that professionals in the field will use these same cognitive processes to organize information they receive about clients of different races. This means that a counselor's stereotypes could affect his/her information processing regarding the client, which will, in turn, affect the outcome of that processing: the counselor's conceptualization of the client.

Processing of Clinical Information

Client conceptualization may be one of the more important skills counselors use (Mayfield, Kardash & Kivlighan, 1999). A counselor's conceptualization should drive assessment of prognosis, problem etiology and diagnosis, as well as drives the counselor's treatment planning. Mayfield et al. (1999) wrote that client conceptualization is "an information processing task, similar to the task faced by learners when they incorporate new facts into their knowledge structures or change their knowledge structures to accommodate new information" (p. 504). The next section of this review will consist of a review of studies investigating counselor's processing of clinical information and how different counselor characteristics affect their client conceptualization.

Two studies that have examined cognitive processes in client conceptualization have been Holloway and Wolleat (1980) and Sengler and Stohmer (1994). Holloway and Wolleat examined the relationship between cognitive complexity and prior clinical experience affect a counselor's impressions of a client. They describe those low in

cognitive complexity as individuals who think concretely and who have fairly rigid information processing. They describe those high in cognitive complexity as abstract thinkers who are flexible in their information processing. They found that cognitive complexity, but not amount of prior clinical experience, was related to overall quality and clarity in clinical judgments and number of divergent questions asked about a client's behavior. They concluded that "cognitively complex individuals sought more different kinds of information and were less likely to perseverate on a single mode of inquiry [about the client]" (p. 543).

Spengler and Stohmer (1994) highlighted more specifically how bias affects clinical judgments. They began by discussing how clinicians are prone to a number of biases. In their study, they focused on the relationship between cognitive complexity and the bias of diagnostic overshadowing (failing to diagnose someone with mental retardation with another coexisting mental disorder). They found that those with lower cognitive complexity were less likely to diagnose the coexisting mental disorder. They concluded that certain individual differences may help to explain bias in clinical judgment (like cognitive complexity and cognitive access to stereotypes). They hypothesized that those who have higher cognitive complexity would be better able to avoid stereotyping because they are better at integrating information than individuals with low cognitive complexity.

The above studies demonstrate the effect cognitive processes can have on counselors' client conceptualization. Findings are similar in studies that focus more specifically on social cognition or social bias. Robertson and Fitzgerald (1990) investigated how different aspects of therapist behavior were related to counselors'

perception of the client's gender role orientation (as measured by the Bem Sex Role Inventory, BSRI). In their study, participants, who were licensed marriage & family therapists, were randomly assigned to watch one of two videos of a depressed male client. In one video, the client's occupation and family role were portrayed as gender traditional. In the other, the client's occupation and family role were portrayed as non-traditional. The tape was paused at specified times to allow the participant to respond to the client as if the participant was doing therapy with him, and responses were recorded. They then completed a diagnostic questionnaire that included giving a diagnosis, choosing from a list of eight factors what may be contributing to the client's problem, and ratings on severity and willingness of the participant to work with the client. They also completed the BSRI. Participants responses were categorized using Hill's (1978) Counselor Verbal Response Category System. The authors found that participants considered nontraditional role behavior to be more severely pathological and that they behaved differently with him (as measured by the content of participants' responses). Participants were also more likely to attribute his depression to his life situation and some even identified his nontraditional pattern of behavior as a possible focus of clinical attention.

Seem and Johnson (1998) also focused on how gender bias affects conceptualization. In their study, participants, who were graduate students in counseling, read one of four case descriptions. Two of these case descriptions described a client who was 22 years old and struggling with the decision to stay home with anticipated children or work outside the home. These two case descriptions varied by gender. The two other case descriptions presented a 30 year old client living with an opposite gender partner who was struggling with the decision to go to graduate school and possible hurt the

current relationship or marry the partner and begin having children soon after. Again, these two case descriptions only differed by gender of client. Participants were given the following directions: (1) Please list any questions you would like to ask the client in order to obtain more information for your initial conceptualization; (2) Please write (a) formulations of problem(s), including underlying issues; (b) issues to explore in therapy, and (c) treatment goals.

Content categories were derived from participants' responses. Then two doctoral students blindly rated responses (with gender context removed) to one of the categories. Statistical analyses of these ratings showed that clients who violated their traditional gender roles in their case descriptions were viewed differently than the clients that did not violate their traditional gender roles. The authors analyzed the content of the responses to search for specific bias in responses. The authors found that female counselors were more likely to make responses that reflected a "motherhood mandate" when they read the case description of the nontraditional female. The content of those responses focused on the possibility that the nontraditional female client could have children later if she postponed having them to go to graduate school. Male counselors made differentiation between male and female clients in the traditional male gender role case description.

Wampold, Casas and Atkinson (1981) were even more specific by examining how counselor trainees' stereotypes bias the processing of information about different ethnic groups. The researchers used an illusory correlation paradigm where stereotypic and neutral characteristics were paired with persons of different ethnicities. One of the most interesting findings in this study was that White trainees made fewer errors on a recognition test when the correct answer was consistent with stereotypes of the group the

trait was related to, rather than when the correct response was inconsistent (ex. remembering that an Asian student was described as “submissive to parental authority”). The same effect was not seen among ethnic minority counselor trainees. In fact, ethnic minority participants made fewer errors in remembering information that did not conform to stereotypes. This suggests that stereotypes do affect the processing of information about different ethnic groups, but the study has its limitations. First, the cognitive task was simply a recognition test, where the other studies reviewed looked at clinical decision making. Also, it would be interesting to see how cognitive complexity relates to use of stereotypes in the making of clinical decisions. Lastly, the neutral information that was paired with the stereotyped characteristics was blood type, which could be seen as having little relevance to the experience of therapy.

Scholars have also investigated the relationships between various variables mentioned in the multicultural literature and client conceptualization. Ladany, Inman, Constantine, and Hofheinz (1997) examined how multicultural case conceptualization was related to self-reported multicultural competence, racial identity development and supervisor focus. Participants were randomly assigned to two groups. In the first group, participants were told by their supervisor to include racial issues in their client conceptualizations. In the second group, supervisor instruction was not included. Participants were asked to fill out measures of racial identity development and multicultural competence. They were then asked to write a brief conceptualization of a client they read about in a vignette. They were instructed to include their thoughts on the client’s problem etiology and possible plans for treatment. Conceptualizations were coded by raters on the number racial issues introduced in the conceptualization and

number of connections made between these issues. Authors found that racial identity and self-reported multicultural competency were related, but neither was related to multicultural client conceptualization. The authors mention several limitations of their study including using only one method of assessing multicultural case conceptualization and only assessing it at one occasion. They also used a general measure of racial identity for minority counselors.

Worthington, Mobley, Franks and Tan (2000) investigated the relationship between multicultural counseling competence (self-reported and observed) and client conceptualization variable of etiology attributions. They found that neither was related to self-reported multicultural competence. They note that the self-report multicultural competence measure was highly correlated with social desirability. Etiology attributions were related to observed multicultural competence (as measured by a judge who read a session transcript). Those rated higher on observed multicultural competence were more likely to rank sociocultural factors as more important to the client's problem etiology. They were also more likely to make external locus of control attributions.

Constantine (2001) performed another study that investigated multicultural case conceptualization. She looked specifically at the relationship between multicultural case conceptualization and previous multicultural counseling training, counselor theoretical orientation and empathy attitudes. She used the same coding system as Ladany et al. (1997) to assess multicultural case conceptualization. She found that higher multicultural case conceptualization ratings were related to higher levels of formal multicultural training, integrative/eclectic theoretical orientation and higher affective empathy attitudes.

In his dissertation, Chih (2001) examined the relationship between counselor's self-report self-construal (in terms of collectivistic vs. individualistic) and client conceptualization. In this study, participants viewed videotapes of a hypothetical client in the first five minutes of his first counseling session. These videotapes were varied by ethnicity of client (White vs. Asian American) and portrayed self-construal (collectivistic vs. individualistic). The participants then completed a clinical judgment questionnaire and self-construal measure. Chih found that self-construal did predict variation in clinical judgment. Counselors who scored high on collectivism rated the client as better adjusted than did those that had low collectivism scores.

The studies reviewed in this section demonstrate that cognitive variables (like cognitive complexity, empathy attitudes, theoretical orientation, self-construal) play a part in clinical conceptualizations and judgments. Spengler and Strohmer (1994) identified clinical attributes (like race, age, gender, experience, theoretical orientation, etc.) that people have examined in studies on clinical decision making. They concluded that these variables do not reflect how counselors process clinical information. Instead of race itself as the critical factor, as seen in the Wampold, et al. (1981) study, maybe racial identity development is an important attribute in counselors' information processing of client race and ethnicity. The theory developed by Helms (1995, 1996) is useful because it suggests that processing of racial information may be linked to one's racial identity ego statuses. Also useful is the theory developed by Choney and Behrens (1996).

Racial Identity Development and Its Influence on Information Processing

Now Helms' (1995) model of racial identity and her hypotheses on information processing strategies will be reviewed. This section will also include discussion of

empirical evidence to support Helms' hypotheses about racial identity ego statuses and information processing strategies. Also included in this section is a discussion on Choney and Behrens' (1996) model of White Racial Consciousness as an alternative explanation on how White racial identity develops.

In her updated people of color model, Helms (1995) identified five racial identity statuses: conformity, dissonance (encounter), immersion/emersion, internalization and integrative awareness. A person characterized by conformity possesses attitudes that devalue his/her own group and are consistent with "white standards of merit" (pp. 186). Someone characterized by the dissonance (encounter) status is experiencing ambivalence and confusion about commitment to own group and self defined identity. Immersion/emersion is characterized by idealization of one's own group and denigration of things or ideas perceived as being "White." The internalization status is characterized by a positive commitment to one's own group with a "capacity to assess and respond objectively to members of the dominant group" (pp. 186). Lastly, a person characterized by integrative awareness has a capacity to value one's own group identity, but also can "empathize and collaborate with members of other oppressed groups.

In the same article, Helms (1995) proposed six White racial identity ego statuses: Contact, Disintegration, Reintegration, Pseudo-independence, Immersion/Emersion, Autonomy. Someone that shows characteristics of the Contact status feels satisfied with the racial status quo and/or is unaware of racism that exists in society and their participation in that racism. Someone characteristic of the Disintegration would be experiencing some type of racial moral dilemma that has him/her forced to choose between "own group loyalty and humanism" (p.185). This struggle can be disorienting

to the individual. Reintegration is characterized by an “idealization of one’s own socioracial group” and the negative attitudes toward other groups (p. 185). Those characterized by the Pseudo-independence status have an “intellectualized commitment” toward their own group and appear to have acceptable attitudes toward other groups (p.185). Immersion/Emersion individuals look to understand how racism affects other groups and how they may be benefiting from racism. In this status, the person is redefining whiteness. Lastly, there is the Autonomy status. These individuals have an “informed positive socioracial-group commitment” and have internal standards for their own identities. At this point, the person is able to let go of the privilege from the racist system.

Helms (1995) also made hypotheses about how each ego status may affect an individual’s processing of racial information. First, the information-processing strategies used by individuals in the different people of color racial identity statuses are presented. Those characterized by conformity use selective perception to maintain obliviousness to socioracial issues. Those characterized by dissonance repress racial information that provokes anxiety. Immersion/emersion individuals use dichotomous thinking and are hypervigilant toward racial stimuli. The internalization status is characterized by more flexible and analytic thinking. Lastly, the integrative awareness status is characterized by flexibility and complexity.

Helms (1995) proceeded to describe information-processing strategies for her White racial identity statuses. Gushue and Carter (2000) expanded on these hypotheses. Individuals most characterized by the Contact status may be less influenced by stereotypes because of their lack of awareness of race and belief that race does not matter.

Those characterized most by the Disintegration status may be more sensitive to racial cues in information because they are experiencing conflict between their desire to be good people and desire to maintain their unearned White privilege. This sensitivity may result in the increased influence of racial stereotypes in information processing. Those mostly characterized by the Reintegration status may use their stereotypes to distort racial information in a way that favors Whites since their attitudes seem to be split into those that are pro-White and anti-out group. Individuals most characterized by Pseudo-Independence are taking steps to form a new White identity that moves away from past racist beliefs. In this status, the person's Black stereotypes may be less influential on processing information about Black individuals, but their White stereotypes may actually exert more influence on processing information about Whites. Immersion/Emmersion individuals are "reeducating and searching for internally defined racial standards" (Helms, 1995, p. 188). Lastly, the Autonomy status is characterized by more flexibility in responding to racial stimuli. These individuals identify less with past racist stereotypes and, as a consequence, use them less in processing racial information.

The only study to examine the relationship between racial identity development and processing of racial information was coordinated by Gushue and Carter (2000). In this study, White participants were asked to complete the White Racial Identity Attitude Scale (Helms & Carter, 1990), and then they were asked to read a vignette about a client. The vignette had both statements that had been categorized as stereotypically White and statements that had been categorized as stereotypically Black. Participants were given either a vignette where the client was White, or one where the client was Black. They found that memory sensitivity (MS, being able to discriminate information you have seen

before from information you have not seen before) was positively correlated with the Disintegration ego status and negatively correlated with Contact and Autonomy when the participants were reading the vignette about the Black stimulus. The authors explain that since Disintegration is an ego status characterized by internal conflict, that this conflict would make the individual more sensitive to racial information (especially attributing White stereotypes to the Black stimulus). They called this phenomena “racial anxiety” (pp. 205). Contact and Autonomy were negatively correlated since these ego statuses are not characterized by the same inner moral conflict as Disintegration. Response bias (falsely attributing White stereotypes to the White stimulus) was positively related to Pseudo-independence and negatively related to Disintegration. They called this phenomena “strident nonracism” (pp. 206). They explained that even though Pseudo-independence is the beginning of movement toward a nonracist identity, the individual trades their racist stereotypes for a set of “politically correct” stereotypes (pp.207). Gushue and Carter’s study gave evidence that people who are characterized by different ego statuses differ in how they process information. One major limitation of the study is the population used was undergraduate students and graduate students in the areas of education and organizational behavior. The results obtained with these participants may not generalize to counseling professionals or counseling trainees. If more knowledge about how stereotypes affect counseling situations is to be found, research will need to focus specifically on counseling professionals or counselors-in-training. Carter and Gushue’s study is an important first step in understanding how the construct of racial identity development is related to the processing of racial information. Looking at the literature from social and cognitive psychology helps to expand this understanding.

Even though Helms' model of White racial identity development is widely known and cited, and the scale constructed by Helms and Carter (1990) to measure White racial identity attitudes is used often in the research literature, both the model and scale have their critics. Rowe, Bennett and Atkinson (1994) present three major limitations of Helms' model. First, Helms proposes a model of White racial identity development that parallels her model of people of color racial identity development. Rowe and his colleagues purport that White racial identity develops very differently than people of color's racial identity. Second, they point out that Helms' model seems more concerned with attitudes toward other groups, and not necessarily focused on attitudes about being White. Lastly, they criticize Helms' earlier conceptualization of White racial identity as a linear developmental process. Helms (1995) addressed the last criticism in her updated models by conceptualizing the different levels of White racial identity attitudes as statuses and that each status can be predominant within an individual in no particular sequence. Yet, the first two criticisms outlined by Rowe and his colleagues are still relevant to the use of Helms' model in research. On top of these criticisms, the scale used to measure White racial identity attitudes (the White Racial Identity Attitudes Scale or WRIAS) has been criticized as psychometrically deficient (Choney & Behrens, 1996).

For this reason, Rowe, Bennett and Atkinson (1994) proposed a model of White racial consciousness. From this model, Choney and Behrens (1996) developed the Oklahoma Racial Attitudes Scale Preliminary Form (ORAS-P). Behrens, Leach, Franz and LaFleur (1999) refined the original ORAS-P, which led to the development of a revised conceptualization of White racial consciousness and the current form of the Oklahoma Racial Attitudes Scale (LaFleur, Leach & Rowe, 2003). LaFleur and his

Colleagues divide White racial consciousness into two components: (1) attitude orientation and (2) commitment. This theory purposes four attitude categories (or orientations). The first is dominative, which includes individuals who have highly negative attitudes toward racial/ethnic minorities. The second is integrative, which includes individuals who have expressed attitudes of comfort with minorities. The third is conflictive, which includes individuals who have attitudes that do not condone obvious discrimination against people of color, but believe efforts to assist racial minorities serve to discriminate against Whites. The fourth is reactive, which includes individuals who have attitudes that are consistent with the belief that Whites benefit from advantages inherent in the status quo. The theory also proposes three levels of commitment to the predominant attitude orientation. The first is avoidant, which describes individuals who admit to being unconcerned about their racial attitudes. The second is dissonant, which describes individuals who are uncertain about their racial attitudes. The third is dependent, which describes individuals whose racial attitudes only reflect the racial attitudes of others.

Summary and Conclusion

With the relevant theory and research reviewed, this last section integrates the literature from these different areas of psychology to expand the field's understanding of multicultural counseling, and presents a model of how counselors process information. The implications of this model for further research are discussed. Finally, the hypotheses of the current study will be presented.

Many multicultural researchers have argued the importance of understanding and valuing cultural diversity in the practice of psychotherapy. Many of the models of

multicultural counseling that are proposed in the literature give guidelines for how we train therapist to be multiculturally competent. Using the model that Sue and his colleagues created, it can be argued that a counselor's awareness, knowledge and skills are key components to becoming a therapist who can competently work with diverse clients. In training programs, the components of knowledge and skills seem easy to address in the curriculum (though practice and course work), but how do programs help students develop awareness? It can be argued that understanding the connections between socialization, stereotypes, information processing and ethnic identity development will help the profession to further understand the concept of multicultural awareness and give some direction in how to help counselors in training gain this awareness.

The racist socialization that counselors go through makes the forming of stereotypes inevitable. This "socialization" includes factors that affect one's development like racial/cultural background, socioeconomic status, experience of oppression and/or privilege. It also includes the socialization that takes place in counselor training programs, which includes general training in theories and skills but also multicultural training (via courses and experiences). The social/cognitive literature demonstrates that the categorization that occurs in human information processing affects the processing of new information. The research of client conceptualization/clinical judgment literature reviewed earlier suggests that cognitive attributes, like cognitive complexity, empathy attitudes, theoretical orientation and self-construal, affects clinical conceptualizations and judgments. Helms (1995) hypothesized about how racial identity development status may influence how racial information is processed. These internal

cognitive processes influence how client racial and cultural information is processed and influences the continual exchange of information between therapist and client. All of the above factors affect the counselor's conceptualization of client, which includes how the counselor views problem etiology, diagnosis, prognosis and appropriate interventions (see figure 1).

Gushue and Carter (2000) found that there is a relationship between racial identity development status and the processing of racial information. To further understanding about how racial identity development affects the information processing of counselors, the work of Gushue and Carter needs to be expanded. For this reason, the current study will focus on how racial identity status is related to a counselor's processing of client racial/ cultural information.

The work of Ladany et al. (1997) on factors related to multicultural client conceptualization did not find a relationship between racial identity status and multicultural case conceptualization. They acknowledge that this relationship may not have been significant due to different methodological issues (the way racial identity status and conceptualization were measured). It seems reasonable to think racial identity development status would be related to conceptualization. Racial identity status is based on perceptions of own and other groups. The social/cognitive psychology literature provides evidence that these perceptions or schema affect information processing. Client conceptualization is the product of the processing of client information by the counselor. Therefore, racial identity should be related to case conceptualization and the presented model of counselor information processing proposes this relationship. Focusing on the constructs in the presented research questions expands our understanding of the role of

the counselor in multicultural counseling. This could help training programs design effective ways to help students build their competency working with diverse populations.

Hypotheses

The current study will focus on the above research directions to help expand the field's knowledge of multicultural counseling. The investigator predicts the following relationships between variables:

1. (a) Participants who report attitudes characteristic of the Contact White identity status will have lower memory sensitization score for both congruent and incongruent stereotypes. (b) Participants who report attitudes characteristic of the Disintegration status will have higher memory sensitization scores for both congruent and incongruent stereotypes. (c) Participants who report attitudes that are characteristic of the Reintegration status will have higher memory sensitization scores for congruent stereotypes and lower memory sensitivity for incongruent stereotypes. (d) Participants who report attitudes characteristic of the Pseudo-independence status will have lower memory sensitivity scores for congruent stereotypes and higher memory sensitivity scores incongruent stereotypes. (e) Participants who are characterized primarily by the racial identity status of Autonomy will have higher memory sensitization scores for both congruent and incongruent stereotypes.
2. (a) Participants who are characterized primarily by the racial identity statuses of Contact, Disintegration and Reintegration racial identity ego status will have higher response bias scores for congruent stereotypes. (b) Participants who are characterized primarily by the racial identity status of Pseudo-independence and Autonomy will have lower response bias scores for congruent stereotypes.

3. (a) Participants who are characterized primarily by the racial identity statuses of Contact, Disintegration and Reintegration racial identity ego status will rate the client as less psychologically adjusted and rate the client's problems as more severe. These participants will also rank sociocultural issues as less important to client's problem etiology. (b) Participants who are characterized primarily by the racial identity status of Pseudo-independence and Autonomy will rate the client as more psychologically adjusted and rate the client's problems as less severe. These participants will also rank sociocultural issues as less important to client's problem etiology.

Choney and Brehens (1996) do not purpose differences in information processing based on a person's attitude orientation; therefore, the investigator did not hypothesize about the possible relationship between ORAS attitude orientation and memory sensitivity, response bias or counselor conceptualization. In this study, the investigator explores the how ORAS attitude orientation may be related to memory sensitivity, response bias and counselor conceptualization.

Chapter 3: Methods

This chapter will be organized into three sections. The first section is a description of the participants. The second section includes descriptions of the psychometric properties of each instrument that will be used in the proposed study. The third section includes a description of the procedures that will be used to collect the data.

Participants

Participants were 78 counselors-in-training from masters and doctoral counseling psychology programs at three large Midwestern public universities and from one terminal masters program at a small public liberal arts university. All of these participants identified as White. Eleven other participants identified themselves as another label other than White. These individuals completed Phinney's (1992) Multigroup Ethnic Identity Measure; the data from these participants was not analyzed. The participants were asked to complete a demographic questionnaire (see Appendix A). Of the White counselors-in-training, 15 (19.2%) were male, and 63 (80.8%) were female. Ages ranged from 22 – 63 ($M = 28.87$, $SD = 9.10$). Fifty-seven were from counseling psychology programs; 17 were from school psychology programs; and 4 were from "other" types of programs (like community counseling or school counseling). Fifty-one of the participants were in masters degree programs; 22 were from Ph.D. programs; and 5 were pursuing "other" degrees (like educational specialist degrees or taking practicum to meet school counselor recertification requirements). The number of previous semesters of graduate work among the participants ranged from one to 24 ($M = 4.62$, $SD = 3.33$). The number of previous semesters of graduate practicum experienced ranged from zero to six ($M = 1.19$, $SD = 1.31$). The number of previous multicultural courses taken by the participants ranged

from zero to four ($M = .95$, $SD = .79$). Participants were asked to rate their socioeconomic status on a scale from 1 (very poor) to 9 (very rich). The mean reported SES of the participants was 5.2, with $SD = 1.33$.

Instruments

Hypothetical Client Vignette (see Appendix B). A four paragraph vignette of a hypothetical client was constructed as the stimulus for the proposed study. Much of the content of the vignette was derived from the stimulus vignette constructed by Gushue and Carter (2000). The vignette also included information that would be given at an initial or intake individual counseling session, including information about symptoms experienced by the client. These symptoms were consistent with the DSM-IV-TR (2000) criteria for generalized anxiety disorder and depressive disorder, not otherwise specified. Like Gushue and Carter's study, the hypothetical client's name was Michael, but unlike their study, there was only one version of the stimulus vignette in which Michael was portrayed as Black. The Black stimulus vignette was used alone in the proposed study because its focus is on how white counselors process information about culturally/racially different clients.

The vignette for this study included the same 28 discrete thoughts, behaviors, and traits that were embedded in the Gushue and Carter (2000) vignette. Fourteen of those thoughts/behaviors/traits represented White stereotypes and the other 14 represented Black stereotypes. Gushue and Carter chose the 28 stereotypes that were embedded in the stimulus vignette from an initial list of 142 Black and White stereotypes drawn from the literature (Katz, 1985; Stewart & Bennett, 1991; Davis & Smith, 1993). They then asked raters to rate the items on a scale from 1 (much more likely to be true of a Black

person than of a White person) to 9 (much more likely to be true of a White person than of a Black person). Black items were chosen for inclusion in the vignette if they had a mean rating of less than or equal to four. White items were chosen for inclusion in the vignette if they had a mean rating of greater than or equal to six. These cutoffs were adapted from Srull (1981) and Stangor (1988). Using this vignette, the investigators did find that participants characterized primarily by Disintegration and Pseudo-independence remembered information about Michael differently.

Adjustment Ratings (Chih, 1995; see Appendix C). Four items using a 7 point Likert-type scale were used to measure the participants' perceptions of client adjustment. For the first item (MATURE), which asks how mature the client is, the scale ranges from (1) very immature to (7) very mature. For the second item (ADJUSTMENT), which measures how well adjusted the client is, the scale ranges from (1) very poorly to (7) very well. For the third item (PSYCH HEALTH), which asks how psychologically healthy or disturbed is the client, the scale ranges from (1) very disturbed to (7) very healthy. For the fourth item (ADPATIVE), which asks how adaptive/maladaptive the client's attitudes and behaviors are, the scale ranges from (1) very maladaptive to (7) very adaptive. The ratings that were given to each question were analyzed separately. Higher ratings are associated with participants perceiving the client as more adjusted. Chih reported the alpha coefficient for measure as .70. Chih also reported that therapists' collectivism scores were positively correlated with the therapists' adjustment ratings of collectivistic clients.

Severity of Client Problem(s) (SEVERITY; Robertson & Fitzgerald, 1990; see Appendix D). One item was used for this study to assess severity of clients problem(s).

The item asked “How severe do you think this client’s psychological problems are?” The item was rated on a 7 point Likert-type scale, ranging from 1(not at all severe) to 7 (very severe) Higher scores are associated with participants conceptualizing the client’s problem(s) as more severe.

Etiology Attribution Scale (EAS; Worthington, 1995; see Appendix E). The EAS measures the importance of seven etiologic factors attributed to psychological problems of a client. The seven items are rank-ordered according to the participant’s perceived importance in causing the client problems (1 – most important to 7 – least important). The closer to one a given ranking is for a factor; the more important it would be to the participant in their conceptualization of the client’s problem etiology. The seven factors addressed are interpersonal, cognitive, emotional, somatic, biophysical, sociocultural, and developmental. Worthington (1995) reports 2-week test-retest of the item rankings are .68, .56, .53, .60, .74, .58, and .64 for the interpersonal, cognitive, emotional, somatic, biophysical, sociocultural, and developmental factors respectively. Worthington (1995) also reports that rankings were related to type of problems presented by the client, and self-reported theoretical orientation, which provides some evidence to the scales validity.

Recognition Task Scores (Gushue & Carter, 2000, Appendix F). Participants were presented a list of statements and were asked if the statement was contained in the vignette they read the previous week. They rated each item on a scale from one to six (1 = I am positive that it was, 2 = I am fairly sure that it was, 3 = I am undecided, but I think it was, 4 = I am undecided, but think it was not, 5 = I am fairly sure that it was not, 6 = I am positive that it was not). The recognition task included 14 congruent (Black) stereotype statements. Seven of these statements that were in the vignette (four were

positive and three were negative). Seven were not in the vignette (four were positive and three were negative). It also included 14 incongruent (White) stereotype statements. Seven of these statements that were in the vignette (four were positive and three were negative). Seven were not in the vignette (four were positive and three were negative). The recognition task also included eight stereotype unrelated items (four which did appear in the vignette, four which did not appear in the vignette). The recognition task scores were calculated in the same manner as was done by Gushue and Carter (2000). Ratings of one through three were recoded as “yes” or the participant thought the statement had been in the vignette. Ratings of four through six were recoded as “no” or the participant thought the statement had not been in the vignette. The investigator counted the number of times a participant correctly remembered having seen a particular statement about the hypothetical client. This was referred to as the Hit Rate (HR). The researcher also counted the number of times a participant falsely thought he or she had seen a particular statement about the hypothetical client. This was referred to as the False Alarm Rate (FAR).

From these two numbers four Memory Sensitivity (MS) scores were calculated: Memory Sensitivity for positive stereotype congruent information (MS Congruent/Positive), Memory Sensitivity for negative stereotype congruent information (MS Congruent/negative), Memory Sensitivity for positive stereotype incongruent information (MS Incongruent/Positive), and Memory Sensitivity for negative stereotype incongruent information (MS Incongruent/negative). This score was calculated by subtracting the False Alarm Rate from the Hit Rate: $MS = HR - FAR$.

The Hit Rate and the False Alarm Rate was also be used to calculate a two Response Bias (RB) Scores: Response Bias for positive stereotype congruent information (RB Congruent/Positive), and Response Bias for negative stereotype congruent information (RB Congruent/negative). This is calculated by dividing the False Alarm Rate by 1 minus the difference between the Hit Rate and the False Alarm Rate: $RB = FAR/[1 - (HR - FAR)]$.

White Racial Identity Attitude Scale (WRIAS; Helms & Carter, 1990; see Appendix G). This instrument measures attitudes associated with the five identity statuses that Helms (1984) theorized in her White racial identity theory. The scale has 50 items that uses a 5 point Likert-type subscale ranging from 1 (strongly disagree) to 5 (strongly agree). The WRIAS has five subscales that correspond to the five identity statuses: Contact, Disintegration, Reintegration, Pseudo-Independence, and Autonomy (see Chapter Two for a more detailed description of each status). Items for each subscale are summed and then divided by 10 (number of items on each scale) to determine scores on that subscale. Higher scores indicate more agreement with the attitudes that characterize the identity status that the subscale is measuring. Helms and Carter (1990) reported internal consistency reliabilities of .53 for the Contact Subscale, .77 for the Disintegration subscale, .80 for the Reintegration subscale, .71 for the Pseudo-Independence subscale, and .67 for the Autonomy subscale using Cronbach's Alpha. Helms and Carter (1990) reported results from factor analysis that showed that the WRIAS assesses multidimensionality of White racial identity development. They also reported that intercorrelations between scales and correlations between the scales and

other psychological constructs (such as anxiety, symbolic racism, and experiences in counseling) are consistent with theory.

Okalahoma Racial Identity Attitudes Scale (ORAS; La Fleur, Leach, & Rowe, 2003; see Appendix H). This instrument measures attitudes associated with the four racial attitude orientations and three categories of commitment to one's own racial attitude that the authors (2003) theorized in their model of White racial consciousness. The scale has 35 items that uses a 5 point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The ORAS has three attitude subscales that correspond to the four attitude orientations: Dominative/Integrative, Conflictive and Reactive. The first is dominative, which includes individuals who have highly negative attitudes toward racial/ethnic minorities. The second is integrative, which includes individuals who have expressed attitudes of comfort with minorities. The third is conflictive, which includes individuals who have attitudes that do not condone obvious discrimination against people of color, but believe efforts to assist racial minorities serve to discriminate against Whites. The fourth is reactive, which includes individuals who have attitudes that are consistent with the belief that Whites benefit from advantages inherent in the status quo. The ORAS also has three subscales that correspond to the three attitude commitment categories: Avoidant, Dissonant and Dependent. These three subscales were not used in data analyses because this study's primary focus was on how attitudes are associated with the dependent variables. Items for each subscale are summed to determine scores on that subscale. Higher scores on the Conflictive and Reactive subscales indicate more agreement with the attitudes that characterize the attitude orientation that the subscale is measuring. For the Dominative/Integrative scale, lower scores indicate more agreement

with the attitudes that characterize the dominative attitude orientation. Higher scores indicate more agreement with the attitudes that characterize the integrative attitude orientation. Individuals were categorized into one of the four attitude orientations using the “Potential Categorical Characterization Protocol” (pp. 31) developed by La Fleur, Leach and Rowe. La Fleur, et al. (2003) reported internal consistency reliabilities of .84 for the Dominative/Integrative Subscale, .83 for the Conflictive subscale, .72 for the Reactive subscale. La Fleur, et al. found that the Dominative/Integrative, Reactive and Conflictive subscale scores had negligible correlations with social desirability. Also confirmatory factor analysis provided evidence that the scale structure was consistent with their model.

Procedure

The study was presented to participants as an investigation of how counselors conceptualize clients. Participants were recruited from graduate level practica/field placement courses. The study involved two parts to be administered over two consecutive weeks. Either in person during class or by email, students were asked to participate, and told of the time required to complete all parts of the study (approximately 30 minutes at each administration). Since those on field placement at one of the campuses did not meet in a formal class, the investigator obtained a list of these students from the department’s training director. Their participation was solicited through email and sent to addresses listed in the university’s global address book. For students contacted by email, packets were left in their student mailbox on campus. For those who met in class, participants were given directions to complete the packet within 3-4 days. All participants were made aware that they would be given a code, and that it will be used

to match their responses from the first administration to their responses from the second administration. A list of names and codes were kept separate from the data and destroyed once data collection was complete. For the first administration, the participants were asked to sign an informed consent (see Appendix I), complete the demographic questionnaire, read the stimulus vignette, and then complete the adjustment ratings, severity ratings and the EAS. When they completed the first administration, they were asked to write the date they completed the packet on the envelope. Three to four days later, the investigator emailed participants to remind them of the opportunity to participate.

Approximately one week later, participants were given the second packet of instruments. These packets were passed out during class or put in participants' campus mailboxes. On the envelope, the participant wrote the date they completed the first set of instruments (or for those who were contacted through campus mail, the investigator wrote the date on the envelope). The packet inside the envelope had the code that corresponded to their first set of instruments. Participants read a set of instructions asking them to complete the instruments one week after completing their first set of instruments. When they read this packet, they first completed the recognition task. Then, they were asked to complete the social attitude measure that was most appropriate for how they identified themselves. Those who identified as White were asked to complete the WRIAS and the ORAS. Those who identified as ethnic minority were asked to complete the Multi-group Ethnic Identity Measure. After finishing the questionnaire, they were given a debriefing statement (see Appendix J) and allowed to ask questions

about the study. At that time, either the investigator or the practicum instructor collected the questionnaires from the students.

Chapter 4: Results

In this chapter, the statistical analyses used to evaluate the hypotheses established and the results of those analyses is reported. First, the initial data screening is summarized. Then, the results of preliminary analyses used to evaluate the psychometric properties of the WRIAS and ORAS are described. Lastly, the main analyses used to evaluate the study's hypotheses are presented.

Data Screening

Prior to the analyses, data regarding the client conceptualization questions, EAS, RB, MS, ORAS and WRIAS were examined for accuracy of data entry, missing values, and fit with statistical assumptions. The investigator first checked the accuracy of data entry. Frequency tables were examined to identify out of range variable values, and corrections were made in two cases.

The investigator then checked each variable/scale for missing data. Seven of the WRIAS items each had 1 to 2 missing values making a total of 10 missing data points. These missing points were replaced with zeros because according to Helms and Carter (1990) "zero values are included in the total scores because, according to the theory on which the measure is based, until the person has reached a relevant [status] of development, some items may appear to be meaningless" (pp. 69). For the ORAS, there was one participant that did not complete this entire measure; this participant was deleted from subsequent analyses using the ORAS data. After deleting this case, there were four items that had one missing value a piece. These were replaced with the sample mean for the scale to which each item belonged.

In addition, three of the conceptualization questions (adjustment, psychological health, and adaptive) each had one missing case. These missing values were replaced with the mean for that question. Lastly, when the two RB variables were calculated (RB Congruent/Positive and RB Congruent/Negative), there were several instances of missing data because RB is calculated as a ratio and the denominators were zero. For the subsequent analyses using RB variables, those participants missing data were omitted (20 cases for RB Congruent/Positive and 29 cases for RB Congruent/Negative).

The investigator then checked the data set for both univariate and multivariate outliers. Inspection of frequency histograms gave no evidence of univariate outliers. Two cases were identified through Mahalanobis distance as multivariate outliers for the ORAS scales and the MS scores ($p < .001$). These cases were deleted from the analyses examining the relationship between the ORAS and MS scores.

The normality of the distributions for the conceptualization questions, RB, MS, ORAS and WRIAS was examined. Mean, standard deviation, skewness and kurtosis values are shown in Table 1. The values of skewness and kurtosis for each variable (all less than two) were sufficient to assume that they were all normally distributed.

In summary, missing data and outliers were examined and dealt with, and each variable was normally distributed. The following sample sizes were used for the subsequent data analyses: (a) WRIAS and its relationship to the conceptualization questions and MS scores, $n = 78$; (b) WRIAS and its relationship to RB Congruent/Positive, $n = 58$; (c) WRIAS and its relationship to RB Congruent/Negative, $n = 49$; (d) ORAS and its relationship to the conceptualizations question and the EAS, $n =$

77; (e) ORAS and its relationship to MS scores, $n = 76$; (f) ORAS and its relationship to both RB scores, $n = 40$.

Preliminary Analyses

Estimates of internal consistency were examined for the WRIAS and ORAS. The alpha coefficients for the WRIAS subscales were as follows: Contact, $\alpha = .40$; Disintegration, $\alpha = .75$; Reintegration, $\alpha = .76$; Pseudo-independence, $\alpha = .68$; Autonomy, $\alpha = .52$. These estimates of reliability suggest low but acceptable levels of internal consistency for the Disintegration, Reintegration and Pseudo-independence subscales. However, the estimates for the Contact and Autonomy subscales suggest there were some problems with internal consistency. Helms and Carter (1990) reported similar reliabilities for all scales except Contact and Autonomy (Contact, $\alpha = .67-.55$; Disintegration, $\alpha = .75-.77$; Reintegration, $\alpha = .82-.75$; Pseudo-independence, $\alpha = .77-.65$; Autonomy, $\alpha = .74-.65$).

Alpha coefficients for the ORAS attitude subscales were as follows:

Dominative/Integrative, $\alpha = .70$; Conflictive, $\alpha = .85$; Reactive, $\alpha = .78$. These estimates of reliability suggest acceptable levels of internal consistency for all three ORAS attitude subscales. Similarly, La Fleur, Leach and Rowe (2003) reported the following Alpha coefficients: Dominative/Integrative, $\alpha = .84$; Conflictive, $\alpha = .83$; Reactive, $\alpha = .72$.

Means, standard deviations, skewness and kurtosis for each variable is shown in Table 1. The means for the WRIAS subscales Contact, Disintegration, Reintegration, Pseudo-independence, and Autonomy ($M = 3.11, 1.92, 1.77, 3.76$ and 3.97 respectively) are similar to the means reported by Helms and Carter (1990, $M = 3.09, 2.51, 2.51, 3.61,$ and 3.37 respectively). The means for the ORAS attitude subscales,

Dominative/Integrative and Conflictive ($M = 43.52$ and 13.04 respectively), were similar to the means reported by La Fleur et al. (2003, $M = 40.4$ and 19.1 respectively). The mean for the ORAS Reactive subscale ($M = 22.51$) was slightly higher than the mean reported by La Fleur and colleagues ($M = 16.4$). The means for the MS variables were as follows: $.15$ for Congruent/Positive, $.58$ for Congruent/Negative, $.61$ for Incongruent/Positive, and $.91$ for Incongruent/Negative. The means for the RB variables were as follows: 1.21 for Congruent/Positive, and 1.23 for Congruent/Negative.

The intercorrelations among the subscales of both the WRIAS and the ORAS were examined; see Table 2 and 3. As indicated in Table 2 almost all of the WRIAS subscales appear to be at least moderately correlated with one another ($.02 - .36$), with Reintegration/Disintegration, and Pseudo-independence/Disintegration having strong correlations with one another ($.78$ and $.61$, respectively). The correlations are similar to those reported by Helms and Carter (1990).

As reported in Table, the correlation between the Dominative/Integrative and Conflictive subscales was weaker in this study ($-.13$) than the $-.57$ correlation reported by La Fleur, et al. (2003), and the correlation between the Dominative/Integrative and Reactive subscales was much stronger ($.47$) than the $.10$ correlation reported by La Fleur and his colleagues. La Fleur and his colleagues reported a correlation of $-.37$ between the Conflictive and Reactive subscales which is similar to the correlation obtained in this study ($.26$).

Main Analyses

In this section, the results from the statistical procedures used to evaluate the hypotheses of this study are reported in the following order: First, the (a) the relationships

found between the WRIAS and ORAS subscales scores and MS and RB scores; (b) the relationships found between the WRIAS and ORAS subscale scores and the five Likert-type conceptualization questions; and (c) the relationships found between the WRIAS and ORAS subscale scores and EAS rankings.

Hypothesis 1: (a) Those with higher scores on the WRIAS Contact subscale will have lower memory sensitization score for both congruent and incongruent stereotypes. (b) Those with higher scores on the WRIAS Disintegration subscale will have higher memory sensitization scores for both congruent and incongruent stereotypes. (c) Those with higher scores on the WRIAS Reintegration subscale will have higher memory sensitization scores for congruent stereotypes and lower memory sensitivity for incongruent stereotypes. (d) Those with higher scores on the WRIAS Pseudo-independence subscale will have lower memory sensitivity scores for congruent stereotypes and higher memory sensitivity scores incongruent stereotypes. (e) Those with higher scores on the WRIAS Autonomy subscale will have higher memory sensitization scores for both congruent and incongruent stereotypes. To evaluate the relationship between MS scores and White racial identity attitudes, the correlations between MS scores and the WRIAS and ORAS subscales were examined. To guard against alpha inflation, a Bonferroni correction was used to establish the alpha level at .01 (.05/4). None of the correlations between any of the MS scores and the WRIAS subscale scores reached statistical significance (see Table 4). The correlations between the ORAS attitude subscale scores and MS scores were subsequently examined. Again, a Bonferroni correction was used to establish the alpha level at .01 (.05/4). As with their correlations with WRIAS subscale scores, none of the correlations between MS scores

and ORAS attitude subscale scores were significant (see Table 5). Thus the first hypothesis was not supported.

In sum, the analyses performed do not show a significant relationship between WRIAS subscales or ORAS subscales and the four MS scores. There was a lack of support for the hypothesis that the WRIAS statuses of Contact, Disintegration and Reintegration are related to lower MS scores for congruent stereotypes. There was also a lack of support for the hypothesis that the WRIAS status of Pseudo-independence is related to lower MS scores for incongruent stereotypes. Lastly, there was a lack of support for the hypothesis that the WRIAS status of Autonomy is related to lower scores on all the MS variables.

Hypothesis 2: (a) Participants scoring higher on the WRIAS subscales of Contact, Disintegration and Reintegration will have higher response bias scores for congruent stereotypes. (b) Participants scoring higher on the WRIAS subscale of Pseudo-independence and Autonomy will have lower response bias scores for incongruent stereotypes. To evaluate the relationship between RB scores and White racial identity attitudes, the correlations between RB scores and the WRIAS and ORAS subscales were examined; see Tables 6 and 7, respectively. A Bonferroni correction was used to establish the alpha level at .02 (.05/2) for both the WRIAS and ORAS. None of the correlations between any of the RB scores and the WRIAS subscale scores were statistically significant. As with their correlations with WRIAS subscale scores, none of the correlations between RB scores and ORAS subscale scores were statistically significant.

In sum, the analyses revealed a lack of statistically significant associations between WRIAS scores and RB scores. The analyses indicated a lack of statistically significant relationships between ORAS attitude subscales scores and the two RB scores. There was also a lack of support for the hypothesis that the WRIAS statuses of Contact, Disintegration and Reintegration are related to higher RB scores for congruent stereotypes. There was a lack of support for the hypothesis that the WRIAS status of Pseudo-independence is related to lower RB scores for congruent, positive stereotypes, or for congruent, negative stereotypes. Lastly, there was a lack of support for the hypothesis that the WRIAS status of Autonomy is related to lower scores on the RB variables.

Hypothesis 3: (a) Participants scoring higher on the WRIAS subscales of contact, disintegration and reintegration will rate the client as less psychologically adjusted and rate the client's problems as more severe. These participants will also rank sociocultural issues as less important to client's problem etiology. (b) Participants scoring higher on the WRIAS subscales of Pseudo-independence and autonomy will rate the client as more psychologically adjusted and rate the client's problems as less severe. These participants will also rank sociocultural issues as less important to client's problem etiology. To evaluate the relationship between the Likert-type conceptualization items and White racial identity attitudes, the correlations between the scores on each question and the WRIAS and ORAS subscale scores were examined; see Table 8. A Bonferroni correction was used to establish the alpha level at .01 (.05/5). Among these 25 correlations, only three were significant. Severity had a positive correlation with the Disintegration Subscale, and Psychological Health had a negative relationship to both the Disintegration and Reintegration subscales. In other words, those who scored higher on

the disintegration subscale, rated the client's problems as more severe. Also, those who had higher Disintegration and Reintegration scores rated the client as less psychologically healthy.

The correlations between the ORAS subscale scores and Likert-type conceptualization items are reported in Table 9. Again, a Bonferroni correction was used to establish the alpha level at .01 (.05/5). Among these 15 correlations, only one was significant. Psychological Health had a positive correlation with the Dominative/Integrative subscale. In other words, those who scored lower on that scale (displaying more dominative type attitudes) rated the client as less psychologically healthy. Conversely, those who scored higher on the scale (displaying more integrative attitudes) rated the client as more psychologically healthy.

To examine the relationship between EAS rankings and White racial identity, chi-square analysis was performed to determine whether there were significant difference in the proportion of participants who ranked socio-cultural factors as the most important factors in the etiology of the client's problems in each attitude status/category. Participants were classified into two categories based on their percentile rankings on the WRIAS subscales. These classifications were made based on the finding of a cluster analysis performed by Carter (1996). The best solution was a two-cluster solution. He named the two clusters (1) Racial Discomfort, since it is more strongly influenced by Reintegration and Disintegration attitudes and (2) Racial Acceptance, since it is more influenced by Pseudo-independence, Contact and Autonomy attitudes. The investigator categorized people by first transforming subscale raw scores into percentile scores. Then, the median percentile rank for each subscale was calculated and were as follows:

Disintegration – 10th, Reintegration - 10th, Pseudo-independence – 80th, Contact – 40th and Autonomy – 70th. To fit a particular category, an individual would have to score at or above the median for the subscales that most strongly contribute to the category and below the median on the other subscales. If an individual did not fit either category, he/she was considered uncategorized and not included in the chi-square analysis.

Expected and observed values for each cell are shown in Table 10. No significant difference was found in the proportion of individuals ranking sociocultural factors as first in the etiology of the client's problems in each of the two WRIAS attitude clusters, $\chi^2(1, N = 42) = .66, p > .05$. A chi-square analysis was also performed using only the ORAS categories. Expected and observed values for each cell are shown in Table 11. No significant difference was found in the proportion of individuals ranking sociocultural factors as first in the etiology of the client's problems in each of the five ORAS attitude categories, $\chi^2(4, N = 63) = 1.72, p > .05$.

Of the four Likert-type items designed to rate the participants' perception of the client's psychological adjustment (Mature, Adjustment, Psych Health and Adaptive), only Psych Health was related to WRIAS status. Specifically, both the statuses of Disintegration and Reintegration were negatively correlated with Psych Health. In other words the higher a participant's Disintegration or Reintegration score, they less psychologically healthy they rated the client. This gives partial support for the hypothesis that the statuses of Contact, Reintegration and Disintegration would be related to lower ratings of psychological adjustment. The hypotheses that Pseudo-independence and Autonomy would be related to higher rating of psychological adjustment was not supported.

Of the four psychological adjustment items, only Psychological Health was related to the ORAS attitude scale scores. Psychological Health was positively related to the Dominative/Integrative subscale, which suggests that those with more Dominative attitudes rated the client as less psychologically healthy, and those with more integrative attitudes rated the client as more psychologically healthy.

The severity rating was positively correlated with Disintegration, which suggests those with higher Disintegration scores rated the client's problems as more severe. This gives some partial support to the hypothesis that the Contact, Disintegration and Reintegration status are related to higher rating of client problem severity. There was a lack of support for the hypothesis that Pseudo-independence and Autonomy would be related to lower ratings of client problem severity. The statistical analyses showed a lack of significant relationships between ORAS subscale scores or attitude category membership and Severity rating.

Finally, there was a lack of support for the hypothesis that those who displayed attitudes predominantly in the Contact, Reintegration or Disintegration statuses would rank sociocultural factors as less important in the etiology of the client's problem and those who display attitudes predominantly in the Pseudo-independence and Automy statuses would rank sociocultural factors as more important to the client's problem etiology. Chi-square analysis showed that was a lack of a statistically significant relationship between ORAS attitude category and the ranking of sociocultural factors on the EAS.

Chapter 5: Discussion

This chapter discusses the implications of the results presented in the previous chapter. First, the results will be discussed with respect to each of the study's hypotheses. Then the empirical and methodological implications of the current study for future multicultural counseling research, training and practice will be discussed. Finally, the investigator will discuss limitations of the current study and present the final summary and conclusions.

Hypotheses

The first hypothesis predicted relationships between Memory Sensitization scores and WRIAS subscale scores. The components of this hypothesis were not supported by the data. In essence, there were no significant relationships found between Memory Sensitization scores and any of the WRIAS subscales. This was contrary to Gushue and Carter's (2000) findings that scores on the Contact subscale were negatively related to Memory Sensitization scores and scores for the Disintegration subscale were positively related to Memory Sensitization scores for participants who read the vignette where the subject was Black. Further, no relationships were found between ORAS subscale scores and Memory Sensitization scores.

In short, the results of this study do not confirm the previous findings of Gushue and Carter (2000) that racial identity attitudes affected whether participants could discriminate between new and old information; those tending to have more Contact and Autonomy attitudes were less able to discriminate between new and old information, and those with Disintegration attitudes being more likely to identify new versus old information when presented with information about a Black client. It may be that

memory sensitization is not related to the racial identity attitudes of counselors-in-training per se. Given that multiculturalism is typically integrated into the curriculum of Counseling Psychology training programs, it may be that some training programs have sensitized trainees to be more conscious of stereotypes in their processing of racial information. Also, the information was given in the context of a session with a hypothetical client, which is a context (counseling) that is very relevant to participants given their status as counselors-in-training. Conversely, participants in the Gushue and Carter (2000) study were undergraduates in English, sociology, statistics, psychology and economics classes or graduate students in organizational behavior and education, and were asked to estimate the grade level for which the story was appropriate. Therefore, more automatic processing using stereotypes may have been utilized by these participants given the context of the task.

The second hypothesis predicted relationships between Response Bias scores and WRIAS subscale scores. As with the first hypothesis, this second hypothesis was also not supported by the data. There were no significant relationships found between Response Bias scores and WRIAS subscale scores. This was similar to Gushue and Carter's findings (2000) that WRIAS subscale scores were not related to Response Bias scores for participants who read the vignette where the subject was Black. Likewise, no relationships were found between the ORAS subscale scores and Response Bias scores. In short, the results of this study are similar to the previous findings of Gushue and Carter (2000) who also found no relationship between response bias and racial identity attitudes when participants read a vignette about a Black individual.

However, when participants read a vignette about a White person, Gushue and Carter did find that Pseudo-independence attitudes had a positive relationship with response bias, which means those who tended to have more Pseudo-independence attitudes tended to attribute stereotypes to a White individual. It may be that due to the training, as well as the increasing “political incorrectness” of openly expressing ones stereotypes about minorities, response bias may not have affected how most of the participants responded to the recognition task. These findings could also be related to the low number of participants and low reliabilities on some of the WRIAS scales, which reduced the power and sensitivity of the study. Given that the findings of the Gushue and Carter (2000) study were only partially confirmed in this study, further empirical research is needed to better understand how racial identity may have a role in how information is processed for the general population, and specifically with mental health professionals.

The third hypothesis predicted relationships between conceptualization measures and WRIAS subscale scores. This hypothesis was partially supported by the data. No relationships were found between contact scores and any of the conceptualization rating questions. A positive relationship was found, however, between Disintegration and problem severity. Those who tended to exhibit more Disintegration attitudes may be experiencing what Gushue and Carter (2000) called “racial anxiety;” this anxiety is due to the struggle between previous obliviousness to implications of race and new awareness of the significance of race in society. This would lead to a hypervigilance to racial stereotypes that led participants with greater disintegration attitudes to see the client’s problems as more severe. Also, a negative relationship was found between scores on the Disintegration and Reintegration subscales and ratings of client’s psychological health.

For those with higher disintegration attitudes, the racial anxiety associated with this identity status may have led to participants conceptualizing the client as less psychologically healthy. This finding is consistent with the previous finding that those higher in disintegration attitudes see the client's problems as more severe. The Reintegration identity status is characterized by a denigrating of other "minority" groups. It logically follows that people with these types of attitudes would conceptualize the client in more negative terms (i.e., less psychologically healthy). Conversely, the data did not support any relationship between the conceptualization ratings and the Pseudo-independence or Autonomy subscales.

There was also a relationship found between ORAS subscale scores and the conceptualization rating items. The Dominative/Integrative subscale was positively related to both ratings of psychological health and maturity. This means that those with more positive attitudes toward minority groups were more likely to see the hypothetical client as more psychologically healthy and mature; and those who have more negative attitudes toward minority groups were more likely to see the hypothetical client as less psychologically healthy and mature. Finally, the data did not support a relationship between either WRIAS or ORAS subscale scores and how sociocultural issues were rated in the hypothetical client's problem etiology.

The hypothesis that a counselor's conceptualization will be related to certain counselor attributes has not been consistently supported by previous research. It is important to note that client conceptualization has been operationalized in many different ways across studies. Thus, previous findings may be related to how client conceptualization is operationalized. For example, Ladany, Inman, Constantine and

Hofheinz (1997) examined the relationship between case conceptualization ability and self-reported multicultural competences with racial identity and instruction from supervisors to focus on multicultural issues. In this study, participants were asked to write a “sketch describing what they believed to be the etiology or origins of the client’s psychological difficulties and an effective treatment plan or strategy for the client’s psychological difficulties” (pp. 287). These sketches were coded by two raters on level of differentiation (i.e. “the ability to offer alternative interpretations of, or perspectives on, a client’s problems and the type of treatment provided,” pp. 287) and integration (i.e. “the ability to form connections between and among differentiated interpretation,” pp. 287) in each sketch. Neither racial identity nor self-reported multicultural competence was related to client conceptualization; although, when participants were given the direction to focus on multicultural issues, this did affect how the participants conceptualized the client.

Worthington, Mobley, Franks and Tan (2000) examined the relationship between self-reported and observed multicultural competencies with attributions about client problem etiology. They used the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin & Wise, 1994) and the Cross – Cultural Counseling Inventory – Revised (CCCI-R; LaFromboise, Coleman & Hernandez, 1991) to measure self-report multicultural competence. They used the Causal Dimension Scale (CDS; Russell, 1982) and the EAS to measure participants’ attributions about a hypothetical client’s problems. Etiology attributions are one component of client conceptualization (see Figure 1). They found that CCCI-R scores were positively related to external locus causal dimension and sociocultural etiology attributions, as well as observed multicultural competences.

Conversely, no relationship was found between the MCI and participant attributions about client's problems or observed multicultural competence.

Constantine and Ladany (2000) examined the relationship between self-report measures of multicultural competence and case conceptualization. They used the CCCI-R, the MCI, the Multicultural Awareness/Knowledge/Skills Survey (MAKSS; D'Andrea, Daniels & Heck, 1991), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Rieger, Gretchen, Utsey & Austin, 1999) to measure self-report multicultural competences. They used the same coding system used in Ladany, et al. (1997) to code client conceptualization. None of the scales correlated with the client conceptualization ratings, but all but one of these scales (CCCI-R) positively correlated with social desirability. The inconsistent results across these studies may be due to two factors. The first is the psychometric properties of the independent measures, whether it be racial identity attitudes or self - report multicultural competences, seem to be a limitation in each of these studies. The other factor is differences in how conceptualization was operationalized, which could also explain the inconsistent results. These methodological issues need to be carefully considered in future research.

Implications for Practice and Research

The results of the current study have implications for, and give direction to, the future training of multiculturally competent counseling professionals and future research on this training. It seems that not all but at least some racial identity attitudes affect how a counselor conceptualizes a client who is culturally/racially different from him/herself. Disintegration and Reintegration (from the WRIAS) and Dominative (from the ORAS) attitudes are associated with perceiving culturally/racially different clients as more

pathological and less adjusted. On the other hand, those with more Integrative attitudes (ORAS) tended to see the client as more adjusted. These findings highlight the importance of training programs that help their students evolve in their racial/cultural identity development. It also highlights the importance of graduate programs recruiting and retaining students that will make a commitment to being open to developing their racial/cultural identities. Lastly, this study's findings remind all counseling professionals of the importance of continuing to monitor and develop their own multicultural awareness so that they can provide culturally sensitive conceptualizations of clients' presenting problems and subsequent effective treatment to clients.

Further research is needed to more fully understand how racial identity relates to how information about culturally different people is processed, and how it affects a counselor's perception or conceptualization of clients. The inconsistent findings in this study and the Gushue and Carter (2000) study suggests that counselors-in-training may process racial information about clients differently than how the general population processes racial information about others. Further research is needed to examine if this is the case. If so, what affects the information processing of counselors and counselors-in-training. Replicating studies like the present study and Gushue and Carter (2000) will be important to understanding these relationships. Also, future studies should examine the relationship between racial identity attitudes of ethnic minority counselors-in-training, information processing and client conceptualization, as it is equally important for minority students to develop multicultural awareness as it is for majority, White students. Just because one identifies as an ethnic/racial minority, this does not equate to being multiculturally competent. As with those who identify with the majority culture,

ethnic/racial minorities are also socialized to have prejudiced attitudes towards those different than themselves as well as towards themselves (internalized racism). This socialization and one's identity development may well affect how an ethnic/racial minority counselor may conceptualize a culturally different client.

The findings of this study bring attention to some important methodological issues. First, this study identified some possible psychometric problems with the WRIAS. The reliability for both the Contact and Autonomy subscales was low in this study, which raises the question of their psychometric adequacy. Other studies have reported higher reliability coefficients (Swanson, Tokar, & Davis, 1994; Tokar & Swanson, 1991), but Gushue and Carter (2000) reported low reliabilities for both Contact and Autonomy (.38 and .59 respectively). Carter and Helms (1990) also reported moderately low reliability for contact (.53). Another concern with the WRIAS is the high correlations among the scales. The correlations among the WRIAS scales were high in this study (.02 - .78) as well as in previous research (Behrens, 1997; Swanson, Tokar, & Davis, 1994; Tokar & Swanson, 1991). This introduces the problem of multicollinearity, which makes it much more difficult to understand how the racial identity attitudes statuses uniquely contribute to the dependent variables. Future work with the WRIAS should focus on improving the reliability of the Contact and Autonomy subscales, as well as examining if the WRIAS is related to counselor's multicultural competencies.

An alternative scale to use in research is the ORAS, which had good estimates of reliability and validity in this study. It would also be important to continue to look at the utility this instrument and its underlying theory of White consciousness. Use of and

understanding of this instrument and its underlying theory may help understand White racial identity and its relationship to multicultural awareness.

Another important methodological issue pertains to the operationalization of client conceptualization. Given the inconsistencies in the literature with how it is operationalized and the inconsistent findings, it would be important for researchers to develop better means of measuring counselor's conceptualization of clients. For example, a scale could be developed that reliably and validly measures such assessments.

Limitations of Current Study

The limitations of the current study fall in two main areas. First, the size of the sample for the current study was low. Initial power analysis indicated that a sample size of 100 would provide adequate power for the data analyses. When data collection was initially planned, there were about 120 potential participants available to recruit for the study. Of those recruited, about 100 of them gave their consent to participate. Eleven of these individuals dropped out of the study prematurely. Another 11 participants identified themselves as ethnic/racial minority and were not included in the data analysis. This participant attrition left 78 valid cases for analysis. Given the number of independent variables (five WRIAS subscales and four ORAS subscales), it was determined that the power of the data analyses would be sufficient (although not optimal) despite the lower than expected sample size.

Another major area of limitation for the current study pertained to the instrumentation. First, there is the issue of low alpha coefficients for the Contact and Autonomy subscales on the WRIAS, which raises concerns about the internal consistency of these scales. In addition, the high intercorrelation between the scales raises concerns

about the uniqueness of each subscale. The reliability concerns combined with the low sample size reduces the chances of finding true difference when they exist. Although concerns have been raised in the literature over the usefulness of the WRIAS (Behrens, 1997; Behrens & Rowe, 1997; Helms, 1997, 1999; Swanson, Tokar, & Davis, 1994), it is important to note that similar results were obtained with the ORAS. Second, both independent measures were self-report measures of racial identity attitudes. With a self-report instrument, there is always the concern that people will answer in socially desirable ways, even when their responses are confidential. This may be particularly true for counselors-in-training since multicultural issues are being integrated across the counselor training curriculum. Lastly, the information processing measures (Response Bias and Memory Sensitization) were calculations derived from hit and false alarm rates on the recognition task. Whenever one uses raw scores to calculate ratios or other scores from them, there is a new source of error variance introduced to the measurement of the construct. These calculations, and the resulting error they introduce, could have affected the data analysis. These measurement issues along with the lower than expected sample size could account for the lack of significant findings in the current study.

Conclusions

There are several important conclusions that can be drawn from the current study. First, the current study failed to support previous findings (Gushue & Carter, 2000) that information processing strategies associated with racial identity attitudes would affect recognition memory. Previous research implied that an individual would selectively attend to certain information about others. Such selective attention could also affect a counselor's perception and conceptualization of the client. However, this was not

supported by the current study. Further research is needed examine whether information processing strategies affect a counselor's conceptualization (as theory and previous research suggests) or if racial identity attitudes have a direct effect on client conceptualization.

Second, there was some evidence in the current study that some racial identity attitudes do affect one's conceptualization of culturally different others. More evolved attitudes tend to be related to more positive conceptualization of a culturally different client by counselors-in-training, while less evolved attitudes were associated with more negative conceptualizations. It is logical that such perceptions of the client would affect the way a counselor chooses to work with the client including treatment planning and development of the therapeutic alliance. Biased conceptualization of clients would most likely lead to negative therapeutic outcomes. This highlights the importance of multicultural competence as a necessary component of effective service delivery for counselors.

Third, more theoretical and empirical study is needed of racial identity attitudes given the psychometric concerns as well as inconsistent findings in research using the WRIAS. Continued examination of White racial identity development and appropriate ways to measure it has the potential to expand understanding of this developmental process, as well as help to make multicultural counselor training better.

Finally, this study reinforces the importance that has been placed on multicultural counselor training. There was some evidence in this study that client conceptualization is related to some racial identity attitudes. According to the model introduced in the first chapter (see Fig 1), a counselor's conceptualization would affect the interventions the

counselor uses. Therefore, racial identity attitudes may subsequently effect the treatment of culturally different clients. Given that counseling psychology tends to focus on client strengths, those with more evolved racial identity attitudes and more positive client conceptualization may be more likely to see the strengths of culturally different clients than those with less evolved racial identity attitudes and more negative client conceptualizations. In conclusion, more fully evolved racial identity attitudes are an important component of multicultural competence. Therefore, it is imperative that counselor training programs develop ways to help their trainees to develop their racial identity and require students to participate in opportunities to develop their racial identities.

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Table 1

Variable Means, Standard Deviations, Skewness and Kurtosis

Variable	Mean	Standard Deviation	Skewness	Kurtosis
WRIAS				
Contact	3.11	.43	.29	-.50
Disintegration	1.92	.45	.58	-.22
Reintegration	1.77	.43	.79	.73
Pseudo-independence	3.76	.44	.04	-1.13
Autonomy	3.97	.37	-.43	-.54
ORAS				
Dominative/Integrative	43.52	4.22	-.40	-.51
Conflictive	13.04	4.70	.67	-.05
Reactive	22.51	4.87	-.44	.3
Conceptualization Questions				
Mature	4.91	1.1	.18	-.32
Adjustment	4.36	.97	.19	-.5
Psychological Health	4.38	.93	-.03	.00
Adaptive	4.31	1.25	.21	-.63
Severity	3.15	.96	.42	.08
Memory Sensitivity				
Congruent/Positive	.15	1.43	.16	-.34
Congruent/Negative	.58	1.07	.17	-.52

Incongruent/Positive	.61	1.19	-.01	-.72
Incongruent/Negative	.91	.99	-.23	.53
<hr/>				
Response Bias				
<hr/>				
Congruent/Positive	1.21	1.21	-.59	.711
Congruent/Negative	1.23	1.17	-.03	-.79
<hr/>				

Table 2

Correlations Among WRIAS Subscales

Variable	1	2	3	4
1. Contact	—			
2. Disintegration	.30**	—		
3. Reintegration	.23*	.78**	—	
4. Pseudo-independence	-.36**	-.61**	-.56**	—
5. Autonomy	.02	-.41**	-.34**	.53**

Note. WRIAS = White Racial Identity Attitudes Scale

* $p < .05$ (two-tailed), ** $p < .01$ (two-tailed)

Table 3

Correlations Among ORAS Subscales

Variable	1	2
1. Dominative/Integrative	—	
2. Conflictive	-.13	—
3. Reactive	.47**	-.26*

Note. ORAS = Okalahoma Racial Attitudes Scale

* $p < .05$ (two-tailed), ** $p < .01$ (two-tailed)

Table 4

Correlations Among MS Scores and WRIAS Subscale Scores

Variables	Contact	Disintegration	Reintegration	Pseudo- independence	Autonomy
Congruent/ Positive	.05	.09	-.04	.05	-.17
Congruent/ Negative	.11	-.14	-.19	.08	.11
Incongruent/ Positive	.174	-.01	-.05	.03	-.02
Incongruent/ Negative	.05	-.06	-.10	-.02	-.10

Note. MS = Memory Sensitization, WRIAS = White Racial Identity Attitudes Scale

* $p < .01$ (two-tailed)

Table 5

Correlations Among MS scores and ORAS Subscale Scores

Variables	Dominative/ Integrative	Conflictive	Reactive
Congruent/ Positive	.12	-.22	.24
Congruent/ Negative	.20	-.20	.07
Incongruent/ Positive	-.10	.05	-.04
Incongruent/ Negative	.01	-.05	-.03

Note. * MS = Memory Sensitization, ORAS = Okalahoma Racial Attitudes Scale

$p < .01$ (two-tailed)

Table 6

Correlations Among RB Scores and WRIAS Subscale Scores

Variables	Contact	Disintegration	Reintegration	Pseudo- independence	Autonomy
Congruent/ Positive	-.01	-.08	.14	-.12	.28
Congruent/ Negative	-.16	.18	.07	-.01	.13

Note. RB = Response Bias, WRIAS = White Racial Identity Attitudes

* $p < .02$ level (two-tailed)

Table 7

Correlations Among RB Scores and ORAS Subscales

Variables	Dominative/ Integrative	Conflictive	Reactive
Congruent/Positive	-.13	.12	-.09
Incongruent/Negative	-.15	.19	-.27

Note. RB = Response Bias, ORAS = Okalahoma Racial Attitudes Scale

* $p < .02$ level (two-tailed)

Table 8

Correlation Among Likert-Type Conceptualization Items and WRIAS Subscales

Variables	Contact	Disintegration	Reintegration	Pseudo- independence	Autonomy
Mature	.07	-.10	-.06	.08	.23
Adjustment	.10	-.20	-.23	.02	-.01
Psychological Health	-.041	-.41**	-.35*	.24	.18
Adaptive	.07	-.14	-.15	.08	.12
Severity	.04	.36*	.29	-.19	-.21

Note. WRIAS = White Racial Identity Scale

* $\rho < .01$, ** $\rho < .001$

Table 9

Correlation Among Likert-Type Conceptualization Items and ORAS Attitude Subscales

Variables	Dominative/ Integrative	Conflictive	Reactive
Mature	.25	.02	-.08
Adjustment	.18	-.19	.03
Psychological Health	.31*	-.27	.17
Adaptive	.16	-.12	.13
Severity	-.24	.19	-.16

Note. ORAS = Okalahoma Racial Attitudes Scale

* $\rho < .01$

Table 10

Observed and Expected Frequencies for Chi-Square Analysis: Sociocultural Factors Rank
by WRIAS Status

EAS- Sociocultural	WRIAS	
	Racial Discomfort	Racial Acceptance
Ranked #1, 2 or 3	28% (32%)	43% (39%)
Ranked #4, 5, 6, or 7	17% (13%)	12% (16%)

Note. WRIAS = White Racial Identity Scale, EAS = Etiology Attribution Scale

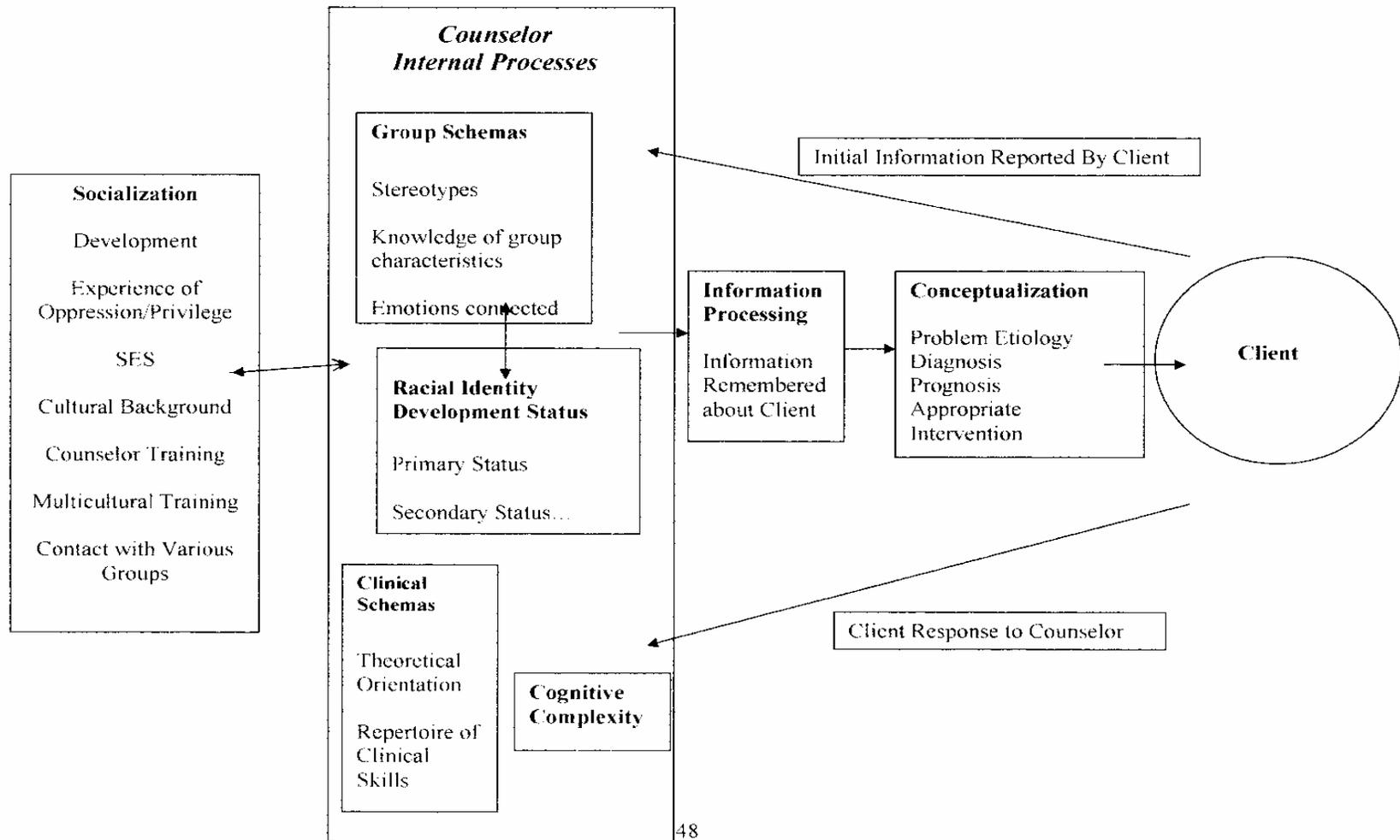
Table 11

Observed and Expected Frequencies for Chi-Square Analysis: Sociocultural Factors Rank
by ORAS Attitude Category

EAS –Sociocultural	ORAS			
	Integrative	Dominative	Conflictive	Reactive
Ranked #1, 2, or 3	5%	4%	6%	5%
	(4%)	(4%)	(6%)	(4%)
Ranked #4, 5, or 6	13%	14%	19%	12%
	(14%)	(14%)	(20%)	(13%)

Note. ORAS = Okalahoma Racial Attitudes Scale, EAS = Etiology Attribution Scale

Conceptual Model of Counselor Multicultural Information Processing (Figure 1)



Appendix A

Demographic Questionnaire

1. Sex: Male Female
2. Age: _____
3. Race/Ethnicity (please circle):
 White Latino African American Asian
 Multi/biracial or Multi/bicultural (Please specify: _____)
 Other (Please specify: _____)
4. Academic Program: Masters Ph.D.
5. Number of semesters of graduate education in counseling: _____
6. Number of practica completed: _____
7. Number of classes taken in the area of Multicultural
 Counseling/Psychology: _____
8. What is your family's socioeconomic status (please circle a number from 1-9 below)
Very Rich Middle Class Very Poor
 9 8 7 6 5 4 3 2 1

Appendix B

Stimulus Vignette

Please read the following vignette about your first session with a hypothetical client, and then answer the questions that follow.

Michael, a 32 year old Black American, had been sitting in the waiting room reading his copy of the Wall Street Journal while waiting for his first therapy appointment with you to begin. It is a cold day in January, and he looked out the window occasionally at the snow. You asked Michael to come back to your office and have a seat. After introducing yourself to Michael and explaining the limits of confidentiality, you asked him why he has come to see you today. He reports that for the past nine months or so he has been feeling “on edge.” At times he will have difficulty concentrating, has had difficulty falling asleep at night, and experiences a significant amount of muscle tension in his neck and shoulders. He also reported becoming increasingly more “moody” in the past 9 months.

When you ask about his family, Michael reports that he grew up in the projects. His mother had struggled to raise her 3 sons by herself. Michael recalls growing up surrounded by his extended family-- his uncles and his grandmother often took care of the boys while his mother worked part-time jobs. One of his brothers was now a surgeon in a major hospital in a large city. His other brother was a well known drug dealer in the projects in which they grew up. He shifted uncomfortably in his seat and smiled as he commented that whoever had designed these chairs had probably not had his 6 foot 2 inch frame in mind.

When asked about his job, Michael reported commuting from his home in the suburbs to his office in the city. He reported being on the fast-track at work, although he received mixed reviews from the other junior executives who worked with him in the legal services division on the 17th floor. On one hand, even his rivals conceded that he was very intelligent. In fact, he had graduated first in his class from a prestigious law

school. On the other hand, a number of his colleagues criticized Michael for being focused solely on "getting ahead."

When asked about his relationships, Michael reported that he is not afraid to express his feelings, and that he could become violent when he did not get his way. He was also accused of being unfeeling about the plight of those less fortunate than himself. One romantic relationship ended when the woman he was dating complained that Michael was money-hoarding and sexually repressed.

Michael conceded that by and large these criticisms were true. However, he felt that there was another side to his personality. For instance, it was generally agreed that Michael was the most hip member of the firm. It was also acknowledged that he was by far the best dancer at the office parties. A naturally gifted athlete, Michael was the star player on the company team. He loved music. He had supported himself in college by working as the lead guitarist and vocalist in a Blues band. Now, he usually managed to find time to attend a concert when the philharmonic was performing something by Mozart. Michael reported that he enjoys movies-- he prided himself in catching any Spike Lee film during the first week of its release. He reported feeling that at last he had attained "some peace of mind"-- which he attributed to the Saturday morning yoga classes which he had recently begun attending. Food was another source of relaxation for him. Even if he had to miss his usual 6:05 train home from work, he would stop by the soul food restaurant near the station and get something to go. When he got home he would heat it up, make himself comfortable on the large beige sofa in his living room, and savor every bite as he watched the MacNeil/Leherer Newshour, which he always made sure to record on his VCR.

Appendix D

Severity of Client Problem(s) Item

How severe do you think this client's psychological problems are?

1	2	3	4	5	6	7
Not at all Severe						Very Severe

Appendix E

Etiology Attribution Scale (EAS)

Each of the following factors are considered to be potential causes of problems addressed in counseling. Please RANK ORDER each factor for its relative importance in contributing to the cause of the problem this client is currently experiencing (1 = most important; 7 = least important).

- _____ Interpersonal Factors (i.e., social isolation, interpersonal conflicts, poor social skills, etc.)
- _____ Cognitive Factors (i.e., irrational thinking, lack of self-understanding, maladaptive learning)
- _____ Emotional Factors (i.e., unresolved feelings, grief, emotional constriction, etc.)
- _____ Somatic Factors (i.e., physical illness, pain, etc.)
- _____ Biophysical Factors (i.e., genetics, biochemical imbalance, etc.)
- _____ Socio-cultural Factors (i.e., socio-cultural role expectations, socio-cultural oppression, etc.)
- _____ Developmental Factors (i.e., normal development, dysfunctional development, etc.)

Appendix F

Recognition Task

Last week you read a information about a client named Michael. On the following pages you will find a list of statements about Michael. Please decide, based on what you remember, whether or not each item listed below was explicitly mentioned in the paragraphs you read last week.

Use the following rating scale to note your opinion about whether a particular statement **was or was not contained in the story** you read.

1. I am positive that it was.
2. I am fairly sure that it was.
3. I am undecided, but think it was.
4. I am undecided, but think it was not.
5. I am fairly sure that it was not.
6. I am positive that it was not.

Please respond to every item. Do not leave any blank.

1. _____ Michael observes snow on the way to work.
2. _____ Michael grew up in an extended-family.
3. _____ Michael uses an oven to heat-up food.
4. _____ Some say Michael is solely concerned with getting ahead.
5. _____ Michael likes Spike Lee movies.
6. _____ Michael has a good sense of rhythm.
7. _____ Some consider Michael uptight.
8. _____ Michael grew up in the projects.
9. _____ Michael works on the 17th floor.
10. _____ Michael has a brother who is a gang member.
11. _____ Michael graduated from a prestigious law school.

12. _____ The story takes place on a cold day in January.
13. _____ Michael favors crackdown on begging in public places.
14. _____ Michael likes his job.
15. _____ Michael lived on welfare growing up.
16. _____ Michael is considered a money-hoarder.
17. _____ Michael reads the New York Times.
18. _____ Some fear that Michael could be violent.
19. _____ Michael is considered a hard worker.
20. _____ Michael plays basketball well.
21. _____ Michael's father abandoned the family.
22. _____ Michael is emotionally expressive.
23. _____ Michael likes Mozart.
24. _____ Michael is considered a flashy dresser.
25. _____ Michael is considered sexually repressed.
26. _____ Michael has a brother who is a surgeon.
27. _____ Michael has a mauve sofa.
28. _____ Michael is known for being punctual.
29. _____ Michael is the child of a single mother.
30. _____ Michael's commute to work takes more than an hour and a half.
31. _____ Michael is considered individualistic.
32. _____ Michael is considered hip.
33. _____ Michael usually catches the 6:05 train home.
34. _____ Michael likes Woody Allen movies.
35. _____ Michael likes jazz.
36. _____ Michael watches MacNeil/Leherer Newshour.

Please answer the following questions about Michael:

Michael's age: _____

Michael's race: _____

Michael's occupation: _____

Appendix G

White Racial Identity Scale (WRIAS)

This questionnaire is designed to measure people's social and political attitudes. There are no right or wrong answers. Use the scale below to respond to each statement. On your answer sheet beside each item number, write the number that best describes how you feel.

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

1. I hardly think about what race I am.
2. I do not understand what Blacks want from Whites.
3. I get angry when I think about how Whites have been treated by Blacks.
4. I feel as comfortable around Blacks as I do around Whites.
5. I involve myself in causes regardless of the race of the people involved in them.
6. I find myself watching Black people to see what they are like.
7. I feel depressed after I have been around Black people.
8. There is nothing that I want to learn from Blacks.
9. I seek out new experiences even if I know a large number of Blacks will be involved in them.
10. I enjoy watching the different ways that Blacks and Whites approach life.
11. I wish I had a Black friend.
12. I do not feel that I have the social skills to interact with Black people effectively.
13. A Black person who tries to get close to you is usually after something.
14. When a Black person holds an opinion with which I disagree, I am not afraid to express my viewpoint.
15. Sometimes jokes based on Black people's experiences are funny.

16. I think it is exciting to discover the little ways in which Black people and White people are different.
17. I used to believe in racial integration, but now I have my doubts.
18. I'd rather socialize with Whites only.
19. In many ways Blacks and Whites are similar, but they are also different in some important ways.
20. Blacks and Whites have much to learn from each other.
21. For most of my life, I did not think about racial issues.
22. I have come to believe that Black people and White people are very different.
23. White people have bent over backwards trying to make up for their ancestors' mistreatment of Blacks, now it is time to stop.
24. It is possible for Blacks and Whites to have meaningful social relationships with each other.
25. There are some valuable things that White people can learn from Blacks that they can't learn from other Whites.
26. I am curious to learn in what ways Black people and White people differ from each other.
27. I limit myself to White activities.
28. Society may have been unjust to Blacks, but it has also been unjust to Whites.
29. I am knowledgeable about which values Blacks and Whites share.
30. I am comfortable wherever I am.
31. In my family, we never talked about racial issues.
32. When I must interact with a Black person I usually let him or her make the first move.
33. I feel hostile when I am around Blacks.
34. I think I understand Black people's values.
35. Blacks and Whites can have successful intimate relationships.

36. I was raised to believe that people are people regardless of their race.
37. Nowadays, I go out of my way to avoid associating with Blacks.
38. I believe that Blacks are inferior to Whites.
39. I believe I know a lot about Black people's customs.
40. There are some valuable things that White people can learn from Blacks that they can't learn from other Whites.
41. I think that it's okay for Black people and White people to date each other as long as they don't marry each other.
42. Sometimes I'm not sure what I think or feel about Black people.
43. When I am the only White in a group of Blacks, I feel anxious.
44. Blacks and Whites differ from each other in some ways, but neither race is superior.
45. I am not embarrassed to admit that I am White.
46. I think White people should become more involved in socializing with Blacks.
47. I don't understand why Black people blame all White people for their social misfortunes.
48. I believe that White people look and express themselves better than Blacks.
49. I feel comfortable talking to Blacks.
50. I value the relationships that I have with my Black friends.

Appendix H

Oklahoma Racial Attitudes Scale (ORAS)

Completely darken a circle on the answer sheet to show how much you agree with each statement according to the following:

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Neither Agree Nor Disagree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

1. I can accept minorities intellectually, yet emotionally I'm not really sure.
2. Minorities deserve special help in education.
3. Minority cultures are pretty backward when you compare them to White cultures.
4. Welfare programs are used too much by minorities.
5. In selecting my friends, race and culture are just not important.
6. I avoid discussions that have to do with racial issues.
7. Being White gives us a responsibility toward minorities.
8. I don't want to deal much with minorities because they are different in ways that I don't like.
9. Minorities have more influence on government programs than they should have.
10. I don't mind being one of the few Whites in a group of minority people.
11. Other people's opinions have largely determined how I feel about minorities.
12. Sometimes I feel guilty about being White when I think about all the bad things Whites have done to minorities.
13. I believe that minority people are probably not as smart as Whites.
14. Previous ethnic groups, such as the Irish or Italians, adapted to American culture without massive government aid programs, and that is what minorities today should do.
15. I am comfortable with my non-racist attitude toward minorities.
16. Because I'm really not sure about how I feel, I'm looking for answers to questions I have about minority issues.

17. Whites have an unfair advantage over minorities.
18. I would not like it if a friend had an intimate relationship with a minority person.
19. Minorities deserve to be treated fairly, but they demand too much.
20. Whites are commonly less emotional or impulsive than minorities.
21. Racial issues may be important, but I don't want to think about them.
22. I believe that it is society's responsibility to help minority people whether they want it or not.
23. Whites usually have higher goals than minorities.
24. Over the past few years the government has paid more attention to minority concerns than they deserve.
25. If a minority family with about the same income and education as I have moved next door, I would not like it at all.
26. I'm really not sure about how I feel about minorities.
27. It's impossible to get a fair deal if you are a minority person.
28. My attitudes toward minorities are really based on what others have told me.
29. Minorities get more media attention than is necessary.
30. I don't really want to think about minority concerns.
31. The advantages that Whites get are taken for granted.
32. I am really having to change my thinking about minorities.
33. About all that is necessary to achieve racial equality in the U.S. has been done.
34. What I think about minorities is pretty much based on what I've heard others say.
35. My feelings about minorities are mixed compared to what I used to think.

Appendix I

Consent Form

I agree to participate in this investigation looking at how counselor's conceptualized clients. The department of Educational, Counseling and School Psychology is sponsoring this research at the University of Missouri-Columbia. Rachael Guerra, a doctoral student at the university, is conducting this research under the direction of Dr. Puncky Heppner.

I understand that I am being asked to participate in data collection at two separate times. This includes reading a vignette and filling out a short questionnaire that will take about 20 to 30 minutes to complete on the first occasion. Approximately a week later I will be asked to complete another questionnaire that will take approximately 30 minutes to complete. I understand that the data I contribute will be kept in a locked file cabinet and will be destroyed at the end of the project. I also understand that my responses will be coded to match each of my data from the two administrations. A list will be kept in a separate locked file cabinet from the data listing participants' name and code number. This list will be destroyed once data collection is complete.

I understand that my participation is completely voluntary, that I can withdraw my consent to participate at any time and that any data I contribute up to that point in time will be destroyed.

I understand that there may be some benefits to my participation, which includes gaining a better understanding of how I conceptualize clients and gaining a better understanding of how research in the behavioral sciences is conducted. No risks are involved in participation.

Results of this research may be published or reported to governmental agencies, funding agencies or scientific bodies, but I will not be identified in any way in these publications or reports. I also understand that the results of this research will be made available to me upon request.

If I have any questions about this survey or the procedures involved in the project, I may contact Rachael Guerra at rmg885@mizzou.edu or Dr. Puncky Heppner at HeppnerP@missouri.edu. Also, I may direct any questions about the use of human participants in research to the Campus Institutional Review Compliance office at the University of Missouri-Columbia at phone number (573)882-9585, fax number (573) 884-8371.

I have been given one copy of this form to keep for my records, and one copy to sign and return to the investigator.

Name: (signature) _____

Name (print) _____

Date: _____

Appendix J

Debriefing Statement

Counselor Conceptualization Study

Thank you for your participation in this study investigating how counselors conceptualize clients. It is investigating the influence of social attitudes on counselor's information processing about race, and how this information processing affects how counselors conceptualize their clients. That people have differing memories about a particular event is part of everyday experience. It is thought that beliefs, attitudes, prior knowledge, motivations, etc., affect people's perceptions and memories of almost any given situation. For instance, it is entirely likely that a jazz aficionado would remember different details about a performance than would a first time club-goer. A person planning on renting an apartment will notice different things about it than a person planning on robbing it.

This study is investigating if, and to what extent, racial identity attitudes influence counselors' expectancies regarding racially-related information. Expectancies in turn are thought to influence memory (specifically recall, recognition, and how people decide whether or not they have previously seen new information). This study is investigating the Helms model of racial identity development. Helms has described a series of 5 or 6 clusters of racial attitudes. She believes that one or another of these clusters or "statuses" predominates in each of us at any given time. For those who are interested in learning about her theory of racial identity development, Helms (1990a, 1990b) would provide a good starting point.

Among the many current lines of research in social cognition, one has focused on memory for expectancy-congruent vs. expectancy-incongruent information. Simply put, do people have better memory for things which conform to their stereotypes or do they have better memory for things which are at variance with those stereotypes? For a general sense of the kinds of questions asked in this literature, see Chapter 4 in Fiske & Taylor (1991) or read Martell & Willis (1993).

Both of these areas of research inform the present study. It is predicted that differing attitudes about race will predict differing outcomes across two different measures of memory, and will do so in ways consistent with various theories of racial identity attitudes and social memory. It is also predicted that differing attitudes about race will predict their conceptualization of the severity of client problem(s), what is causing those problem(s) and client adjustment. If you'd like to know the results of the study, please mail a stamped self-addressed business-size envelope to: Rachael Guerra 16 Hill Hall, University of Missouri, Columbia, MO 65211.

Your assistance was of crucial importance in helping explore the relationship between counselors' racial attitudes and their social information processing. Thank you very much.

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VITA

Rachael Marie Guerra was born April 17, 1976, in Kansas City, Missouri. After attending Catholic elementary and high schools Missouri, she received the following degrees: B.A. in Psychology from Truman State University at Kirksville, Missouri (1998); M.Ed. in Community Counseling from the University of Missouri – Columbia (2001); Ph.D. in Counseling Psychology from the University of Missouri – Columbia (2005). She completed her pre-doctoral internship with the Missouri Health Sciences Consortium in Columbia, MO, and she is presently a Post Doctoral Fellow at the Center for Excellence in Substance Abuse Treatment and Education at the Veterans Administration Puget Sound Health Care System in Seattle, Washington.