

WHITE COUNSELORS' AWARENESS OF WHITE PRIVILEGE AND THEIR
EXPERIENCES OF ITS IMPACT IN COUNSELING

BY

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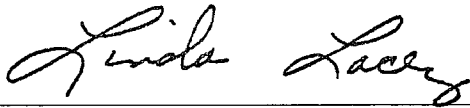
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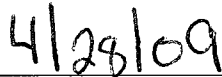
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ABSTRACT

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The concept of White privilege was first introduced into the social science field in 1988. Multicultural counseling competency has been a recent focus of counseling psychology, with self-awareness being an important component. White counselors awareness of White privilege may be included in the component of self-awareness, although this has not been specifically addressed by prior research.

For this study, eight White counseling psychology doctoral students, interns, and licensed psychologists were interviewed to elicit information about how they became aware of White privilege, how being aware of White privilege has impacted their work with clients from ethnic minority populations, and what training programs can do to ensure White counselors become aware of White privilege. A standardized interview protocol was used and interviews were audio-taped. The coding process revealed 13 categories, some with subcategories and themes. The 13 categories were: Definitions of White privilege, observing racism targeted at ethnic

minorities/friends/acquaintances, training experiences working with persons from ethnic minority populations, training experiences that increased awareness about White privilege, how awareness of White privilege impacts their counseling with persons from ethnic minority populations, how awareness of White privilege impacts counseling with majority clients, how awareness of White privilege impacts their counseling with clients representing other forms of diversity, lack of awareness of White privilege negatively affected work with clients, definitions of multicultural competence, awareness of White privilege as a multicultural competency, next steps to further enhancing self-awareness of White privilege, suggestions to increase trainees' awareness of White privilege in training programs, and emotional reaction related to awareness of White privilege. Generally, the participants' responses supported previous literature about self-awareness and provided new information about the importance of an awareness of White privilege as a multicultural counseling competency.

CHAPTER 1

INTRODUCTION

There are a large number of White therapists providing services for people from ethnic minority populations. According to the National Center on Educational Statistics (NCES), 77% of those receiving psychology doctoral degrees in 2001 were White, while 33% of the United States population identifying as non-White (NCES, 2001). Therefore, it is possible that non-Whites seeking therapy may be counseled by a White psychologist. Multicultural counseling, known as the 4th force in psychotherapy (Pedersen, 1991) emerged as a result of persons from ethnic minority populations not receiving culturally sensitive treatment. Initially, the research regarding multicultural counseling focused on the cultural bias inherent within the counseling process, and the resulting insufficiency of mainstream services for persons from ethnic minority populations, as demonstrated by in the underutilization of therapy and early termination (Atkinson, Morten, & Sue, 1998; LaFromboise, Coleman, & Hernandez, 1991; Sadowsky, Gaffe, Gutkin, & Wise, 1994; Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttall, 1982). The lack of culturally sensitive services for ethnic minority populations led psychologists to begin developing multicultural competencies.

Sue et al. (1982) introduced three overarching cross-cultural competencies: beliefs/attitudes, knowledge, and skills about diverse cultures. The competency of beliefs/attitudes includes being aware of one's own biases, values, or beliefs that interfere with one's ability to work with clients. Knowledge is the understanding

counselors have of their own worldview and their knowledge of cultural groups. The third competency of skills includes utilizing therapeutic techniques and establishing goals consistent with the life experiences and cultural values of clients (Sue et al., 1982). These competencies have been the focus of many studies and helped counseling psychology begin to see the need for culturally sensitive treatment. Sue, Arrendondo, and McDavis (1992) called on the profession to implement multicultural counseling competencies and standards in counseling practice and education. This call for action helped produce more publications on multicultural competencies in the 1990s. The response to Sue et al. (1982) and Sue et al. (1992) included articles that focused on training programs committed to cultural issues in counseling (Ponterotto & Casas, 1987; Pope-Davis, Reynolds, Dings, & Nielson, 1995), individual and organizational development of multicultural competencies (Arredondo, Toporek, Brown, Sanchez, & Stadler, 1996; Sue, Carter, Casas, Fouad, Ivey, & Jensen, 1998), assessment of multicultural counseling competencies (Constantine & Ladany, 2000; Holcomb-McCoy, 2000; Ponterotto, Rieger, Barrett, & Sparks, 1994; Pope-Davis & Dings, 1994; Sadowsky et al., 1994), and counselor self-awareness as a multicultural competency (Sue et al., 1992). In 1999, APA's Division 17, the Society of Counseling Psychology, and Division 45, the Society of the Psychological Study of Ethnic Minorities, endorsed guidelines for cultural competence (Pedersen, 2002). Research soon began to focus on identifying more consistent and accurate definitions of multicultural competence.

Many definitions of multicultural competency exist in the counseling psychology literature (Ponterotto & Casas, 1987; Pope-Davis & Dings, 1995; Ridley, Baker, & Hill, 2001; Sue, 1998; Sue et al., 1992). Ponterotto and Casas (1987) and Sue et al. (1992) stated a multiculturally-competent counselor possesses the skills necessary to work effectively and sensitively with clients from various cultural and ethnic backgrounds. The counselors who become competent in the three areas defined by Sue et al. (1992) are expected to be able to counsel effectively persons from ethnic minority populations (Corvin & Wiggins, 1989; D'Andrea, Daniels, Heck, & Whiting, 1992; Sue et al., 1992).

Pope-Davis and Dings (1995) developed another set of three primary factors in multicultural counseling competencies, which include (a) an understanding of the different experiences that members of various cultural groups encounter, (b) an understanding of the barriers that exist in communication as a result of cultural differences, and (c) a set of abilities that contribute to the cultural skills and proficiencies of a counselor. Sue (1998) went on to state counselors should have the cultural knowledge and skills necessary to provide effective interventions to clients who are members of cultural groups different from their own.

Sue et al.'s (1992) definition of multicultural competence included self-awareness of one's own attitudes and beliefs, including stereotypes and preconceived notions on individual and organizational levels. Culturally-aware counselors are also aware of their negative emotional reactions and remain nonjudgmental. Therefore, self-awareness is a necessary component of multicultural competency.

Researchers have studied the multicultural competency of self-awareness in counselors. Richardson and Molinaro (1996) provided a literature review of White counselor self-awareness articles focusing on the domains of worldview, cultural values, and White racial identity. The authors concluded a White counselor who understands his/her worldview, cultural value system, and ethnic identity can affect positively the counseling process and outcome. Brown, Parham, and Yonker (1996) suggested that counselor education and training programs emphasize self-awareness as a step towards skill development, and that counseling curricula include experiential exercises to increase this awareness and, therefore, multicultural competence. Constantine (2002) concluded Whites who have had multicultural training and who demonstrated more advanced ethnic identity attitudes may be more effective in counseling persons from ethnic minority populations.

An awareness of attitudes about ethnic differences, or ethnic consciousness, may assist the counselor in being sensitive to clients from ethnic minority populations. This sensitivity can be more important than ethnic matching for some clients if similar attitudes and beliefs are held by both the client and counselor (Want, Parham, Baker, Sherman, 2004). Helms (1990) stated White racial identity is a person's identification or lack of identification with the White racial group. The acknowledgement of White privilege has been found to be related to various developmental phases of White racial identity (Moon, 1999; Phinney, 1996; Regan & Huber, 1997). In addition, research on multicultural counseling competencies and White racial identity attitudes has found White counseling students with higher

pseudo-independence had higher levels of self-reported multicultural competence. Pseudo-independence can be defined as an attempt to understand cultural differences outside one's own group and includes a conscious decision to interact with minority group members (Helms, 1995). Whites in the pseudo-independence stage have an understanding of their own given status and racial issues and may be more willing to examine their White privilege (Ladany, Inman, Constantine, & Hofheinz, 1997) and are more likely to endorse multicultural competencies (Neville, Heppner, Louie, Thompson, Brooks, & Baker, 1996).

Pinterits (2004) defined White privilege as:

an expression of power that arises from receipt of benefits and immunities, originates from a stratified racial hierarchy with advantages for whites based not on merit but on white skin, operates at institutional, cultural and individual levels, and is characterized by unearned advantages and a sense of entitlement resulting in both material and societal dominance by whites over people of color (p 448).

McIntosh (1988) defined White privilege as “an invisible package of unearned assets which I can count on cashing in each day, but about which I was ‘meant’ to remain oblivious” (p. 10). Thus, she includes one's level of awareness of the privilege to the definition of White privilege. The Color-Blind Racial Attitudes scale (Neville, Lilly, Duran, Lee, & Browne, 2000) is a measure that examines the level of awareness regarding racism. Color-blindness is the belief that skin color should and does not matter. The problem with this view is that since racism still exists, it is virtually impossible to ignore the importance of skin color in people's lives (Neville et al., 2000). Schofield (1986) and Frankenburg (1993) conducted qualitative research

in this area and found common themes. Frankenburg found color-blind racial attitudes often involved color-evasion, or the focus on sameness as a way of rejecting White racial superiority, and power-evasion, or the idea that everyone has the same opportunities. Lipsitz (2006) added that White Americans are encouraged to invest in White racial superiority because it is an identity that gives them resources, power, and opportunity. He believes that Whites have a choice to be antiracist but not enough have chosen to combat racism and therefore have allowed White privilege to continue. Therefore, color-blindness is similar to a lack of awareness of White privilege because both are not acknowledging White racial superiority.

Ancis and Szymanski (2001) conducted a quantitative study to examine White master's-level counseling students' awareness of their White privilege. After having the students read and respond in writing to Peggy McIntosh's conditions of White privilege the authors found three distinct, general themes that represented different levels of awareness and were described as: (1) lack of awareness and denial of White privilege, (2) demonstrated awareness but unwillingness to engage in proaction to eradicate privilege, and (3) higher order awareness and commitment to action in order to eradicate privilege. The authors pointed out future research needs to identify how counselors' awareness of White privilege affects the psychological services they provide to persons from ethnic minority populations.

Few measures have been developed to assess awareness of White privilege among counselors. They include the Belief in White Privilege Scale (Swim & Miller,

1999), the White Privilege Attitudes Scale (Pinterits, 2004), and the Color-Blind Racial Attitudes Scale (CoBRAS; Neville et al., 2000).

There is little research examining the impact of White privilege awareness on the counseling process. Given there is limited research in this area, the most similar construct that has been examined in the counseling process literature is attitudinal similarity in counseling dyads. Counselor preference studies have shown that African American college students believed that ethnic consciousness, or an awareness of one's own racial and ethnic identity, is important whether the counselor is Black or White (Want et al., 2004). Want et al. (2004) suggested that sensitivity to clients' issues and concerns can be more important than ethnic matching for some clients.

Statement of the Problem

There is a dearth of literature on White privilege awareness in counseling. White counseling psychologists who are multiculturally competent may provide better services to persons from ethnic minority populations than White counseling psychologists who are unaware, thus increasing the utilization of therapy and decreasing early termination. White counseling psychologists who are aware of themselves as ethnic beings and who hold similar attitudes and beliefs about racism as clients from ethnic minority populations might provide more effective counseling services to diverse clients than ethnically-similar but attitudinally-different counselors. Therefore, it is important for White counseling psychologists to be aware of their own attitudes and beliefs about racism and oppression. Research examining counselors' awareness of White privilege, its impact on the therapeutic relationship

and the outcome of therapy, could provide important information about how one aspect of multicultural competence enhances the efficacy of the counseling process.

Significance of the Study

Counseling psychologists are expected to be multiculturally competent. White counseling psychologists are providing a significant amount of services to clients from ethnic minority populations, with 77% of psychology doctoral degrees being awarded to White persons and 33% of the United States population identifying as non-White (NCES, 2001). Therefore, it is important for White counseling psychologists to be multiculturally competent. More specifically, White counseling psychologists need to be aware of their White privilege and how this may impact their therapeutic work. An awareness of their own White privilege may improve the therapeutic relationship and the outcome of therapy, thus providing a better service to clients from ethnic minority populations.

Such multicultural competence is mandated by the ethics code of the American Psychological Association (Report of Ethics Committee, 2001). Code 2.01 states:

Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies (Report of Ethics Committee, 2001).

Therefore, research which helps to direct psychologists in achieving this ethical standard is sorely needed.

Relationship to Counseling Psychology

Multicultural counseling, multicultural competencies, and counselor self-awareness have been a significant focus within the Counseling Psychology research literature. Quintana and Bernal (1995) pointed out that in the 1990s, training in, and practice of, multicultural counseling was more frequently than any other topic, the focus of major contributions in *The Counseling Psychologist*. In addition, Division 17 of APA, the Society of Counseling Psychology, has developed a Section on Racial and Ethnic Diversity, which shows further evidence of the high level of commitment to multicultural training for counseling psychologists. Essandoh (1996) stated that issues of cultural diversity have moved to at least a prominence such as to require the attention of all counseling psychologists, including those not from ethnic-minority populations.

Ridley, Mendoza, Kanitz, Angermeier, and Zenk (1994) stated that “If counselors’ unexamined personal agendas block perceptual schemata, they may ignore, distort, or underemphasize incoming cultural information to the detriment of the client” (p. 131). Atkinson and Lowe (1995) continued this discourse by stating, “There is also evidence that culturally responsive counseling results in greater client willingness to return for counseling, satisfaction with counseling, and depth of self-disclosure” (p. 403). The above two statements demonstrate how the field of

counseling psychology has called for culturally competent services, with particular emphasis on counselor self-awareness.

Conceptual Definitions

Racism - a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race; racial prejudice or discrimination (Merriam-Webster Online Dictionary, 2002).

White – being a member of a group or race characterized by light pigmentation of the skin; of, relating to, characteristic of, or consisting of white people or their culture (Merriam-Webster Online Dictionary, 2002).

White Privilege - An expression of power that arises from receipt of benefits and immunities, originates from a stratified racial hierarchy with advantages for whites based not on merit but on white skin, operates at institutional, cultural and individual levels, and is characterized by unearned advantages and a sense of entitlement resulting in both material and societal dominance by whites over people of color (Pinterits, 2004, p. 448).

Multicultural Competency – (a) Being aware of one's own biases, assumptions, and values related to racial and ethnic minorities; (b) striving to understand the worldview of each client without making negative judgments about the individual; (c) develop and implement culturally sensitive interventions in their own practice (Sue et al., 1992).

Ethnic Consciousness – A sense of one’s personal or collective ethnic identity, including the attitudes, beliefs, and sensitivities held by or considered characteristic of an individual or group (Random House Unabridged Dictionary, Deluxe Edition, 2005).

Ethnic Minority Populations – Any ethnic group other than European-American (African American, American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, and Hispanic) (United States Census Bureau, 2000).

Persons of Ethnic Minority Populations – Any person from an ethnic group other than White (African American, American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, and Hispanic)

Purpose of Study

This study will investigate the level of awareness of White privilege among White counselors, the impact of this awareness on the White counselors work with clients, and to what degree to which their awareness of White privilege is viewed as a multicultural competency.

Research Questions

The exploration of the nature of White privilege and the relationship between White privilege and multicultural competency will be conducted based on the following research questions:

1. What is the level of awareness of White privilege among counselors?

2. What is the impact of counselors' awareness of White privilege in counseling?
3. How do counselors see White privilege as being a multicultural competency?
4. What has been helpful and what could be helpful in addressing White privilege in training programs?

Summary

Despite a majority of counseling psychologists being of White descent, much of the research has ignored the concept of White privilege. Multicultural counseling competence literature has focused predominantly on the knowledge of minority groups and their experiences in therapy. More research is needed on how the self-awareness aspect of multicultural counseling competency might be related to effective counseling. Therefore, the present study explores White counselor awareness of White privilege and how White privilege fits into their assessment of their multicultural competencies with clients.

CHAPTER 2

REVIEW OF LITERATURE

This chapter will discuss the history, measurement, and outcome studies of multicultural competence. The competency of self-awareness, including color-blindness, will also be explored. Next, the research on similar attitudes and beliefs will be covered followed by the definition and research findings on White privilege. The chapter will conclude with the theoretical basis for this study.

Historical Perspective on Multicultural Competencies

Research on multicultural counseling began by studying the bias inherent within the counseling process, and the resulting insufficiency of mainstream services for persons from ethnic minority populations, as demonstrated by in the underutilization of therapy and early termination (Atkinson et al., 1998; LaFromboise et al., 1991; Ponterotto, Rieger, Barrett, Harris, Sparks, & Sanchez, 1996; Sadowsky et al., 1994; Sue et al., 1982). The lack of appropriate services for ethnic minority populations led psychologists to begin developing multicultural competencies.

Prior to the APA's (Report of Ethics Committee, 2002) commitment to multicultural competencies, the National Conference on Levels and Patterns of Professional Training in Psychology was held in 1973. Korman (1974) reported the results of the conference included an emphasis on preparing all students to function professionally in a pluralistic society. The suggestions included the following:

- (a) training experience should occur in a multicultural context both within the university and in fieldwork settings;
- (b) the content of training must

adequately prepare students for their eventual professional roles vis-à-vis a wide diversity of target groups; (c) students must be helped to maintain a balance between acculturation into a professional and scholarly role, on the one hand, and retention of their group identity and cultural sensitivity, on the other (Korman, 1974).

In response to these suggestions, Sue et al. (1982) presented three cross-cultural competencies of beliefs and attitudes, knowledge, and skills. These competencies were put forth after providing a review of literature that challenged the assumption that current mental health practices were adequate and appropriate for various minority groups. Sue et al. (1982) explained that differences in the counselor and client may block a counselors': (a) true understanding of the client's situation, difficulties, or strengths; (b) ability to empathize with and understand the world view of the client; and (c) ability to utilize culturally relevant counseling/therapy modes (Sue et al., 1982).

Sue et al. (1982) presented a call for action, which included suggestions for implementing the recommendations for cross-cultural competency. The suggestions covered areas such as coursework, minority recruitment, multi-racial setting practicum experience, resource materials, and APA accreditation criteria. The authors also requested the President of APA, along with the Executive Committee, take steps ensuring the dissemination and implementation of the suggested cross-cultural competencies.

In 1987, Ponterotto and Casas continued to point out the importance of cross-cultural competence. The authors identified some leading cross-cultural training programs, which included Syracuse University, Boston University, Western Washington University, University of Hawaii, and the University of California at Santa Barbara. Some of the similarities found in each program included faculty members who were committed to cultural issues in counseling, at least one course on multicultural issues, and an infusement of multicultural issues into all program curricula.

Despite these similarities, the programs also had many differences. As a result, Ponterotto and Casas (1987) suggested some form of multicultural training consensus. Among the suggestions were (a) an explicit definition of multicultural competence; (b) incorporating the definition into APA and CACREP accreditation guidelines; (c) modifying APA and AACD ethical guidelines; (d) representation of multicultural issues in certification and licensing laws and exams; (e) continuing education focusing on minority issues; (f) incorporating multicultural issues into program curricula with assistance provided by AACD and APA (Ponterotto & Casas, 1987).

The Professional Standards and Certification Committee of the Association for Multicultural Counseling and Development (AMCD) developed multicultural counseling competencies in the mid 1990s (Arredondo et al., 1996). The AMCD revisions included an explanation of the multicultural competencies of attitudes and beliefs, knowledge, and skills in each section of the document. Explanatory

statements were used to help describe each competency. The areas covered include Counselor Awareness of Own Cultural Values and Biases, Counselor Awareness of Client's Worldview, and Culturally Appropriate Intervention Strategies (Arredondo et al., 1996).

Ridley et al. provided a review of cultural competency issues in 2001. They suggested a revision of the definition of multicultural counseling competence. The authors agreed with the statement made by Ponterotto, Fuertes, and Chen (2000) that a more comprehensive multicultural competency model needs to look at the 'how to' component of counseling, how therapy is conducted, the role of the clients and counselors, and how clients change and grow. Ponterotto et al. alluded to the need for a more in-depth look at cultural issues in therapy, which includes counselor awareness of White privilege. The following section will examine how counselor multicultural competency has been measured, particularly focusing on the self-awareness component of each instrument.

Measurement of Multicultural Competencies

Various researchers have developed instruments to measure multicultural competency in counselors. The Cross-Cultural Counseling Inventory-Revised (CCCI-R) was developed by LaFromboise et al. (1991) and consists of 20 items. Completed by the client, the CCCI-R uses a 6-point Likert scale which rates the extent to which the items describe the counselor. The CCCI-R is based on the 11 cross-cultural counseling competencies and 3 general themes proposed by Sue et al. in 1982, which focus on the therapists' awareness of their own assumptions, values, and biases;

understanding the worldview of culturally diverse clients; and developing appropriate interventions. The competencies within the area of awareness includes being aware of one's own heritage, understanding the counselors' values and biases effect person's from ethnic minority populations, being comfortable with differences that exist between themselves and their clients, and a sensitivity to the possibility of referral to another therapist. LaFromboise et al. created 2 items for each of the 11 competencies and added 2 additional items that measure general understanding of the counseling process.

Ponterotto, Sanchez, and Magids (1991) developed the Multicultural Counseling Awareness Scale – Form B (MCAS – B). A 45 item self-rating scale, the MCAS – B utilizes a 7-point Likert scale to measure multicultural knowledge, awareness, and skills. . The constructs of knowledge, awareness, and skills were operationalized by conducting an exploratory factor analysis with a large national sample of students and professionals in counseling and counseling psychology. The MCAS was originally based on Sue et al.'s (1982) three dimensional model of multicultural competence. Both qualitative and quantitative methods showed that the knowledge and skills aspect of the model should be its own subscale, separate from the awareness subscale. The MCAS – B is based on the MCAS as developed by Ponterotto et al. in 1991.

The Multicultural Counseling Inventory (MCI) consists of 43 statements and was developed by Sadowsky et al. (1994). Using a 4-point Likert scale, the MCI asks the respondents to answer questions regarding their own work as counselors,

psychologists, or trainees. Based on Sue et al.'s (1982) position paper, the MCI has four subscales of Multicultural Counseling Skills, Multicultural Awareness, Multicultural Knowledge, and Multicultural Counseling Relationship. The last subscale is unique to the MCI and examines the counselors stereotypes of, and comfort with, minority clients. In addition, the Multicultural Awareness subscale looks at sensitivity and responsiveness to cultural issues, along with multicultural interactions and life experiences. The Multicultural Knowledge subscale includes questions that explore the counselors' ability to self-monitor and recover from cultural mistakes (Sodowsky et al., 1994).

The Multicultural Counseling Competence and Training Survey (MCCTS) was developed by Holcomb-McCoy in 2000. The MCCTS is a self-report measure that consists of 61 items and is divided into six areas: (a) Multicultural Counseling Curriculum in Entry-Level Graduate Program, (b) Faculty and Students in Entry-Level Program, (c) Multicultural Clinical Experiences in Entry-Level Program, (d) Postgraduate Multicultural Training and Experience, (e) Demographic Information, and (f) Self-Assessment of Multicultural Counseling Competence and Training. The MCCTS includes a Multicultural Awareness factor and includes such statements as "I am able to discuss how my culture has influenced the way I think," while the Skills factor included questions addressing acceptance of culturally different clients.

The Multicultural Awareness, Knowledge, and Skills Survey – Counselor Edition (MAKSS-CE) was developed by D'Andrea, Daniels, and Heck in 1991. It contains 20 items for each of the three domains developed by Sue et al. (1992). The

instrument has been widely used, but also criticized for not having a psychometric support of the validity of its scores. The MAKSS-CE is also prone to social desirability effects. Therefore, the researchers decided to revise and improve the MAKSS-CE. Kim, Cartwright, Asay, and D'Andrea (2003) recruited 338 students enrolled in graduate counseling courses to participate in their first study designed to determine if the MAKSS-CE's three-factor structure was adequate. Kim et al. (2003) gave participants the MAKSS-CE (D'Andrea et al., 1991), the Rosenberg Self-Esteem Inventory (RSEI; Rosenberg, 1965), the Crowne and Marlowe Social Desirability Scale – Form XX (SDS-XX; Reynolds, 1982), and a demographic information sheet.

Results of the first study led to a 33-item MAKSS-CE-R. The scales included a 10-item Awareness-R, a 13-item Knowledge-R, and a 10-item Skills-R. Each scale was found to have adequate reliability, with coefficient alphas of .71, .85, and .87 respectively. The entire MAKSS-CE-R had a coefficient alpha of .82. The MAKSS-CE-R was also found to have adequate construct and criterion-related validity.

The second study was done to further examine the psychometric properties and included administering the revised instrument to another sample of counseling graduate students. The participants were 137 students currently enrolled in graduate counseling courses. They were given the MAKSS-CE-R, the MCI (Sodowsky et al., 1994), and the Cognitive Flexibility Scale (CFS; Martin & Rubin, 1995).

The results of the second study revealed an internal reliability for the Awareness-R of .87, Knowledge-R of .85, and Skills-R of .81. The entire MAKSS-

CE-R had an internal reliability of .81. The MAKSS-CE-R was also found to be moderately correlated with the MCI, yielding correlation coefficients between .19 and .60 (Kim et al., 2003).

The authors concluded that MAKSS-CE-R is an improved version of the MAKSS-CE. They believe it can be administered to counselor trainees before they conduct therapy with clients. Kim et al. (2003) suggest that expert raters view the videotape of the session and complete the CCCI-R (LaFramboise et al., 1991) in order to compare how the expert raters' ratings compared to how the counselors rated themselves.

In addition to multicultural competence being more clearly defined, there has also been a movement to determine the efficacy of such a focus on the counseling process and/or the effect of the counselor training experiences on multicultural competencies. The next section will examine these studies.

Outcome Studies on Multicultural Competencies

Pope-Davis, Reynolds, Dings, and Nielson (1995) conducted research on individual programs and their multicultural training and levels of multicultural competence. The participants were 244 female and 100 male graduate students with an age range from 21 to 55 years old. Of the participants, 54% were enrolled in clinical psychology programs and 46% were enrolled in counseling psychology programs. Most of the participants were White (264), 34 were African-American, 4 were American Indian, 18 were Asian-American, and 18 were Hispanic.

The participants were asked to complete the MCI and a personal data sheet (Pope-Davis et al., 1995). The results indicated that counseling psychology students identified themselves as being more multiculturally competent. This difference may be due to more exposure to multicultural counseling issues, particularly educational and counseling experience. The counseling psychology students took an average of 1.6 multicultural courses compared to 0.9 for clinical psychology students. In addition, counseling psychology graduate students had greater or equal levels of experience and exposure as shown in degree held, multicultural client hours, and multicultural supervision. Pope-Davis et al. (1995) also pointed out that counseling psychology students are on average 2 years older than clinical psychology students and have been in their program one full year less.

The authors concluded that although the quality and amount of training are important issues, examining and evaluating the effects of multicultural training may be more beneficial because it helps determine the most effective training. In addition, investigating psychology programs may help identify what accounts for the varying levels of multicultural competence among programs. Once the characteristics of multiculturally competent programs are identified, training can be configured to make it more effective.

Holcomb-McCoy and Myers (1999) utilized the MCCTS to assess 151 counselors, 79% of which had master's degrees and 15% had doctoral degrees. The counselors represented all four ACA regional locations, and various work settings were also included. Of the participants, 68% were female with 66% being of

European/White decent, 19% of African/Black decent, 6% of Latino/Hispanic decent, and 5% Asian or Native American decent. Of the counselors, 27% were between the ages of 35-44 and 24% were between the ages of 25-34. The instrument was mailed to the participants, with 30% of the 500 surveys returned (Holcomb-McCoy & Myers, 1999).

The results found that the five factors of awareness, knowledge, definitions, racial identity development, and skills are the same as the multicultural competencies developed by the AMCD. The authors suggested multicultural training may not be sufficient due to most programs focusing on only awareness, knowledge, and skills. In addition, the participants rated themselves as being more knowledgeable about their own worldview and less knowledgeable about their clients' cultures (Holcomb-McCoy & Myers, 1999).

The authors also concluded that counselors appear to be acquiring their multicultural competence in postdegree work as opposed to graduate coursework because the participants rated themselves high in multicultural competence, but rated their multicultural training as less than adequate. This suggests the relationship between counselor development and multicultural competence needs to be investigated. Most adequate training was found to be in the areas of defining terms and cultural awareness (Holcomb-McCoy & Myers, 1999).

The results also indicated that self-perceived multicultural competence can be explained by whether a counselor is a member of an ethnic minority group. The authors suggested this may be a function of being a member of an ethnic minority

group and having regular contact with White Americans. In essence, a person of an ethnic minority population receives multicultural training through life experiences.

The implications suggested by Holcomb-McCoy and Myers (1999) included focusing on all dimensions of multicultural competence in training programs, providing in vivo learning experiences, completing a multicultural course, and providing support such as travel funds and leave for counselors in order to allow them to attend multicultural training. The authors stated their research should be replicated, along with qualitative research to explore self-perceived multicultural competence.

Maxie, Arnold, and Stephenson (2006) researched the extent to which counselors address ethnic and racial differences in therapy. The participants were 689 psychologists who identified as White (93.3%), Asian (1.6%), Latino (a) (1.3%), African American (1.2%), and other (2.6%). The authors developed a survey which consisted of three sections. The first section had 14 questions about experience with ethnically different clients and the second section asked for demographic information, work setting, and theoretical orientation. The final section was an optional open-ended question asking for examples of approaches used in addressing difference with clients.

The results showed that 85% of the therapist reported having discussions about cultural differences with their clients. It was also found that the therapists and clients were almost equally likely to initiate discussions of differences. The authors said this finding should be interpreted with caution because many of the therapists

commented on actively waiting for clients to breach the subject. The therapists also reported a high level of comfort in addressing cultural issues (Maxie et al., 2006).

Older therapists were found to be more likely to engage in dialogues, were more comfortable with such discussion, and saw themselves as more skilled in addressing cultural differences. The authors believed these results can be interpreted in many ways, including how more counseling experience may lead to more comfort in clinical work and that older therapists may have more difficulty admitting that they were uncomfortable discussing cultural issues (Maxie et al., 2006).

The authors concluded that training was an important aspect of being open to discussing cultural issues. They found that the therapists who said training was an influence to their being able to bring up differences showed a much greater emphasis on difference discussions. At the same time, several participants said they did not receive adequate cultural training. Maxie et al. (2006) also suggested that the therapists' racial identity may impact how comfortable they are discussing cultural differences. For example, a therapist in the beginning stage of identity development may be oblivious to and deny the effect of racism on the client's presenting problem.

Fuertes, Mueller, Chauhan, Walker, and Ladany (2002) conducted a qualitative study on how White therapists approach working with African-American clients. The participants were 9 White psychologists (6 women, 3 men) who had a doctorate in counseling (8) or clinical (1) psychology. The questions were generated by the research team and looked at how the counselors engaged the clients, what problems did they encounter, and what skills or special interventions did they use.

The authors found that the counselors used mostly core skills to establish the relationship and reflection of feeling, restatements, open-ended questions, empathy, and other person-centered skills were used as a foundation to build other, multicultural interventions. The counselors also reported that discussing race and race differences in the first two sessions was an important step in creating a trusting, therapeutic relationship. These discussions seemed to have benefited the relationship by increasing client trust and involvement in therapy, while an emotional bond also seemed particularly important (Fuertes et al., 2002).

The counselors discussed race-related issues in different ways. The first theme that emerged from the data was directly asking the clients about race differences and the client's comfort in therapy. Counselors also relied on multicultural competence skills and discussed race differences early in therapy because it seemed appropriate. The authors highlighted that perhaps the most important issue for counselors was their ability and willingness to attend to and respond to clients' experiences with racism (Fuertes et al., 2002).

The authors also found that the counselors were able to understand the clients' ambivalence regarding discussing race differences in session. The counselors allowed the clients to proceed at their own pace and also challenged them in a sensitive and empathic fashion. The counselors reported that their training in academia, professional training workshops, personal experiences, supervision, and support from colleagues helped them work through the apprehension they had about working with a racially dissimilar client. Some of the counselors sought personal and emotional

support from African American colleagues in the field to see if their interventions would be beneficial. Fuertes et al. (2002) said that future research may want to focus on the process by which counselors learn how to integrate culturally sensitive interventions with the more traditional training and how counselors adjust to clients that have different belief systems and worldviews.

Hansen, Randazzo, Schwartz, Marshall, Kalis, Frazier, Burke, Kershner Rice, and Norvig (2006) surveyed 149 professional psychologists to determine the clinicians' multicultural competence. Most of those surveyed identified as White (92.7%), while Hispanic (2%), Asian (1.3%), African-American (1.3%), and multiracial/multiethnic (2.7%) identified the remaining participants. Of those surveyed, 51% stated they were very to extremely multiculturally competent and another 40% said they were somewhat competent. In addition to these ratings, the participants completed a Multicultural Practices and Beliefs Questionnaire (MPBQ) developed for this study and the Multicultural Social Desirability Scale (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998).

The authors found that the participants universally practiced 7 out of the 52 items on the MBPQ. These items included: respecting a client's worldview and individuality, being aware of person and societal biases, establishing rapport in racially/ethnically sensitive ways, and considering the impact of race/ethnicity in diagnosis. The items that were regularly endorsed as never or rarely used included preparing a DSM-IV-TR cultural formulation and making culture-specific diagnoses. Other notable responses included 42% of the sample endorsing that rarely or never

implemented a professional development plan to improve their multicultural competence, 39% said they rarely or never sought culture-specific case consultation, and 27% said they rarely or never referred a client to a more culturally qualified provider (Hansen et al., 2006).

Hansen et al. (2006) also found that there was a significant difference between mean practices and beliefs, which shows that the participants did not always do what they believed to be important for competent practice. The items that had the biggest differences were the same items that the participants reported as infrequently practicing. The authors concluded that practitioners seem to know what to do to be multiculturally competent, but do not always follow through.

The participants were asked to identify what activities help promote multicultural competence. The results showed that they valued experiential activities, such as personal and professional experience, over supervision, training, and continuing education. The authors surmised that this may be a result of the participants experience level, given that the average amount of clinical experience was 20 years. Hansen et al. (2006) suggested that training programs focus more on skill development and implementation, use different teaching formats to reach all learners, and incorporate discussions on why clinicians do not always do what they believe to be important.

Fuertes, Stracuzzi, Bennett, Scheinholtz, Mislouack, Hersh, and Cheng (2006) studied therapy dyads to examine multicultural competence. The 51 dyads were a client and a counselor from different racial or ethnic backgrounds, with a

small percentage of the dyad having a client and counselor of the same background. The participants completed the CCCI-R (LaFromboise et al., 1991), the CRF-S (Corrigan & Schmidt, 1983), the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962), the Client Satisfaction Subscale from the Counseling Evaluation Inventory (Linden, Stone, & Shertzer, 1965), the Working Alliance Inventory – Short (WAI-S; Tracey & Kokotovic, 1989), and therapists answered the question “I am satisfied with my work with this client” on a 6-point Likert-type scale.

The data found, for therapists, ratings of counselor multicultural competence were associated with their ratings of the working alliance, their satisfaction with their work, and clients’ combined ratings of them as expert, attractive, and trustworthy. For clients, counselor multicultural competence is significantly associated with their ratings of the working alliance, perceptions of therapist empathy, combined ratings of therapist expertness, attractiveness, and trustworthiness, and their satisfaction with treatment. These results show that as the counselor’s multicultural competence increases, clients believe that their counselor is more understanding, objective, and able to take their perspective (Fuertes et al., 2006).

The authors concluded that therapists need to be trained to be competent to handle their clients’ culture-based concerns. The authors also pointed out training programs seem to be emphasizing the working alliance as a major factor in good clinical work and that the concept of multicultural competence is not as prevalent and may be more novel to many therapists. Fuertes et al. (2006) stated qualitative research

needs to be conducted to examine how multicultural competence is achieved and determine why it is related to clients' satisfaction in therapy.

Hays, Dean, and Chang (2007) interviewed 16 counselors to explore how they conceptualize and address issues of privilege and oppression in counseling sessions as well as how they view their training in these areas. The participants had at least a master's degree and represented different cultural groups (11 White, 2 African-American, 1 biracial, 1 Lebanese American, and 1 West Indian). The participants completed a demographic questionnaire, participated in a semistructured interview, and were a part of a focus group after all interviews were completed.

After data analysis, two primary themes were identified: (a) the intersection between counselor process and cultural power issues and (b) transitions in counselor training and practice. The first theme showed a connection between participants' perceptions of clients' degree of cultural power and clients' cultural identities. The second theme revealed that participants reported a sense of not being prepared for addressing power issues in counseling. The authors concluded that the implications for the second theme include an integration and processing of privilege and oppression issues in classes and supervision, paying attention to safety issues when discussing such topics, and a closer look at the cycle of privilege that is evident in academia and supervision (Hays et al., 2007).

The participants described clients with privilege as being White, male, and belonging to a high socioeconomic status (SES) while the oppressed clients were described as female, a racial minority, and belonging to a low SES. The reactions to

the privileged clients included anger, tension, annoyance/frustration, insecurity with counseling skills, and a sense of powerlessness within the mental health system. The participants reacted to the oppressed clients with feelings of sadness, guilt, and a sense of connectedness with the client (Hays et al., 2007)

Most of the participants said that multicultural issues were inadequately addressed in their training and the training was not applied to practice. Some believed that training could be improved by acknowledging within-group differences and participating in more than one multicultural class. Furthermore, the participants said that advocacy was not discussed in classes and there is a privilege in pedagogy and training programs in general (Hays et al., 2007).

The benefits of addressing privilege and oppression in training, as cited by the participants, included an increased self-awareness and knowledge of types of oppression. The modalities that were most helpful included videos, multicultural case vignettes, guest speakers, seminars, reading assignments, and experiential activities. Participants also noted that instructors and supervisors willingness to have an open dialogue about multicultural issues was helpful (Hays et al., 2007).

The training suggestions included the participants calling for a paradigm shift, which includes how training and supervision are viewed. Participants thought that instructors should challenge and assess trainees' beliefs by (a) assessing multicultural counseling competency; (b) focusing on counselors' worldviews and biases, and (c) having students participate in experiential activities with diverse groups. Participants also thought that supervisors were responsible for addressing cultural topics in

supervision. Lastly, participants thought that educators and supervisors needed to create a safe environment in which privilege and oppression could be discussed. They said that educators should (a) discuss their beliefs, attitudes, and agendas; (b) continually educate themselves about privilege and oppression; (c) infuse this material in class; (d) list multicultural topics in syllabi; and (e) acknowledge other types of diversity other than race and ethnicity (Hays et al., 2007).

Client Perceptions of Counselor Multicultural Competence

Pope-Davis, Toporek, Villalobas, Ligiero, Brittan-Powell, Liu, Bashshur, Codrington, and Liang (2002) conducted a qualitative examination of multicultural counseling competence from the client's perspective. The participants were 9 women and 1 man from a large east coast university. They were told that the researchers were interested in interviewing persons who had a counseling experience with a counselor they thought was culturally different from themselves. Examples of cultural differences that were provided by the researches and included race, gender, sexual orientation, religion, or otherwise. Each participant was interviewed twice for 1.5 hours. They were asked seven open-ended questions about their counseling experiences and the counselor and about how their cultural concerns were brought up and addressed.

The results indicated all of the clients had discussed cultural issues in counseling, but the impact of their counselor's cultural competence varied greatly. In addition, some clients said their counselor was culturally competent along one dimension of culture but not another. Clients varied on how they saw culture being

related to their core problem and their assumptions about the meaning of cultural dissimilarity or similarity and the salience of identity, affected the interaction between the client and the counselor (Pope-Davis et al., 2002).

The authors also found termination was a direct result of a lack of cultural understanding with several of the clients. Some clients also seemed to actively manage whether and how culture was addressed in counseling sessions, including educating the counselor about their cultural values, beliefs, and norms. Some clients also confronted their counselor about inaccurate cultural assumptions (Pope-Davis et al., 2002).

Pope-Davis et al. (2002) asked the participants about what they thought were the reasons for the counselor's cultural understanding or lack thereof. The results indicated that some clients thought the counselor was sensitive to cultural issues because they too were a minority and therefore understood what that experience was like. Other clients said their counselors did the best they could, given their background. Some clients also blamed themselves for their counselor's lack of cultural understanding. The clients were also asked about whether they would seek counseling in the future. Participants who indicated that they would be hesitant to seek counseling again sometimes said their negative experience was because of the individual counselor, while others assumed it was due to the profession as a whole.

Overall, the authors found that clients who defined themselves and their presenting problem using cultural constructs seemed to prefer racially or gender-similar counselors. The clients who said that culture did not influence their

interpersonal concerns tended to think cultural competence of the counselor was less important. The results also supported prior research that showed counselors who demonstrate an interest in a client's culture are perceived as more culturally competent. The authors concluded that the cultural competence of the counselor provided a setting within which the client gauged the extent to which his or her choices and options for a full range of interventions and opportunities could be reached (Pope-Davis et al., 2002).

Pope-Davis et al. (2002) believed the results to their study suggest that multicultural counseling competence is preferred by clients and that counselor training can be enhanced by an emphasis on accurate assessment of clients' needs and cultural experiences. The authors also stated that it may be helpful to teach counselors to disclose their intentions and plans to clients, particularly when talking about cultural information. Counselors may also benefit from being trained how to use restraint when making assumptions based on cultural knowledge.

Constantine (2002) researched racial and ethnic minority clients' attitudes toward counseling, including the clients' ratings of their counselors' multicultural counseling competence. The participants were 112 clients of color (78 women, 34 men) who sought and terminated mental health treatment at their campus counseling center. The participants represented various races and ethnicities, including Black-American, Latino (a) American, Asian American, American Indian, and biracial American. The clients completed a demographic questionnaire, the Counselor Rating

Form – Short (CRF-S), the CCCI-R, and the Client Satisfaction Questionnaire - 8 (CSQ-8) after their final counseling session.

Constantine (2002) found the clients' ratings of their counselors' general competence and multicultural competence contributed significant variance to their counseling satisfaction ratings. These findings suggest that general counseling skills (forming a working alliance, empathy, etc.) may play an important role in helping clients of color address their mental health needs and that a counselors' multicultural counseling competence is especially important to clients of color.

The author said the finding show the need for formal multicultural training, which may be a way by which counselors can learn to effectively address mental health issues when working with people of color. Constantine (2002) said these skills may be obtained through didactic, experiential, and applied training experiences.

Cates, Schaeffe, Smaby, Maddux, and LeBeauf (2007) conducted a study to evaluate strategies for incorporating multicultural training into counseling practicum courses. The participants were master's level mental health professional trainees. The experimental group consisted of 24 trainees who were enrolled in practicum and who completed both the pre and post assessments. The control group had 23 trainees who were enrolled in an introduction to counseling course and who completed both the pre and post assessments.

Cates et al. (2007) utilized the MAKSS-CE-R (Kim et. al, 2003) to measure overall multicultural competency and both groups completed the measure during the first and last class period of their respective course. The experimental group's course

had a multicultural infusion curriculum comprised of (a) A weekly seminar that took place during the first hour of the three-hour practicum class and lasted for 15 weeks and (b) Small group and individual supervision with an emphasis on cultural context. The seminar included a variety of learning approaches and discussed the MCC (Roysircar Webster, Germer, Palensky, Lynne, Campbell, Yang, Liu, & Blodgett-McDeavitt, 2003), basic multicultural definitions and theory, and the RESPECTFUL model (D'Andrea & Daniels, 2001). The seminar also included a variety of activities that explored cultural issues. The activities included: experiential exercises, films, workshops, role-plays, tending to group dynamics, and discussing trainees' cultural backgrounds.

Trainees in the experimental group met in groups of six with one supervisor to review counseling sessions with an emphasis on cultural context of the client and counselor, while also discussing counseling skills performances. Trainees also met individually with their supervisor to discuss counseling skills and cultural issues. Trainees provided 4 taped sessions to their supervisor for review. The trainees in the control group received a small amount of multicultural training. The introduction to counseling textbook included a chapter on multicultural issues and one week of class time was spent discussing cultural issues (Cates et al., 2007).

The results indicated that the trainees enrolled in the practicum with multicultural infusion had a significant increase in their self-perceived multicultural counseling competence as measure by their scores on the awareness, knowledge, and skills subscales. This suggests that the multicultural infusion methods may have been

effective in increasing trainees' self-perceived multicultural competency. This infusion could have led to the students being able to apply new awareness, knowledge, and skills immediately (Cates et al., 2007).

The control group had a significant decrease in multicultural awareness. This may have been caused by only having one chapter of the book focus on cultural issues and the lack of infusion of multicultural content in the curriculum. The author suggests that training programs focus on infusing multicultural training into practicum courses, as opposed to only having cultural issues discussed in one course (Cates et al., 2007). Furthermore, research focusing on counselor self-awareness would provide additional information on how to increase trainees' multicultural competence.

Counselor Awareness of Self

Counselor awareness of self has been included in many of the studies and instruments described above and were included in Sue et. al's (1982) cross-cultural competencies. Pedersen (1988) listed the key components of multicultural competence as awareness, knowledge, and skill regarding culturally relevant variables. Awareness includes an acknowledgment of the differences between cultural groups. Self-awareness involves being aware of the role of culture in one's own life. Despite self-awareness being identified as a key component of multicultural competence, McRae and Johnson (1991) pointed out self-awareness tends to be overlooked in counselor training programs that concentrate on learning about culturally different clients.

The Dimensions of Personal Identity Model (Arredondo & Glauner, 1992) identifies the key components of what counselors should know about their own identity as well as that of their clients, which are:

- (a) that we are all multicultural individuals; (b) that we all possess a personal, political, and historical culture; (c) that we are affected by sociocultural, political, environmental, and historical events; and that (d) multiculturalism also intersects with multiple factors of individual diversity (Arredondo et al., 1996).

Richardson and Molinaro (1996) provided a review of literature regarding White counselor self-awareness. The authors considered self-awareness to include worldview, cultural values, and racial identity. The authors found that counselors must be aware of their own worldview, as well as the clients. Cultural values of Whites often conflict with the values of the client. Richardson and Molinaro suggest that White counselors must be aware of their own cultural values and how they may intervene solely from their own value system. Racial identity also plays a role in counselor self-awareness. The authors contend that a counselor does not necessarily have to be in the Autonomy level of racial identity, but that the lower levels of racial identity will most likely have a negative impact on the counseling relationship. They concluded that counselor training seldom explores the racial, ethnic, and cultural self-awareness of the counselor trainee, especially those who are White.

White Racial Attitudes

Constantine (2002) researched racist attitudes, White racial identity attitudes, and multicultural counseling competence of school counselor trainees. Ninety-nine White masters-level school counseling students participated in the study. They completed the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), the New Racism Scale (NRS), the White Racial Identity Attitude Scale, and a demographic questionnaire. The author was interested in the effect of multicultural counseling training on multicultural competence. The results showed that more multicultural training was related to higher levels of self-reported multicultural counseling competence. Constantine (2002) suggested that one factor in multicultural counseling courses that aids in competence is understanding oneself better as racial and cultural beings. This information is helpful in that it shows the need for a focus on understanding oneself, or becoming self-aware.

A study exploring the influence of a multicultural training course on racial identity attitudes of 35 White master's-level counselors in training was conducted by Brown et al. (1996). Each participant participated in a 16-week multicultural counseling course and completed the White Racial Identity Attitude Scale (WRIAS) before beginning and after completion of the course. During the course, participants were involved in three phases of instruction: self-awareness, knowledge of five ethnocultural populations, and development of preliminary skills to counsel diverse clients. After comparing pretests and posttests of the WRIAS, the results showed that a multicultural training course significantly changed the racial identity attitudes of

White counselors-in-training due to an increase on the Autonomy and Pseudoindependence subscales of the WRIAS. Due to this increase, the authors conclude that counselors were better able to psychologically accept racial differences, appreciate potential impact of racial attitudes on people of color, and exhibit less racist behaviors. The authors suggested that training emphasize self-awareness as a step towards skill development and that counseling curriculum include experiential exercises to increase multicultural competence. This study shows the importance of self-awareness in multicultural competence training, but did not relate White privilege and self-awareness.

Colorblindness

Burkard, Medler, and Boticki (2001) and Ponterotto, Burkard, Rieger, Grieger, D'Onofrio, and Dubuisson (1995) found that measures of subtle racism have been less susceptible to social desirability attitudes than measures of overt racism. One of the subtle forms of racism is colorblindness, which has been found to be applicable to many racially and ethnically diverse groups (Neville et al., 2000). Neville et al. stated that colorblindness is "the belief that race should not and does not matter" (p. 60). Furthermore, individuals who have this attitude tend to deny the individual, institutional, and cultural manifestations of racism.

Thompson and Jenal (1994) found when counselors actively avoided racial content in counseling; African-American women became more frustrated with counselors, regardless of their racial background. The authors reviewed videotapes used in a study by Thompson, Worthington, and Atkinson (1994) in which Black and

White counselors conducted sessions with Black female college students. The authors found four quality types, which describes the type of interaction between participant and counselor. The Smooth Type includes interactions with few or no disruptions. In such sessions, racial issues were rarely raised in session, with most occurring in the beginning of the session. The issue was quickly dropped, while the participants began to back-off from their original use of racial terminology. The authors hypothesized that the participants began to mimic their universalistic counselor and used descriptions such as “student” or “female” as opposed to “Black student” or “Black female,” which was how the participants originally described themselves. The sessions in which no discussion of race took place, occurred only with the White counselors, while the discussions involving Black counselors involved rather serious racial issues. In addition, the participants asked the Black counselors about current events involving Black persons, but did not ask the White counselors such questions.

The Exasperated type of interaction included periods of uninterrupted dialogue and seemed to indicate a breakdown in communication. Racial issues were brought up more frequently with this type of counselor but were often overlooked, leading the client to back-off temporarily and revisit the conversation later. The counselors continued to downplay the influence of race, but the clients’ were more willing to continue to explore the issue.

The Disjunctive type included derailments by the counselor, but with little effect on the participants’ willingness to engage. The participants openly discussed

racial issues despite the counselors' universal statements about race. The participants were more likely to express their distrust of Whites than in the other types.

A fourth type, the Constricted type was also found. This included only one participant and was characterized by awkward silences. The authors concluded that client's comfort level with discussing racial issues depends on the reactions of the counselor. They suggested that further research is necessary in order to examine the process and outcome of counseling interactions involving racially diverse counseling dyads.

Burkard and Knox (2004) conducted a study on color-blindness, empathy, and attributions. The participants were 247 psychologists who were identified as having low, moderate, and high racial color-blind attitudes. The authors found the participants were motivated to respond in a socially desirable way because the self-reported ratings of empathy and their attributions of client responsibility for the cause of and solution to a problem were statistically significant and positively related to higher levels of social desirability. The authors concluded that this finding may be due to the participants being told that color-blind racial attitudes were being examined and because of race-related guilt.

Utilizing the CoBRAS (Neville et al, 2000), the researchers found that therapists high in colorblindness rated African American clients more responsible for solving their problems than did therapists who were low in colorblindness. The authors also found that, after controlling for social desirability, therapists who were less color-blind and therefore more willing to acknowledge that race matters in

people's lives, showed more empathy than those who were more color-blind. Furthermore, the client's race did not play a role in determining the empathy level of the counselor.

Knox and Burkard (2004) suggested that therapists' degree of color-blindness directly influences therapists' empathy and attributions in an analogue counseling situation. Therapists' color-blindness may impede their ability to empathize with clients, which may lead to decreased sensitivity to cultural issues. In addition, color-blindness may influence the attributions therapists make in counseling.

Such findings suggest that the level of attitudinal similarity between the client and counselor may impact the counseling relationship. The research in this area is reviewed next.

Research Regarding Similar Attitudes and Beliefs

Researchers have examined the relationship between counselor preference, attitudes, and beliefs of both client and counselor. Franco and LeVine (1980) studied 141 Chicanos and 242 Anglos and found no ethnic group difference on ethnicity of counselor selected. They attributed this to the southwestern geographical setting of the study, where Anglos and Chicanos are in continuous non-conflictual contact. They added that the process of acculturation for both groups may also contribute to the lack of ethnicity effects, due to the participants being highly acculturated to the majority culture. The researchers included background information about the therapist, with more information producing a significant difference for counselor preference. Students felt comfortable seeking help from male counselors as more

information was provided about them. Students were willing to see a female counselor regardless of the amount of information provided. The results were obtained with the use of a chi-square test. Franco and LeVine (1980) suggested that informing clients about the counselors' background may contribute to counselor preference. Another possible explanation, although not studied, could be that additional information allowed participants to conjecture that there were similar attitudes and beliefs between the counselors and themselves.

Esters and Ledoux (2001) studied counselor preference in at-risk high school students. Of the participants, 48 were White, 14 were African-American, 3 were Hispanic, and 1 was Asian American participated. The researchers utilized the Preferences for School Counselor Characteristics Questionnaire as part of a counseling needs assessment. The questionnaire measured 8 counselor characteristics: (1) same attitudes and values, (2) same background and socioeconomic status, (3) same sex, (4) same race, (5) opposite sex, (6) different background and socioeconomic status, (7) different race, and (8) different attitudes and values. The results showed that the students preferred that counselors have the same attitudes, values, and background and socioeconomic status as themselves. "Same race" was rated fourth, while "different attitudes and values" were rated last. The students were not as concerned about physical characteristics. The authors concluded that a counselor who shares the students' same attitudes and values and have a similar background and socioeconomic status will share more of the students' culture than someone who is a member of the same race. This study highlights the

importance of similar attitudes and beliefs among counselors and clients. The authors did not consider other variables such as multicultural self-awareness and awareness of White privilege.

In a study of Asian-American preference for counselor characteristics, Atkinson, Wampold, Lowe, Matthews, and Ahn (1998) utilized responses from 98 male and 92 female Asian-American undergraduate students on a preference for counselor characteristics questionnaire developed by the authors which included questions about similar attitudes. The authors discovered that Asian-Americans preferred counselors of similar ethnicity, but, attitudinal similarity was consistently ranked either first or second among counselor characteristics. The authors concluded that the counselor's ethnicity, while a factor in determining counselor preference, was not as important as cultural similarity. Cultural similarity was defined as the shared attitudes and values of the members of the cultural group (Atkinson, et al., 1998). When participants are faced with limited information, such as choosing a counselor based on ethnicity, they may assume that the ethnically similar counselor possesses culturally similar attitudes and values.

In a study by Want et al. (2004), 98 African American college students rated counselors of different races who had varying levels of racial consciousness or racial attitudes. Each of the participants read eight vignettes, with four being distracters and four being experimental stimuli. The distracter vignettes were used to keep the participants from becoming aware of the purpose of the study. Two of the four treatment vignettes used African American counselors, while the other two used

Caucasian counselors. One of each of the pairs was depicted as either high or low racial consciousness. Examples of high racial consciousness included being aware of one's own racial identity, acknowledging the importance of diversity, and a willingness to explore racial issues in counseling. Descriptors such as geographical environment (ex: "large city") and high school attended (ex: "integrated") served as additional examples of someone with racial sensitivity (Want et al., 2004). Low racial consciousness counselors expressed opinions that were relevant to, but clearly overlooked, racial issues. One example was, "My approach to counseling students is to see beyond race and to treat them as part of the human family." Thus low racial consciousness might be somewhat analogous to being colorblind. All other variables were held constant (Want et al., 2004).

The authors used the Racial Identity Attitude Scale (Short Form; RIAS-B) and the Counselor Favorability Questionnaire. The results showed that African American students rated Black counselors much higher than White counselors and rated high racially conscious counselors much more favorably than low racially conscious counselors. Want et al. (2004) also found that it is important to consider the clients' racial identity attitudes because of within-group differences. For instance, some of the African Americans in the Preencounter stage of the RIAS-B displayed anti-Black bias while those in the Encounter stage rated White counselors lower, regardless of level of racial consciousness, and rated the Black counselors higher as long as they were high in racial consciousness (Want et al., 2004).

Want et al. (2004) concluded that level of racial consciousness is important whether the counselor is Black or White. The authors suggested that racial consciousness can be achieved by acquiring an awareness of oneself as a racial being. This awareness will assist the counselor in being sensitive to clients from diverse populations. Want et al. suggested that sensitivity to clients' issues and concerns can be more important than ethnic matching for some clients (Want et al., 2004). This study showed how ethnicity may not be the determining factor in counselor preference. Similar attitudes and beliefs of both client and counselor were more important than an ethnically similar client and counselor. White counselors who are aware of themselves as racial beings and hold similar attitudes and beliefs as ethnically diverse clients could be better able to provide counseling services to diverse clients than ethnically similar but attitudinally different counselors. Although the authors discussed racial consciousness, they did not look directly at awareness of White privilege. Taking the research a step further could involve taking a closer look at the effect of counselor awareness of White privilege on clients' counselor preference.

More recently, studies have begun to focus on similar attitudes and values in relation to counselor preference of Whites. In a study using the White Racial Consciousness (WRC) model and the Oklahoma Racial Attitude Scale-Preliminary Form (ORAS-P), Summerson (1997) studied the viability of the WRC model, the process of White racial identity development, and gathered information about White client preferences for counselor characteristics. The ORAS-P was used to determine

300 White undergraduate students' WRC type and then the student preferences for 14 different counselor characteristics were assessed and rank ordered. Finally, the authors examined the relationship between the WRC type and the preferences for counselor characteristics. Summerson found that 82% of the participants preferred an ethnically similar counselor to an ethnically dissimilar counselor. Similar attitudes and values were found to be the most important of the counselor characteristics.. More education, similar personality, and age were also found to be significant, while prior counseling experience was not a predictor of counselor preference. The author concluded that counselor ethnicity is preferred less than other counselor characteristics among White undergraduate students regardless of their WRC type, gender, or prior counseling experience; and undergraduate students regardless of ethnicity (Summerson, 1997).

Boyce (2002) studied White client's counselor preference using a paired comparison format. Boyce was also interested in the relationship between racial consciousness, age, and education level with preference for counselors. The results showed that clients preferred a counselor of similar ethnicity when given the choice between a client of similar ethnicity and one of dissimilar ethnicity. When counselor attributes were included in the choice, similar attitudes and values were found to be more important than ethnicity. Clients' attitudes about multiculturalism were also found to influence preferences for counselors' ethnicity and gender. The within-group variables of age and education level were found to have a relationship with preference for counselors (Boyce, 2002). As seen in the more recent literature regarding White

client's counselor preference, similar attitudes and beliefs appear to be more important than ethnicity of the counselor. In addition, attitudes about multiculturalism, which could include awareness of White privilege, have been shown to influence counselor preference.

Defining White Privilege

Pinterits (2004) defined White privilege as:

an expression of power that arises from receipt of benefits and immunities, originates from a stratified racial hierarchy with advantages for whites based not on merit but on white skin, operates at institutional, cultural and individual levels, and is characterized by unearned advantages and a sense of entitlement resulting in both material and societal dominance by whites over people of color (pg 448).

Wildman and Davis (2002) identified two critical elements of privilege. First, the characteristics of the privileged group are often the societal norm, which benefits those in the privileged group. The privileged group can also rely on their privilege and choose whether to object to oppression. These two elements together mean that privilege is hardly ever recognized by those benefiting from the privilege. Whites do not usually look at the world through a racial filter. This gives Whites the power to ignore race and take advantage of their White privilege (Wildman & Davis, 2002).

Wise (2002) stated that whiteness is a virtual invisibility, with which those who have it are able to take advantage of it everyday. To appreciate what whiteness means is the first step and is enlightening, but not sufficient (Wise, 2002). Whites who fail to speak against discrimination are failing to challenge the injustice of privilege. Instead, although possibly unbeknownst to the perpetrator, the White

person is contributing to the disparate treatment. Wise suggested that Whites remove themselves from the comfortable position of privilege and begin to change themselves rather than fix the victims of racism. In order to do this, Whites need to have courage and challenge the people they work with, live with, and their spouses.

Measurement of White Privilege

The White Privilege Scale (Swim & Miller, 1999) was the first measure of level of awareness of White privilege. It was designed for Swim and Miller's (1999) study on White guilt and was based on McIntosh's (1988) article on White privilege. The Cronbach's alpha was reported as .72 and a factor analysis of the six items revealed a single factor structure. No information about validity and norms are currently available. A sample statement for the instrument includes, "My status as a White person grants me unearned privileges in today's society."

The White Privilege Attitudes Scale (WPAS) is currently in development (J. Pinterits, personal communication, January 25, 2007). It is being constructed in order to measure White privilege attitudes among European Americans. The WPAS will be designed to cognitive, behavioral, and affective reactions to increasing White privilege awareness and will assist in evaluating training and identifying effective practices. Pinterits (2004) devised a Preliminary White Privilege Attitudes Scale (P-WPAS), resulting in a 54-item scale. Internal consistency ranged from .83 to .92. Factor one, Support of White Privilege, is a bipolar factor including the investment in maintaining White privilege versus a willingness to dismantle it. Factor two, Distressed Acknowledgement of White privilege, includes a sense of indecision,

guilt, and anxiety in knowing White privilege exists and requires undefined remedial action (Pinterits, 2004).

The Color Blind Racial Attitudes Scale (CoBRAS) was developed by Neville et al. (2000) and based on Schofield's (1986) and Frankenberg's (1993) work on color-blind racial attitudes, discussions with experts on racial attitudes, color-blindness literature, and consultation with undergraduate and graduate students as well as community people.

Seventeen items were originally devised and reviewed by a small research team consisting of one Black counseling psychologist, one Chicana communication professor, and two Black doctoral students in counseling psychology. Five experts in race-ethnic studies or psychological measurement reviewed the items to assess its content validity. The result was a 26-item scale, with half of the items worded in a negative direction to reduce response bias (Neville et al., 2000).

The authors conducted five studies to examine the CoBRAS. The first study consisted of 302 participants and was designed to produce initial reliability estimates. This resulted in three factors: Racial Privilege, Institutional Discrimination, and Blatant Racial Issues. The alpha coefficient for each factor was .83, .81, and .76 respectively. Overall, the alpha coefficient for the entire test was .91 (Neville et al., 2000).

The second study was conducted to determine if the CoBRAS was significantly related to the belief-in-a-just-world perspective. Using 594 college students or community members, the authors found a Guttman split-half reliability

estimate of .72 and Cronbach's alpha ranged from .70 to .86. Correlations were found between the CoBRAS, the Global Belief in a Just World Scale (GBJWS), the Multidimensional Belief in a Just World Scale (MBJWS) – sociopolitical subscales, the three CoBRAS factors, and the CoBRAS total score. The correlations ranged from .39 to .61 (Neville et al., 2000).

Neville et al. (2000) used study 3 to obtain test-retest reliability estimates. One hundred and two college students were sampled. The results yielded a .80 test-retest reliability estimate for both the Racial Privilege and Institutional Discrimination subscale. The Blatant Racial Issues subscale estimate was .34, while the CoBRAS total was .68.

With 145 participants in study 4, the authors wanted to examine concurrent validity. The participants completed the Quick Discrimination Index (QDI), the Modern Racism Scale (MRS), and the CoBRAS. The correlations were significant and ranged from -.25 to -.83 between the CoBRAS and the QDI and .36 to .55 between the CoBRAS and MRS. Criterion validity was also established with an F of 14.91.

The final study looked at whether color-blind racial attitudes as measured by the CoBRAS were sensitive to multicultural training. Forty-five participants completed a year-long diversity training course and then completed the CoBRAS. The training course was designed for undergraduate students who were interested in being peer leaders on campus. The participants were selected by student affairs staff, academic faculty, peer academic advisers, friends, and by distribution of flyers. The

three consecutive courses included lectures on multicultural issues, weekly 2-hour discussion groups, community internships with culturally diverse populations, and program development and implementation. An ANOVA yielded significant results between the pre- and posttest scores for these 28 participants. The multicultural training intervention significantly decreased the color-blind racial attitudes with a pretest mean of 50.21 and a posttest mean of 45.71 (Neville et al., 2000).

Studies on White Privilege

Ancis and Szymanski conducted a qualitative study, utilizing constant comparative methodology, to begin exploring counselor awareness of White privilege. The authors studied master's counseling students who were White from a Southeastern university. McIntosh's (1988) personal essay on White privilege was used as a projective stimulus to access students' responses without specific instructions. Students were directed to react to one or more of the conditions that McIntosh described and offer affective, cognitive, and/or behavioral reactions to the conditions selected.

Both authors analyzed the results. The first author was a White, female counseling psychology faculty member. The second author was a White, female, 2nd-year doctoral student. An Asian Indian American, 1st year doctoral student in counseling psychology who had earned certification as a multicultural trainer, served as an auditor to establish confirmability (Ancis & Szymanski, 2001). Twenty categories and 3 distinct general themes emerged from the analysis. The categories and themes represented different levels of awareness and action regarding students'

perceptions of their own and McIntosh's White privilege, and 11 overlapping subthemes. The three general themes that emerged through data analysis were: (1) lack of awareness and denial of White privilege, (2) demonstrated awareness but unwillingness to engage in proaction, and (3) higher order awareness and commitment to action. Each student was coded into one general theme and was able to be coded into 2 or more subthemes. Ten participants were placed in theme 1, 10 students were placed in theme 2, and 14 participants were placed into theme 3.

The first theme, Lack of Awareness and Denial of White Privilege, included students who were unwilling to acknowledge McIntosh's White privilege and/or their own White privilege. The five subthemes that arose were: anger and defensiveness, attribution of differential treatment to nonracial factors, focus on exceptions to the rule, lack of connection between their own marginalized status and other "isms", and conflicted and contradictory reactions. Thus, anger, selective perception, and distortion of McIntosh's conditions of privilege were found among members this theme.

The students in the Demonstrated Awareness but Unwillingness to Engage in Proaction theme acknowledged greater opportunities as a function of being White. The two subthemes that developed from this theme included sadness and disgust about privilege and an awareness but unwillingness to relinquish privilege. Such students believed White privilege was unfair, but didn't want to sacrifice their position.

The final theme, Higher Order Awareness and Commitment to Action, included students who possessed empathy regarding the impact of racism on people of color. These students also took action to challenge their own or others White privilege. The four subthemes that arose were: understanding of the pervasiveness of privilege, understanding of majority's resistance to change, understanding of the effects of privilege on people of color, and moved to act or initiated action.

Ancis and Szymanski (2001) concluded that the results provide insight into ways that some White counseling students feel about the existence of White privilege. The participants' responses also showed how processing of racial information can be complex, as evidenced by the number of interrelated components in participants' responses. Some responses included a self-exploration of multiple identities such as gender, ethnicity, and class. More specifically, an awareness of White privilege was often associated with empathy towards other racial groups while a denial of White privilege was associated with denial of prejudice and discrimination experienced by people of color. The participants who were able to recognize their own White privilege were able to do so while also recognizing their marginal identities, such as gender, age, or socioeconomic status. The participants reported that behaviors in response to racial issues were complex, with some participants attempting to break away from racism but at the same time perpetuating it. The authors also stated that they were shocked at the number of participants in Theme 1, and pleasantly surprised by the number of participants in Theme 3. Ancis and Szymanski's results reveal the need for more research regarding White counselors' awareness of White privilege.

Given how little psychology research there is on the phenomenon of Awareness about White Privilege, and given the complex findings of Ancis and Szymanski (2001), further qualitative research in this area seems to be appropriate. In particular, Consensual Qualitative Research is the most commonly employed qualitative research in counseling psychology and seems to be particularly appropriate for this topic. As such, the next chapter will describe the use of this research methodology to more directly examine the role White privilege plays in therapy.

A Theoretical Base for this Study

One counseling theory that seems particularly appropriate to a study on White counselors' awareness of White privilege and its impact on their counseling experiences is social influence theory. Specifically, Strong (1968) developed the Expertness, Attractiveness, and Trustworthiness (EAT) model based on the belief that counseling is a social influence process. Strong believed counselors' influence potential was determined by the extent to which they were perceived as being credible (expert and trustworthy) and attractive. Strong defined expertness as: (a) objective evidence of specialized training such as diplomas, certificates, and titles. (b) behavioral evidence of expertness such as rational and knowledgeable arguments and confidence in presentation, and (c) reputation as an expert (Strong, 1968, p.216).

Trustworthiness is the second component of being a credible counselor. Strong believed this entailed, (a) a reputation for honesty, (b) a socially sanctioned role, such as psychologist, (c) sincerity and openness, and (d) perceived lack of

motivation for personal gain. Attractiveness refers to liking the communicator, being compatible with the communicator, or that the communicator is similar in background. These three variables, particularly the last one, are largely influenced by the counselor's attributes, such as awareness of White privilege. This theory would explain why the counselor preference research has found the variable of attitudinal similarity to be so important in client's choices, and why an awareness of White privilege would be some important in working with clients from ethnic minority populations.

Summary

In summation, while there is an increasing focus on multicultural competencies, little has focused specifically on self-awareness. There is even less research on the awareness of White privilege and related concepts with counseling psychologists. The few researchers in this area believe that White privilege should be included among the competencies, and should be studied in greater depth. Therefore, more qualitative research on awareness of white privilege is needed in order to increase the knowledge base and provide a direction for future studies in this area.

CHAPTER 3

METHODS

This study explored White counselor's awareness of White privilege, what factors contributed to the counselor gaining this awareness, White privilege as a multicultural competence, and suggestions for teaching about White privilege in counseling psychology training programs. The following sections will describe the participants, sampling procedures, data collection, research hypotheses, research design, analysis of data, and assumptions underlying the study.

Research Questions

There are a limited number of studies that explore counselor awareness of White privilege. The research outlined in chapter 2 suggests it is important to look at counselor awareness of White privilege, its impact on the outcome of therapy, and its relation to multicultural competencies. This study was designed with these issues in mind and it is hoped the data will assist counselors in how to provide more culturally-appropriate services.

This study was conducted primarily through an interview protocol, which will consist of the following questions:

1. Describe your experiences in working with persons from ethnic minority populations while in your training program.
2. How do you define White privilege?
3. Describe your experiences in learning about white privilege while in your training program.

4. Please, share a story of how you became aware of your own White privilege? 3a. How did this experience specifically transform your thinking about white privilege? 3b. What was your emotional reaction to this experience?
5. Please, share a story of how you became more aware of your White privilege in your work with a particular client. How did this experience specifically transform your thinking about racial issues in counseling? 3b. What was your emotional reaction to this experience?
6. Please share a story of how you used your awareness of your White privilege in your work with a particular client. What was your emotional reaction to this experience?
7. How has your awareness of White privilege affected your counseling with persons from ethnic minority populations?
 - a. A general awareness of White privilege? Your awareness of your own White privilege? OR Your awareness of institutional racism? Your awareness of your own racism or worldview biases?
8. How has your awareness of White privilege affected your counseling with White clients? With clients representing other forms of diversity?
9. What is your definition of multicultural competence?
 - a. How is an awareness of White privilege related to this definition?

10. Give an example of how has (or how did) your lack of awareness of White privilege affect(ed) your work with clients? What was your emotional reaction to this experience?
11. As you reflect on what we have discussed in this interview, what is the next step you see yourself needing to do in this area?
12. How do you think trainees' awareness of White privilege should be addressed in training programs?

Research Design

In order to identify common and distinctive factors of counselor awareness of White privilege among counseling psychologists and counseling psychology interns, a qualitative methodology was employed. This study was guided by the method of Consensual Qualitative Research (CQR; Hill, Thompson, & Williams, 1997).

Qualitative research is used to study the phenomena as they occur naturally, adding a depth and richness to the results. The researchers do not have preconceived hypotheses, but rather allow the information obtained to help them discover relationships, concepts, and ideas that may not have been thought of prior to data collection (Heppner, Kivlighan, & Wamphold, 1992).

Consensual qualitative research (CQR) was developed by Hill, Thompson, and Williams in 1997. The approach shares many of the same features as other qualitative methods (Bogdan & Biklen, 1992; Henwood & Pidgeon, 1992; Stiles, 1993), but is mainly influenced by grounded theory (Glaser & Strauss, 1967). CQR is one method of applying grounded theory and often is used in psychological studies. It

is the most quantifying of the qualitative approaches. Grounded theory includes the development of a network of related constructs about a phenomenon. Based on a particular data set, grounded theory is a cognitive construction. The coding of the data, called the constant comparative method, is similar to that of CQR. Researchers review the data repeatedly, making comparisons between the data and resulting categories until core ideas have been established.

CQR is different from grounded theory in a variety of ways. First, CQR does not alternate between data gathering and data analysis, but rather data collection occurs throughout the application of the same protocol to ensure consistency of responses. Second, CQR uses a team approach consisting of researchers and auditors to check all the work. Grounded theory relies on one judge and systematic checks by self and others. Third, CQR researchers code the data into domains and then pull out the core ideas in each domain. Grounded theory researchers code the themes directly in the transcript and then develop a hierarchical structure. Fourth, CQR compares the data across cases including the number of cases that fit into each category. In contrast, grounded theory reports general findings. Finally, CQR discusses the findings across several domains as opposed to grounded theory which describes the findings as a hierarchical theory with one category with several related subcategories.

There are several key components of CQR. Open-ended questions are used to gather the data and words are used to describe phenomena, rather than numbers. CQR involves a small number of cases that are studied intensively, with the context of the whole case used to understand particular parts of an experience. Conclusions are built

from the data, as opposed to testing a theory. The conclusions are based on a consensus of three to five researchers, with one or two auditors used to check for any important data that may have been overlooked. Lastly, the primary team reviews the raw data numerous times, to ensure that the results and conclusions are accurate.

The CQR process includes three steps. First, the responses for each participant are divided into domains. Next, core ideas are developed for all the material within each domain for each case. Finally, a cross analysis is performed which includes developing categories to describe similarities in the core ideas across the domains.

CQR is similar to other qualitative approaches in that it involves certain elements: the researcher(s) as instruments of analysis, description as opposed to manipulation or explanation of phenomena, examination of processes in addition to outcomes, inductive analyses, reality based on participants' viewpoints, importance of context of experience, hypotheses versus facts, results explained using language rather than statistics, and the empowerment of participants as a goal of the research process (Hill et al., 1997).

The CQR method is appropriate to use for this study because little is known about White privilege awareness among counselors. CQR allows researchers to study a phenomenon from the participant's perspective with an intense study of a relatively small number of cases, which, in turn, provides new information that has not been represented in the current literature (Hill et al., 1997).

Researchers

Four researchers (one 30 year-old White male, one 33 year-old biracial Latino male, one 48 year old White lesbian, and one 32 year-old Mexican-American female), were part of the research team. One of the members is a fifth-year doctoral candidate in the counseling psychology doctoral program at New Mexico State University in Las Cruces, NM, the second member is a fourth-year doctoral candidate in the counseling psychology doctoral program, the third member is a faculty member in the same department, and the fourth member is a licensed professional counselor intern.

Auditor

A 41 year old, White, middle-class, gay male served as the auditor of this study. His role consisted of reviewing the core ideas and domains delineated by the researchers and offer suggestions for revision to assure consistency.

Participants

Participants for the study included 8 White counseling psychologists, counseling psychology doctoral interns, or counseling psychology doctoral students from various agencies throughout the United States. Seven participants were female and one participant was male. The average age of each participant was 36 years old. One participant was between the ages of 26-30, five participants were between the ages of 31-35, one participant was between the ages of 41-45, and one participant was between the ages of 51-55. One participant was a third-year counseling psychology doctoral candidate, three participants were counseling psychology pre-doctoral interns, and four participants were licensed psychologists. The participants who were

licensed psychologists were licensed for an average of seven years. For all participants, the average years of counseling experience was 7.5 years. This counseling experience includes master's level counseling. Participants reported the percentage of counseling experience with clients from ethnic minority populations, both currently and for their entire career. Participants reported the following current counseling experience with clients from ethnic minority populations: 0-5% (one participant), 6-10% (three participants), 11-15% (one participant), and 21% and above (three participants). For their entire career, participants reported the following counseling experience with clients from ethnic minority populations: 6-10% (three participants), 11-15% (three participants), and 21% and above (two participants).

Participants were selected from a convenience sample of White counseling psychologists and White counseling psychology Ph.D. doctoral interns at APA-approved internships at various locations throughout the United States. The participants were chosen by contacting 10 colleagues, with some already working in the field and others completing their predoctoral internship. The 10 colleagues identified at least one of their coworkers/fellow interns for participation in this study, based on the colleagues' perception that the potential participants' have some awareness of their White privilege. The first 8 potential respondents who agreed and signed informed consent to participate were included in this study.

Data Collection

In this study, face-to-face and phone interviews were conducted and recorded for transcription purposes. All interviews were conducted by this researcher. The

participants were contacted in advance to schedule an interview date and time. Each participant was sent the consent form (Appendix A), a demographic form (Appendix B) and interview protocol (Appendix C) in advance of the scheduled interview appointment to allow for reflection prior to the interview. Reflection has been found to be an important component of the meaning-making process in the field of psychology (Skovholt & Ronnestad, 1992, 2003). After receiving the informed consent and a brief explanation of the study, 11 open-ended questions related to White privilege awareness (see Appendix C) were asked. Upon completion of the interview, each participant was given this researcher's contact information in case she or he needed additional information, she or he would like to process the interview further, or if she or he had any questions as a result of the interview.

Preparing the Data

Each interview was transcribed verbatim by this researcher. The transcriptions of each interview were sent to the research team for analysis.

Biases and Expectations

The research team met prior to collecting any data in order to discuss their biases and expectations regarding the interview. Researchers were able to read and answer the interview questions in order to explore their thoughts, feelings, and beliefs associated with the interview material. The team members were encouraged to be cognizant of each other's biases and assumptions and to discuss them in an open, honest, and respectful way throughout the duration of the study.

The first member of the research team indicated his biases and expectations were that participants will have a minimized/restricted view of White privilege, use other oppressions as an excuse, and shift to another topic with discomfort when discussing White privilege. He also believed that participants may understand White privilege better if they have other oppressions, such as being gay or lesbian.

The second researcher indicated participants would have an awareness of the disproportionate amount of Whites in positions of power. He also mentioned participants would have an emerging awareness of White privilege because of training and therefore would relate to persons from ethnic minority populations differently. He continued by saying participants would have a notion of White guilt and have favorable attitudes towards persons from ethnic minority populations. Despite this guilt, the second researcher said participants will believe everyone is equal and are able to “pick themselves up by their boot straps.” Lastly, he indicated participants will emphasize solutions rather than looking at how the presenting problem is impacted by systemic structures. He said focusing on solutions leads to White counselors not being aware of how persons from ethnic minorities experience racism.

The third researcher mentioned that participants became aware of White privilege from clients, rather than supervision. She also mentioned she believed participants won't be as aware as they think they are and could be proud to acknowledge their privilege. The third researcher continued by saying she thought participants may recognize White privilege, but still be colorblind. In addition, she

added participant would not have much formal training, but learn about White privilege through their supervisors. Lastly, she said participants may not recognize how their White privilege may be present in session and may discuss White privilege abstractly.

The fourth researcher mentioned she believed a majority of the participants would have had a multicultural counseling course in which they discussed White privilege, but they may not have had many clients from ethnic minority populations with which to use this knowledge. She added this lack of experience may be due to persons from ethnic minority populations not seeking counseling due to their views of mental health services and because there may be limited access to services in their region.

The auditor said participants would have a cursory and rudimentary understanding of White privilege and would focus on the other as opposed to themselves. He also mentioned participants would feel White guilt and shift to themselves when discussing White privilege.

Analysis of the Data

The data were analyzed according to CQR guidelines established by Hill et al. (1997) and Hill, Knox, Thompson, Williams, Hess, and Ladany (2005). A team consisting of three researchers was used to develop consensus among the responses given in order to construct domains, core ideas, and categories. This team approach assisted in reducing any one individual's biases. The responses were initially examined by individual members of the research team. From there, the auditor

followed the directions given through Hill et al.'s (1997) auditing guidelines as outlined below.

Establishing Domains

Each transcript was analyzed individually by the three primary research team members. Each component of dialogue was coded to a particular domain, which is defined as a group or cluster of information or data about similar topics. After each research team member has coded the responses individually, the team worked towards developing a consensus on the coding. The auditor reviewed the work of the research team to check for consistency.

Abstracting Core Ideas

Once a consensus is reached about the domains then core ideas are developed. Core ideas are meant to "capture the essence" (Hill et al., 1997, p. 546) of the responses and can be considered summarizations of each domain described in fewer words and with more clarity. Once again, a consensus was reached among the core ideas and the auditor reviewed the core ideas. The core ideas were then clustered into categories. The categories were derived from the data, rather than any preconceived idea or theory.

Audit of Domains and Core Ideas

Upon consensus of the categories, the auditor reviewed the work of the research team. The auditor examined the raw data within each domain and check to ensure the core ideas were correctly abstracted from the participants' responses. Next,

the research team discussed the auditor's feedback and made appropriate revisions once the team achieves consensus.

Cross-Analysis

Next, the team compared core ideas across all of the cases to create recurrent themes. The research team independently reviewed the core idea under each domain and created categories within each domain, determining how these core ideas cluster into categories. Once the categories for each domain were created with core ideas being listed below each category, the team reviewed this list, as well as the additional data that has not yet been grouped under any category. The team discussed the additional data in order to make the necessary changes in the categories without drastically altering the clarity of the domains. The team then coded each grouping of categories as general, typical, or variant depending on the number of cases within each category. These codings were based on Hill et al.'s (2005) suggestions that general include all or all but one of the cases, typical include more than half of the cases up to the cutoff for general, and variant includes at least two cases up to the cutoff for typical.

Audit of Cross Analysis

The auditor reviewed the researchers' final domains, categories, and frequency codings in order to reach consensus. From there, decisions were made about the results and implications were discussed.

Assumptions of the Study

1. It is assumed participants will respond to the interview questions as accurately and honestly as possible.
2. It is assumed participants will have received training in multicultural issues, in particular White privilege.

Summary

A qualitative design was used to study counselor awareness of White privilege, what factors contributed to the counselor gaining this awareness, White privilege as a multicultural competence, and suggestions for teaching White privilege in counseling psychology training programs. Participants were White counseling psychologists working in the field and White counseling psychology Ph.D. doctoral interns. Data were collected by telephone or in person, with recordings of the conversations being transcribed for data analysis. Participants were administered a consent form and receive a copy of the interview questions prior to the interview. The data were analyzed using the CQR method.

Chapter 4

RESULTS

Domains and Core Ideas

The following chapter will describe the results from the responses of the participants. It will include transcribed examples of participants' responses that illustrate the main ideas of the data. This study used CQR to gather data and analyze the participants' responses. The CQR process includes three steps. First, the responses for each participant are divided into domains. Next, core ideas are developed for all the material within each domain for each case. Finally, a cross analysis is performed which includes developing categories across cases that capture the themes found in the core ideas. The data were initially sorted into the following 19 domains:

1. Training experiences working with persons from ethnic minority populations
2. Definitions of White privilege
3. How life experiences with persons from ethnic minority populations increased their awareness of White privilege
4. How life experiences with persons representing other forms of diversity increased their awareness of White privilege
5. Training experiences that increased awareness about White privilege
6. How awareness of White privilege impacts their counseling with persons from ethnic minority populations
7. How awareness of White privilege makes them more effective in counseling with majority clients
8. How awareness of White privilege makes counseling more challenging with majority clients
9. How awareness of White privilege impacts their counseling with clients representing other forms of diversity
10. Definitions of multicultural competence
11. Awareness of White privilege as a multicultural competency
12. How lack of awareness of White privilege negatively affected work with clients
13. Next steps to further enhancing self-awareness of White privilege
14. Suggestions to increase trainees' awareness of White privilege in training programs

15. Other
16. Therapists Awareness of own White privilege impacted other aspects of life
17. How lack of awareness of privilege negatively affected work with other clients
18. Emotional reaction that impacted awareness of White privilege, and
19. How other life experiences increased awareness of White privilege.

After extracting the core ideas and performing the cross analysis, the following 13 categories were developed:

1. Definitions of White privilege
2. Observing racism targeted at ethnic minorities/friends/acquaintances.
3. Training experiences working with persons from ethnic minority populations
4. Training experiences that increased awareness about White privilege.
5. How awareness of White privilege impacts their counseling with persons from ethnic minority populations
6. How awareness of White privilege impacts counseling with majority clients
7. How awareness of White privilege impacts their counseling with clients representing other forms of diversity
8. Lack of awareness of White privilege negatively affected work with clients
9. Definitions of multicultural competence
10. Awareness of White privilege as a multicultural competency
11. Next steps to further enhancing self-awareness of White privilege
12. Suggestions to increase trainees' awareness of White privilege in training programs
13. Emotional reaction related to awareness of White privilege

Within each of these categories several subcategories or themes emerged from the core ideas that were extracted. A theme was considered General if it applied to at least all but one case (seven or eight cases), Typical if found in at least half the cases (four to six), and Variant if found in two or more cases (Hill et al., 2005). Below is a description of each of the categories and the themes that emerged (please see Appendix D for a complete table of categories, themes, and subthemes).

Definitions of White Privilege

The “Definitions of White Privilege” category referred to how the participants defined White privilege. All of the participants included the theme of “Advantages” in their definitions of White privilege. This General theme of “Advantages” was further broken down into three subthemes (the advantages were unconscious, the advantage was the power to make the rules, and these advantages created disadvantages for non-Whites). Six participants (General) talked about how the power associated with White privilege can be out of awareness for White people, therefore being “Unconscious” of the advantages afforded to them. Within this subcategory participants discussed how American society perpetuates this unconsciousness and rewards Whites for not being aware of their privilege so that Whites do not have to think about their privilege. For example:

It’s the being able to be in the world without even having to think about it. Without having to necessarily consider how other people are reacting to you, what they’re thinking. Whether you’re interacting with a colleague. Whether you’re at a store. You don’t have to worry as much about how other people are viewing you.

Another participant said: “White privilege for me refers to unconscious privileges or ways that you get to be in the world that usually you’re not aware of. That certain individuals or groups don’t have the same privileges or they don’t have the same permits...”

The Power to Make the Rules subtheme included responses from three participants (Variant) that discussed how Whites, as the majority ethnicity in the United States, are able to make decisions to benefit themselves. One participant said:

“...the majority gets the power. Things work in our favor. We get to make the decisions. We make the rules. Things run according to the way we want them to and therefore we don't really have to think about how that is a privilege.

A Variant subtheme, “Disadvantages for non-Whites” was espoused by two participants. This included the difficulties that persons from ethnic minority populations face as a result of not being White. This included the inevitability that others will make negative generalizations about persons from ethnic minority populations, but that Whites are seen as individuals. For example:

Let's say making assumptions so that if someone hears a crime story. If they hear that the person is African-American or Hispanic or whatever that they may make negative generalizations to an entire race. And that doesn't happen the same with White people. There is an assumption of individuality for White people, but everyone else is clumped together.

Observing Racism Targeted at Ethnic Minorities/Friends/Acquaintances

Participants indicated that they had life experiences that increased their awareness of White privilege. This category refers to life experiences the participants had with (or witnessed) persons from ethnic minority populations or persons representing other forms of diversity (i.e. sexual orientation, religious beliefs, etc.) that ultimately facilitated an increase in their awareness of White privilege. These experiences included two Typical themes: “Recognized that ethnic minorities (friends/acquaintances) were treated differently because of their skin color” (6 participants) and “Observing other forms of oppression targeted at the friends/acquaintances belonging to various oppressed/minority groups” (5 participants). Each of these themes included interacting with people representing

various forms of diversity. The first theme, “Recognized that ethnic minorities (friends/acquaintances) were treated differently because of their skin color,” included personal experiences with friends or acquaintances who were discriminated against that led to a greater awareness of White privilege. Many participants said they may not have been aware of the concept of White privilege at the time, but were able to look back at the discriminatory acts and recognize how their privilege protected them from having similar experiences. One participant said:

But the thing that stood out for me the most was in high school. Probably freshman, sophomore year. My two best friends were Latino males and we had gone to the mall and we had split up some and I had noticed some security people come into the area that we were in. And they [the friends] were looking at some of the guy clothes and I don't know exactly what I was doing now that I wasn't over with what they were looking at, but they [security people] were watching them. This is like 14 or 15 and they are watching them, but not watching me. And I think that was a very clear White privilege moment. I wasn't even on the radar, but my friends were.

Another participant discussed her experience witnessing racial discrimination:

One of my first memories of racial differences is a memory that I have as a child going to catch a bus near where I grew up in one of the little cities. It was near the rural area where I grew up and it was a little city that also had an African-American population. Segregation when I grew up was pretty rampant. Segregation was still legal. I remember when I was about 6 or 7 I was with my mother and we went to get on a bus to go home and a little girl, who was about my age...there was a Black man who was going to get on the bus and this little girl, while we were waiting for the bus, called him the N word in a loud voice. I was like horrified. I'm not even sure I knew what it meant, but I knew it was like a bad word and I was like so upset that I ran to my mother and I whispered to her, “That little girl called that man...you know...the N word.” And I was so upset and my mother said, “That's a really mean little girl.” But what I remember was that the man did nothing. He looked at the child and walked away from her, but stayed way away from her while he was waiting for the bus and everybody heard it. And there was other black people there and nobody said anything. And her mother didn't say, she got in no trouble. Her mother ignored it and so there was just like this silence.

And I didn't understand why she didn't get in trouble. I just couldn't imagine someone calling my mother a bad name and nobody saying anything. So I think that is the first time I became aware of...I figured it out that it was of course racial. I didn't know precisely what it meant but I knew it had something to do with it or I figured it out. But I knew it had to do with...the reason the man didn't say anything was because he couldn't. I knew it. He couldn't say anything. It would just make things worse and the reason the little girl didn't get into trouble was because her mother thought it was ok for her to talk to a grown man that way. For her child to talk to a grown man that way...of course the child was White.

The second theme, "Observing other forms of oppression targeted at the friends/acquaintances belonging to various oppressed/minority groups" was discussed by five of the participants. This included forms of diversity other than race/ethnicity, such as religion and sexual orientation. Many participants mentioned that they were aware of discrimination against gays and lesbians before they were aware of White privilege. For example:

I'm thinking of my gay/lesbian clients being a different minority group that's not related to skin color. I just see it as a privilege, the majority privilege. A couple of women I have worked with and a couple more women in my life have a problem with going into the women's restroom because they look very masculine and being stared at and people making comments or giving them looks and how it's never comfortable for any of them to use a public restroom. That's a privilege thing and so I can keep that in mind with those clients and be sensitive to it. And just a general awareness that White privilege is one specific example of a larger problem of majority privilege in general and all of the prejudices that come along with that.

Training Experiences Working with Persons from Ethnic Minority Populations

The "Training experiences working with persons from ethnic minority populations" category refers to the ethnic minority clients the participants counseled while in their training program. A Typical theme that was discussed by 5 participants was "Training experiences working with a variety of ethnic minority populations."

More than half of the participants said they had diversity experiences in their training program. Some participants mentioned that their training programs made sure to give them a diverse caseload, while others described how various treatment settings helped them gain more experience with persons from ethnic minority populations. One participant said:

I would say it's pretty diverse. The reason why is because I have been in many different settings and actually think that taught me a lot because my Master's is in Couples and Family Therapy and then I went on to Counseling Psychology to get a Ph.D. I would say the main one I worked with was African-Americans. I worked with a lot of Asian clients in that center.

Other participants described the university setting in which they trained:

Probably at least 70% plus White and then a range, mostly African-American, some international population, very small percentage Latino/a. So in terms of my work, I tried to build that into my caseload and I think that [My training program] was very good at trying to make sure we developed experience in working with different cultures.

The second theme in the category is "Limited experience working with persons from ethnic minority populations." Three participants (Variant) stated that they had no training or limited training with persons from ethnic minority populations. These participants discussed how their training program did not emphasize multicultural competence and didn't provide opportunities to work with clients from ethnic minority populations. For example, one participant stated: "I had no formal experience. I had no training on counseling people of different ethnicities while I was in training. I had none. What I learned about White privilege was from working with my clients. So it was more like my personal learning, nothing I learned formally."

One participant described having training experiences with persons from one ethnic minority population: “I had very few, if any, ethnic minority clients throughout my training. I tried to think of a single example of an ethnic minority during my training and I don’t think it was until I was on internship and then I worked with some African-American students.”

Training Experiences That Increased Awareness About White Privilege

The category, “Training experiences that increased awareness about White privilege,” included experiences that participants had in their training program that led to a greater awareness of White privilege. The following six themes were found: Reaction papers/reflective exercises (6 participants), Multicultural counseling course (5 participants), Practicum/Working with clients from ethnic minority populations (5 participants), Discussions with colleagues/faculty (4 participants), Being taught how to treat/conceptualize people in their cultural context (3 participants), and Learned from the experience of feeling devalued as a person of privilege in their multicultural counseling class (2 participants). Writing reaction papers and participating in reflective exercises was sometimes the first time participants reflected on the term White privilege. One participant described how writing reaction papers showed them how little they knew about their own culture:

I was in the multicultural counseling competencies course and we had to write reaction papers or journal responses to a lot of these fiction books we read about different groups. It was like 8 fiction books we had to read and every thing we read we had to write these reaction papers about our reaction through the lens of our race. And I remember I was really frustrated. This must have been the first year in the program. I was really frustrated because I didn’t know how to write them. I was like, “I don’t know how I see this as a White

person.” And I distinctly remember telling my partner at the time, “I need someone to tell me what it’s like to be White.” Like “I need someone to tell me what it feels like to be White,” because I don’t know, I don’t think about it, I don’t see myself as White, I don’t know how to apply it. At the time I thought it was just a legitimate representation of how I was for equality blah blah. But later on I realized, “But that’s my White privilege.” The fact that I don’t have to think about my race. The fact that it doesn’t enter into my consciousness when I do things.

Another participant said:

And we were asked to do journaling so there was self-reflective work that was involved while we were also learning reading these MC articles and reading about people not having certain privileges. The experiences of oppression and having to reflect on how we did relate to that or didn’t relate to that. So I guess I sort of came to it through a more didactic, sort of pedagogy by being introduced in a classroom but also through an experiential part of self-reflection and writing about it.

Multicultural counseling courses, in general, influenced the participants’ awareness level of White privilege. Many participants said that their multicultural counseling course was the first time they heard about the concept of White privilege.

For example:

I was introduced to the term through Peggy McIntosh’s, her historic article, “Unpacking the Invisible Knapsack.” And that was in our first MC class, multicultural counseling or something like that. The first class we took in the program. We were sort of introduced to, sort of these privileges or permits that you get in different contexts and the criteria that you meet or don’t meet which sort of gives you those privileges or permits for certain things.

Practicum courses and other interactions with clients from ethnic minority populations increased many participants’ awareness of White privilege. Participants discussed how working with clients from ethnic minority populations during their training program helped them gain a better understanding of cultural issues. For example:

I was working with a young woman, an African-American female, who was very early on in her identity development and wasn't using language that I would be using. Like I thought she was encountering things like pretty explicit racism and thinking that she didn't have a language for that and so she was sorting through and it seemed like a lot of her energy was targeted towards her needing to change. I was lucky enough to have a really good supervisor to sort of talk through that and try to meet her where she was and sort of having my own perspective like I don't think many of the things she is telling me are really all on her, but they do feel more like experiences of racism. So when I was thinking of her, it was really coming full circle for me. Both what I was trying to do to support her, but it was also driving home for me certain things that I will never have to deal with, certain ways of sorting through that. So it helped me realize the kind of inner challenge, the inner questioning that I was seeing her doing and how perhaps there might be other ways, other identities, like I would say my identity as a female, I might be able to relate to sorting through what might be sexism impacting me. But the idea of having to sort through how my skin color affects how I am being treated most of the time in most settings, that is just something I won't ever have to ask, I won't ever have to deal with. I can sit back and reflect on that but there is not a parallel that I can make with that particular kind of identity and I was feeling a lot of feelings about that and it was making me more aware of the privilege I had and it was making me angry to see and sad to see what she was encountering. Hopeful that she would find her own language for it, but also trying to support her where she was. It drove that home a little bit more for me.

Participants also reported that discussions with colleagues and faculty members helped to increase their awareness of White privilege. For example:

I had some examples among the faculty, first most, that would actually talk about White privilege. In my first year of my doctoral training we had to write around a diversity area and I wrote about White privilege and I think I might have been the first person. It was still a little bit new, but there were people there recognizing the importance of it and finding ways of integrating talking about White privilege as well as racism and being specific with that language.

Three participants mentioned how they were taught to incorporate cultural context into their conceptualization and treatment of clients. For example:

I think that once upon a time I may have not thought that that was that useful or needed but now I know that's a pretty important conversation to have. Given appropriate timing and just this idea of treating someone in context, in

context of their identity, which includes race. So I think it just transformed my thinking about case conceptualization and culturally sensitive treatments and just allowing race to be like a lens through which I treat the person. It's just in general. To be more attentive to how race might be influencing their presenting concerns and the development of their coping mechanisms and not to pathologize.

Two participants discussed how they learned from the experience of feeling devalued as a person of privilege in their multicultural counseling class. One participant said:

It was kind of tough on two sides though because I really liked having this room to open up my knowledge when I look at my coursework, but it was tough in the multicultural classes because I was very aware I was White and I was very aware I was a male in there. I didn't see myself getting defensive saying, "White is good" or "White is right," but I felt like I was walking into the class, if you are going to do it on a pedestal, like I am down here. I mean at the bottom and right above me is White females and ethnic minorities have higher statuses as you walk into this class and so I found myself feeling very aware and feeling responsible for all these things you're reading about and kind of walking through that. So there was training in it and I don't know how much of this is me and how much of it was the classes I was in...sometimes I wish I had more room in that training to explore really what it does mean to be Caucasian. I thought we had a lot of time devoted towards specific ethnicities but I never thought that Caucasian was one of those and to me that is like sending a message that this type of ethnicity is not important. Where it's been a majority for such a long time that we don't need to cover that one, it's just assumed you know but that kind of gets to that White privilege for me, which bothers me because I don't think that many people do think about it very much and I can definitely say in my childhood growing up that it was definitely not something I thought about a lot. And here's a place where I want that chance to really start exploring what does that mean for me, what does my ethnic heritage mean and it didn't feel like I got that. There wasn't a chapter on me, but you have a hard time because you can look back and say that for how long hasn't there been a chapter on this ethnicity and so you can go, "That's not right for them either," You're mind just kind of gets all jumbled, but I would say at the end of it I really didn't have a space to talk from my ethnic point of view. It felt much more that I had to answer for a lot of readings that we had. So that was kind of an interesting experience.

How Awareness of White Privilege Impacts Their Counseling With Persons From Ethnic Minority Populations

This category was the most central to the study, and produced the most themes (seven): Greater self-awareness about world view/biases, Discussing differences in sessions, Viewing clients in their unique cultural context (e.g. not stereotyping clients, awareness of within group differences, Not judging the client, Understanding and appreciating culture increases rapport, Adjusting treatment approach (e.g. more advocacy, changing theory, addressing cultural contest), and Validating racism. Awareness of White privilege helping participants have a greater self-awareness of world view and biases was a General theme (n=7). These participants said that their awareness of White privilege has led them to question some of their biases and recognize that other cultures may not have the same views. For example:

One of my worldview biases is that emotions are important, legitimate and important information and to be communicated about. And I know that when I work with, for instance, African-American clients before and hearing their stories. I've learned that that kind of worldview was not safe, perhaps for them, always. And a coping mechanism of being really defensive and guarded was actually a very positive thing and that is important to my conceptualization and kind of shaped, lessened my bias a little bit. Like there are times when that is not always helpful.

Another General theme was found with seven participants mentioning that being aware of White privilege contributed to them discussing differences in session with their clients from ethnic minority populations. Participants indicated that it was important to discuss differences as opposed to ignoring them. One participant said:

It sensitizes me to difference and also similarity. The important thing is recognizing the way I am carrying some invisible, unearned advantages in

session and how that might be impacting whatever ethnic minority client I am working with. So trying to be explicit to some extent where it fits into the session of naming and recognizing the differences that we might have. I always think it is important to talk about the differences and similarities, but particularly around...if we are talking about how I am White and someone is an ethnic minority, that being a difference that we can talk about. Is there anyway that it is shaping or influencing our work together and trying to stay open to that.

Another General theme was being aware that White privilege impacted how participants viewed the client. Seven participants said that an awareness of White privilege impacted their ability to view clients in his/her unique cultural context. This included not stereotyping clients and being aware of within-group differences. Participants stressed that all clients, including persons from ethnic minority populations, have unique experiences and it was important to create an environment where they could discuss these experiences. For example:

It's moved me to utilize a different theory that I think is more inclusive of context. It's moved me to not make assumptions. I think there is a fine line you walk between learning and studying about a culture and not making assumptions about that culture. But then really trying to learn quickly from the client about how you can meet them where they are at to creating an environment that will allow them to tell their story.

A Typical theme was found with five participants who discussed how their awareness of White privilege increased their ability to validate the client's experience of racism. Participants mentioned how this validation led to a stronger therapeutic relationship. For example:

Last semester I worked with this African-American client. We had a lot of talks about how she felt oppressed on this campus and felt like there was just a lot of unfair privilege and we had talked about the fact that...how does she feel with me a little bit, but one thing that I think was really beneficial for her is just kind of my validating, yes there is White privilege and it is on this

campus and its not fair. And just being really open with her about that because she...I remember her sharing this story that there was a peer in her class who had indicated, "That's not fair there is a Black culture center on campus. Like why isn't there a White culture center?" And my client was like so distraught and I provided the feedback, "This is the White culture center. Like this campus, this world." And she just looked at me like she felt so understood. It really strengthened our relationship because I think that she felt like ok, this woman may be White but I feel like she gets it. And therefore, she gets me and maybe we can work through this together. Like work through my issues together.

Another Typical theme in this category was how understanding and appreciating various cultures increases rapport with clients from ethnic minority populations. Six participants discussed this dynamic. One participant said:

There was a young man at the counseling center about a year and a half ago. He was young 20's, Latino, from a rural area outside of _____, real into hip-hop and I remember being aware of our differences so from the beginning and sort of wondering ok, how is he going to perceive me and how are we going to cross these divides here of not only ethnicity but also generational, gender, class. And I decided that it was better to be vulnerable and part of that I think was my awareness of certain privileges and power that I just held as a counselor. That it would just be better to put that out to him and ask. And so I did. I said, "Well you know you're funny and Latino and from this town and I'm 40, a White woman with kids at home." You know, "What is this like for you?" And he just cracked up and laughed because he thought it was so funny that I just put it all out there. And it was very rapport building for us and we laughed and was like, "Well, yeah you know. You're right. You're a lot of different things." We kind of agreed that he would stop me, point something out if I wasn't getting it. Sort of help me along. I think just being able to be very genuine about what's in the room and what's not for me. I prefer that direction in counseling: trying to be upfront about the differences and similarities.

Another Typical theme was adjusting the treatment approach because of an awareness of White privilege (five participants). This theme included being more of an advocate, changing theory, or addressing cultural context more intentionally. Some participants recognized that many theories have been developed by Whites and may

not be effective with persons from ethnic minority populations. This led participants to think of other ways to approach their ethnic minority clients. For example:

For me as a therapist it's made me more creative. That's what I'd really say when I think about this. It makes me think outside the box a lot. I really think the way we set up therapy uses a very Western-American model. I really got into Eastern philosophies when I was studying and so many times I think there are ways to do things that are kind of outside the box. That's not me trying to say I want to do unethical things, it's more me saying, "Maybe this isn't working the way we are doing it and maybe there's a different way to do this."

A Variant theme was participants' awareness of White privilege improving their ability to be nonjudgmental when working with persons from ethnic minority populations. This includes not making assumptions, generalizations, or stereotypes.

Three participants discussed this theme. One participant said:

The fact that they wore the same things every week. The fact that they walked to sessions. I did not want to pass judgment on them. That's not who I am anyway but I think that awareness of privilege means it's important for me to not look at things. I think that someone needs have awareness and that a judgmental person may go there in their mind, which I don't, but I think it is in part because of my awareness. I was hypersensitive in my own mind that I was a White woman with no children teaching these people how to raise their kids and that made me really uncomfortable and it was because the institution had gotten a hold of them and was using me as a part of the institution.

How Awareness of White Privilege Impacts Counseling With Majority Clients

Another category that emerged from the data was "How awareness of White privilege impacts counseling with majority clients." Three themes emerged: Having negative reactions makes counseling more challenging, Addressing privilege with clients, and race and identity are part of all client conceptualization. Four participants (Variant) discussed having negative reactions to White clients. This variant theme

was often associated with the White clients not recognizing their privilege. One participant said:

It can be frustrating when you are working with White clients and they don't recognize White privilege or they deny that it exists at all. And there's going to be times in counseling where I might want to make that explicit for some reason and occasionally there's going to be times where, again, I'm not pulling out an example, but times where I'm not going to push that as much. That maybe it's not as central to what we are working on. I think that is when it is most frustrating, if you don't see that at all. If you don't see White privilege at all. If you don't see being heterosexual as a privilege. If you don't see gender. If they just don't have awareness outside of themselves, that can be frustrating.

Three participants (Variant) mentioned that they address privilege with clients. Addressing privilege in session was often done if the participant felt it was related to the clients' presenting concern. For example:

I had a couple of White women who were dating Black men and they would talk about how that was a real problem with their family. That that was just not ok with their parents, for example. And I might have tried to push the envelope a little. Be like, "So how much do you really need to follow your parent's wishes." And not...I'm saying that a little bit factiously now. I would wanna make sure I got an idea of really how important was it that they honored their parents wishes. Are they just going through a rebellious phase to piss their parents off? Are they doing this in secret and never plan to tell their parents or are they comfortable enough in themselves to make their own choices? Or is their family going to be more important to them in the long run and are they going to end the relationship. So thinking of all of those things. I don't know if this is exactly White privilege. I know it's about race issues. For example, I might be able to talk to them about how they can be sensitive to their boyfriend's unique experience of being a minority that maybe she doesn't understand or can't relate to. To help that relationship, help improve that relationship. Or help her navigate that relationship even better. For example, imagine what it might be like for your boyfriend. Imagine what it's like to be him in this world.

Another Variant theme was being aware of how White privilege can impact the conceptualization of their majority clients. Three participants discussed how they include race and identity as part of their conceptualization. For example:

That's a good question because there is a lot of within group differences among the White population. I try to be culturally sensitive to other privileges as well as White privilege. Heterosexual privilege for example I try to model awareness of White privilege and how one might try to minimize it. I think working as a model in that capacity and paying attention to how this client's experience of White privilege may be interfering with their well being too.

How Awareness of White Privilege Impacts Their Counseling With Clients

Representing Other Forms of Diversity

Two themes developed in this category. The first General theme was "Having awareness of privilege/power related to other forms of diversity," which seven participants discussed. Four subthemes emerged from this theme: Heterosexual privilege, Christian privilege/religious diversity, Ableism/disability issues, and Sexism/male privilege. Six participants mentioned heterosexual privilege. This included learning about the discrimination that members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community experience. For example:

I feel like I learned about White privilege before a lot of other kinds of privilege. Much of my time, for several years now, has been around ally work, straight allies, heterosexual allies who are working on LGBT issues. I feel the parallel with White privilege. In fact, a lot of the research I did was reading about White privilege and talking about White identity development and trying to find parallels with heterosexual identity development. It's there academically, but also on a more grounded, personal level. Around sexual orientation, around gender, and around different identities. Looking at how things get polarized and paying attention to where I am in a situation and it is easier when I am in the disadvantaged, oppressed position. I think I am more in tune with it, I think I am more aware of it than when I am coming from a privileged place. I think White privilege and heterosexual privilege,

paralleling those. They are not identical. There's distinct differences, but there are also similarities that allow me to take what I have learned from White privilege and find ways to apply some of those lessons or look at those and see how it applies to people from other diverse backgrounds. It's happened on a lot of levels actually, being very connected.

Five participants reported a Typical theme that being aware of White privilege has increased their sensitivity to religious privilege. Some of this awareness was due to personal experiences. One participant said: "And just a general awareness that White privilege is one specific example of a larger problem of majority privilege in general and all of the prejudices that come along with that, like a Christian privilege for example."

Being aware of sexism and male privilege was also affected by being aware of White privilege. Four participants discussed this Variant theme. They said that power is a component that White privilege and male privilege share. One participant said:

I think gender too. Gender is something that really fascinates me and how that plays out especially in some of the areas that I really focus on which is trauma work. It can be difficult to talk to them and you can sit there and process that out like, "What's that like?" What assumptions are around gender? The way power is used I think many times can be played out in gender. Communication, the way it's used. Several times a male will ask for directly for what he needs and a female kind of suggest. But I also think it plays out with the male clients I work with as well in the sense of, "What's ok to talk about and what's not ok?" To me it comes down to how much we are taught by the outside culture and taught in a way where did we agree on this or is it just kind of in there and having a lot of discussions about that.

Two participants discussed the variant theme of how an awareness of White privilege impacted their view on ableism and disability issues. These participants pointed out that there are different dynamics with visible and invisible oppressions. For example:

Let's say for someone who has a visible disability. I wonder what their lives are like and how much it affects their lives and sometimes I just think that across groups that are diverse and happen to be discriminated against, and not everyone is because of their diversity, but I find myself thinking of similarities and differences just in terms of the oppressions.

Having an awareness of privilege is helpful, but addressing this privilege in session can also impact the quality of services provided by counselors. Three participants mentioned that they address their awareness of privilege to clients representing other forms of diversity. For example:

It can be difficult to talk to them and you can sit there and process that out like, "What's that like?"...to me it's really brought in bringing in the larger context to any problem I am working with and getting their account of it. I think the other factor that it has really brought in is getting a very thorough understanding of what their life is like. Really trying to understand their point of view and how this impacts them.

Lack of Awareness of White Privilege Negatively Affected Work With Clients

The category, "Lack of awareness of White privilege negatively affected work with clients" included four themes: Made assumptions and generalizations about client, Lacked awareness of important client information, Experienced difficulty in the therapeutic relationship, and Difficulty discussing racial issues with client. The Typical theme of "Made assumptions and generalizations about client" was mentioned by six participants. This theme included difficulties recognizing within-group differences and buying into stereotypes. For some participants, this difficulty led to poorly executed interventions. For example:

One of the first clients that I had in the training center. Here's an example where we were given a rigid definition, I felt, of multicultural competence. Here is what White privilege is and what competence is like and we were given the instruction to sort of say that the client, to explore the cultural

issues. And we were supposed to put that in our assessment like a little paragraph that had cultural issues. And I remember either knowing that I had to cover that in my client conceptualization and sort of just say to this young woman, "How does being Latino, how is that affecting your depression?" And she just looked at me like I was nuts. It was totally not skillful at all, the way I did it. Almost like I had pathologized that part of her. It was not what I meant to do but still kind of clumsy in how I addressed that and clumsy in the way I was thinking about it.

Four participants discussed the Variant theme of how they "Lacked awareness of important client information," which negatively impacted the client. Participants indicated that not being aware of White privilege kept them from gathering certain information about the client. This included not noticing how cultural differences may impact the client's willingness to disclose such information. One participant said:

It was one of my very first practicums and I was working with an African-American female client. Very, as I would have labeled then, "guarded." I had such a hard time engaging with her and she was silent all the time and I was trying to work with my supervisor, who was also White, and figuring out a good way to connect with this person. But she did keep coming back. It was probably the fourth session in. She comes in and she starts reading the newspaper. I'm thinking, "What the hell?" My first initial internal reaction is, "Hello, you're reading a newspaper during session." Like it's bad enough that somebody has their phone ringing or something and so I asked her, "So what are you reading?" And it was about a race incident that happened on campus. And so we were really able to use that. So for me that was one that stood out as a pretty strong. "Wow, I really wasn't getting you and it took you actively reading a newspaper in session." It was a very dramatic way of getting my attention.

The Variant theme of "Experienced difficulty in the therapeutic relationship" was espoused by four participants. These participants discussed how their lack of awareness of White privilege led to a rupture in the therapeutic relationship. Some mentioned how clients never returned, while others indicated that they were able to repair the relationship. One participant said:

Someone who is not White, who I didn't know, came in for her first meeting. Told me something had happened to her car and that it was real problem in terms of transportation and I said, I was just getting to know her and being conversational, and I said, "Oh, where in the city do you live?" And I was thinking because I had just picked up some new bus schedules I was going to give them to her if she needed them. And so I said, "Where in the city do you live?" and she immediately got offended and she said, "I don't know why where I live in the city had anything to do with anything" And I'm like, "Ok..." And she was like so defensive and I asked her something again and what I was getting at, since she said she didn't have a car. And finally she said, "I live north of _____ if you have to know" And all of the sudden I went, "Oh my God, she's talking about _____" And I almost started laughing because I was upset, "Oh great, we just start off and we already have a breach in the relationship." And so I said, "Oh no I meant like in this city" And she was like, "Oh, in this city." And I said, "I just wanted to know where you live because I wondered how you were getting around, how you were getting to school. In case I had some suggestions." And so then she starts telling me about it, but the tension in the room did not go down for a while after that, like I could feel her tension. But then at the end of it I said, "That was so uncomfortable whenever I asked you about where you lived in the city and you assumed I meant _____ and I meant _____. You got so mad that I was afraid you were going to leave." And then she started laughing and said, "I didn't know what you meant. People make assumptions about where you live in the city and what that means about you." And I said, "Well that's not what I was thinking at all" I was like, "That was so not on my mind." And I said that I did live in _____ myself and I did live in the city and I don't have assumptions like that if you live in the city that you are such and such kind of person, at the same time I know those assumptions are linked with race, about where you live in the city, but for people that are White and live in the suburbs they make assumptions like that. I still don't know what it is going to be like when she comes back. It started us out on the wrong foot and boy was the tension thick in the room after that. It was like she got her muscle and couldn't get back off and maybe it was a lack of awareness on my part and I just had no idea that I would be touching a sore point when I asked her that. No idea at all. I was totally taken off-guard by the whole thing, but I'm going to be more aware of it.

"Difficulty discussing racial issues with client was a Variant theme expressed by three participants. These participants mentioned that their lack of awareness of

White privilege impacted their ability to openly discuss racial issues in session. One participant said:

I remember one of my first clients was an African-American female. She wasn't labeling it as depression, but that's what she was experiencing. I remember my supervisor at the time said I should ask her what it is like to work with a White counselor because based on the issues she's struggling with...and I was really resistant to that, I was really uncomfortable. I didn't know if that was important or I think it was just my discomfort, like I didn't want to have to. I think it just showed that because of my lack of awareness of how that can be a factor and why it might be important to talk about. I did eventually do it, but initially I was pretty uncomfortable with it.

Definitions of Multicultural Competence

The "Definitions of multicultural competence" category had five themes (Awareness [understanding worldview, including one's own], Knowledge about groups [including one's own], Skills to implementing culturally sensitive treatment, Not making assumptions/ generalizations when examining client's culture, and Being respectful/accepting/open-minded). The themes seem to be interrelated, mainly when including knowledge, awareness, and skills. The "Awareness (understanding worldview, including one's own)" General theme was evident in seven out of eight participant interviews. This theme focused on the self-awareness needed to be aware of White privilege. For example: "I mean you still have to understand their world view. Recognizing my own reactions, assumptions, biases. It's sometimes hard to see some of your own at times, so seeking out opportunities to challenge yourself and continue to challenge yourself."

Six participants articulated a Typical theme about the importance of "Knowledge about groups (including one's own)". For example:

I think really being attentive to a client's cultural background. Like finding out from that client and then putting that with this kind of overarching awareness of how culture impacts us. That coupled with awareness of my own worldview as a White therapist and all other facets of my identity. Just being aware of that and having worked through that. I wouldn't have been competent before I knew about my White privilege and now I feel more competent. I think I will always feel it is important. Of course an awareness and knowledge of other groups, knowledge of my own group.

"Skills to implement culturally sensitive treatment" was a Typical theme that emerged from the data. Six participants (Typical) who addressed this theme said it was imperative to be able to apply the knowledge learned about cultural groups in culturally-appropriate interventions. One of the six participants that discussed this topic said:

It was the teenager I was working with in a high-school setting. He was a lot of fun to work with, but when I first met him he was very not happy to work with a White counselor but he didn't say it that way. You could tell. Some people might label it resistance, but he didn't want to talk to me. He wasn't too excited about that, but what I liked about it was that I was able to do a little bit of it in the first session and the second session was a very productive session in a sense that we were both able to just talk this out. But it wasn't just a talk out and then never come back to it. And in that first session I said, "What's it like to be in here with a White counselor?" and he just suddenly looked at me because he was doing the, you know. We were in one of those tiny counselor offices in that high school and I can remember it was round table and his arms were up on the table and his head's down and he was like looking at his shoes, "Gosh, at least I'm out of class" is probably what he's thinking. But when I said that that was the first time he made eye contact with me the whole time. But it was me looking at the nonverbal cues and they made me still dress up to come in there. I looked very much the professional adult and he was kind of looking at me like, "This dude's never going to understand me." and so me saying, "What's it like for me to be White" and he just kind of looked at me like and I loved his honesty. He's like, "Honestly, I don't see how you are going to help me. I don't see what you are going to be able to tell me. I don't think you understand me." He used different words for that. So that's where it kind of ended but it gave me a lot to think about to go, "Well what am I going to do next time I meet with him?" And it was one of

those coming back to him and going, “You know, you’re right. You’re 100% right.” I think one of the important things I said was, because he told me later, “I don’t think I’ll ever get it 100%. There’s no way I can.” but I said, “If you are willing to risk, and I’ve really not given you much reason to yet, I would like to figure out what it’s like to be you.” And it wasn’t to be Black for him, it was to be you. But as he told his stories he would say for him in particular, being Black was really tied up in it and so he started telling stories and we saw how that impacted things. And for me, it helped me. The way I used my White privilege was because it enabled me to address it rather than just to be unaware of it. Tons of stories. Just going out on his front lawn to get picked up for school was a huge adventure for him because he was like the only Black kid on this huge block and people were constantly asking questions like he had a basketball and he was coming out and the neighbor said, “Did you steal that?” And so there was constant stuff like that that would make me go, “Wow.” But I would check in, “What was that like for you? Why do you think they asked that question?” and he would be able to say, “Here’s why I think this happened.”

Four participants discussed “Not making assumptions/generalizations when examining client’s culture.” This Variant theme included challenging stereotypes and recognizing that there are within-group differences. For example:

Trying to have some understanding, some awareness of different ethnic and racial minority groups and things that can be associated with cultures in such a way that we have some understanding of that but not blanketly applying them. To also simultaneously recognize group values as well as individual differences within groups.

“Respecting/accepting /open-minded” is the last theme in this category. Three participants (Variant) mentioned this as a part of multicultural competence. These participants discussed how it is important it is to be open-minded in order to continue to be more aware of how one’s biases and prejudices can impact your ability to help someone. One participant said: “I think that is an important part of multicultural competency: knowing yourself, being accepting, open-minded, knowing the material.”

Awareness of White Privilege as a Multicultural Competency

The “Awareness of White privilege as a multicultural competency” category produced two themes: “*Must* have an awareness of White Privilege in order to be multicultural competent (part of Awareness piece)” and “Without this awareness you participate in the racism.” The General theme refers to how the participants considered an awareness of White privilege as being an essential part of their definition of multicultural competence. This theme was discussed by every participant. All participants felt that in order to be multiculturally competent, you must be aware of White privilege. For example:

It’s part of being educated. It’s part of knowing about it as a therapist. They haven’t finished the chapter on multiculturalism if they haven’t figured out that there is such a thing as White privilege. It’s integral. You can’t just have one without the other. In other countries they may have some other kind of privilege. I just think that it’s essential. You have to know that it exists. It’s just too closely tied to the prejudice and bias, so this is clearly my bias.

The second theme, “Without this awareness you participate in the racism,” was a Variant theme as it was mentioned by four participants. These participants said that if a counselor is not aware of White privilege they may be less effective in their ability to help clients from ethnic minority populations because they are not working towards eliminating racism. For example:

I think without that interrogation that something really significant is being missed and it can make, for a majority of White counselors, it can put them into a place of otherness, without ever having to turn the lens on themselves and say, “I need to look at how I am contributing” and I think that is a fairly critical thing.

Next Steps to Further Enhancing Self-Awareness of White Privilege

The “Next steps to further enhancing self-awareness of White privilege” category included three themes: Needs to be a continued/on-going process, Self-examination of professional role, and Continued education/reading more. Seven participants discussed the General theme of how further enhancement of their self-awareness of White privilege “Needs to be continued/on-going process.” One participant said:

I think it’s a life-long process. I think I need to just continue exploring ways to minimize my own White privilege and getting more involved and more active and learning more about it. I’m sure I have a lot to learn about it and that there is a lot ways to learn about how I, as a White person, benefit from it. “Self examination of professional role” was another Variant theme discussed by four participants. These participants mentioned they want to continue working in environments were discussions about racial issues are welcomed. One participant said:

I feel very fortunate right now that I am in a place that I have good people around me and I am in the midst of a job search and trying to think of how to keep this going. I’ve been fortunate enough so far and maybe I should trust that I will continue and I really truly hope I do situate myself in environments where I can continue the exploration. It would be bad if I got to a setting where, it would be sad and a loss on more of a spiritual level if I disconnected from this or found myself months into a job or wherever and realize that I am not talking about this much. It’s not like I talk about this day in and day out, but it’s pretty important to me. It’s something that is on my radar more often than not. I try to keep it there. Trying to sustain a connection to really be able to...for me it’s about being connected to people and to people who are both racial and ethnic minorities as well as White allies and anti-racist allies. People who think that is a really important part of their identity and who they are.

The Variant theme of “Continued education/reading more” was mentioned by three participants. For example: “I would like to read more about it. I’ve had lots of discussions and I’ve had that one class. Yeah, I’d like to read more.”

Suggestions to Increase Trainees’ Awareness of White Privilege in Training Programs

The “Suggestions to increase trainees’ awareness of White privilege in training programs” category refers to what the participant thinks would be helpful for training programs to focus on in order to ensure that students understand the concept of White privilege. Five themes emerged: Infuse/increase the focus on White Privilege/multicultural issues throughout training, Create a safe and supportive environment, Immersion/exposure/experiential focus, Self-reflection/think critically, and Expand focus of White privilege to include other forms of oppression). Seven participants described the General theme that training programs should “Infuse/increase the focus on White privilege/multicultural issues throughout training.” These participants indicated that one multicultural counseling course was not enough and that White privilege should be discussed in all courses. For example:

I think it needs to be more than a multicultural class by a long shot. As I told you, there was no training about that whatsoever back when I was in training. In fact it wasn’t considered a factor. I always thought it was because of my political beliefs I tried to take culture into consideration but they thought I was crazy. That was not a popular stance. I think it needs to be a part of everything. Basically what we study is White psychology and making assumptions about White privilege like everybody’s the same, everybody gets treated the same, which is not true. And that there are differences in a lot of things and there are things that we don’t even know about.

Creating a safe and supportive environment in training programs was a Variant theme discussed by four participants. Some of these participants mentioned that in order to discuss White privilege, White trainees need to feel safe enough to discuss this difficult topic. One participant said:

I think that you have to create a safe space to be able to do that because if you are going to challenge somebody and they are not seeing something. That can't become a defensive, attacking environment. And so it's got to happen in a way that the person can hear it and change because otherwise they are just going hold down and why change. Just finding out creative ways that you can help people change, but still in a safe place or otherwise they aren't going to change, but being very thoughtful.

The Variant theme "Immersion/exposure/experiential focus" was mentioned by three participants as being important to include in training programs. These participants felt that trainees would benefit from an experiential approach because these experiences lead to greater learning. One participant said: "Institute immersion experiences and things that are really going to get you out there and make you think."

Two participants provided the Variant theme that training programs should help trainees self-reflect and think critically. These participants felt that learning about the concept of White privilege was not enough. For example: "There's a self-reflective process that can't be taught. And so for me the journals and kind of the reaction papers and kind of forcing yourself to kind of think about it. And it really needs to be addressed. It can't just be more of the traditional, multiple choice kind of class. It needs to be more reflective."

Two participants said it was important to "Expand the focus of White privilege to include other forms of oppression." Participants who discussed this

variant theme indicated that the main focus of multicultural counseling courses is race and ethnicity. They felt it necessary to include other forms of oppression when learning about White privilege. For example:

I would like to see just a little more expansive views of White privilege. I guess I would like to see it talked about in terms of a broader paradigm than what is typically brought up in our field, which feels like the emphasis is still on more of the ethnicity and race. And then shifting to more intersections of identity which are more salient for people than their ethnicity or race and seeing how these interlocking oppressions are coming into play for people instead of separating them out. And I wish we talked more about it in terms of interlocking oppressions.

Emotional Reaction Related to Awareness of White Privilege

The “Emotional reaction related to awareness of White privilege” category refers to the emotional reactions of participants and how this may have led to a greater awareness of White privilege. The category included two themes: “Negative emotions” and “Positive emotions related to feeling their awareness of White privilege had a positive effect with a client.” The Negative Emotions theme also had three subthemes: Humbled/guilty in critiquing their own knowledge of multicultural issues, Upset/angry sad/wanting to defend those who are treated unjustly, and Worried/afraid of doing something wrong with/around ethnic minorities. The General subtheme, “Humbled/guilty in critiquing their own knowledge of multicultural issues,” in the “Negative emotions” theme was discussed by seven participants. Many participants felt guilty for not being aware of White privilege, particularly because they recognized the negative effect it had on treatment. One participant said:

That guilt thing comes up again. Funny how that happens. And I think even more so in this situation because I am aware as a therapist in therapy I have

more power. That just felt like it exponentiated the White privilege and the race difference and I think that is why the guilt felt even more powerful in that situation. And probably some guilt around the whole White guilt piece of thinking about in a lot of ways my life has been easier and I haven't had to confront or deal with a lot of this. I've lived in primarily White areas and went to primarily White schools and still am doing that. So that is a different level of that guilt, but I also think it made me want to push my edges more and experience more and so push my comfort zone around race issues and immerse myself more in those different experiences so that I could get more of a feeling of what that was like.

“Upset/angry sad/wanting to defend those who are treated unjustly” was the Typical subtheme and was mentioned by six participants. Participants discussed how they felt badly for their ethnic minority clients. One participant said:

I felt frustrated hearing his experience and I felt I was really pissed off and I was really frustrated on his behalf hearing what he experienced and actually knowing that he was walking away from what could have been a helpful job in his career and understanding that he chose to leave although I wonder with what he was experiencing...I appreciated why he left and I think it wasn't a healthy environment and I was pretty mad, I was frustrated and I sad as well. This possible direction he could have gone in is limited because of the racism he was running into. Feeling pretty ticked off that whoever this boss was hadn't figured some things out and was taking some things out on this guy, the way he was.

The other Typical subtheme “Worried/afraid of doing something wrong with/around ethnic minorities” was mentioned by four participants. Participants who discussed this indicated that they were fearful that clients would not want a White therapist. For example: “Initially I was worried that maybe she would lump me into the group of folks, like the White folks...like she wouldn't...I remember being worried that maybe she doesn't want to work with me, maybe she thinks I'm not going to understand her.”

The positive emotions often included feelings related to understanding White privilege and incorporating this awareness into interventions. One participant out of four who discussed the positive emotions related to feeling their awareness of White privilege had a positive effect with a client said:

Me as a clinician, here's a moment where I'm really excited again and I think I'm excited because I'm starting to get it. From that first experience that I talked to you about, that was earlier in my training, and now I'm feeling like, "Hey, I'm starting to get this." And for me I was really, I don't know if proud is the right word, but I was pleased that I was able to bring this up as quickly as I was able to because that first session I was shaking in my shoes thinking, "I read about him in textbooks, but how's this going to come off?"

Summary

Participants' transcripts were initially sorted into 19 domains. Based on the cross-analysis of the nine participants' core ideas in these domains, 13 categories were derived. This chapter described the categories and themes that developed from the research questions. The number of participants in each category and theme were included, along with examples of participants' responses to further illustrate the essence of the data. The results included definitions of White privilege and multicultural counseling competence and the importance of being aware of White privilege as it relates to multicultural competency; how White counselors became aware of White privilege and privilege in general through life experiences and graduate training; how an awareness of privilege impacts their counseling, and suggestions to increase awareness of White privilege.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

This purpose of this study was to explore White therapists' experience with, and understanding of White privilege and the relationship between White privilege and multicultural competency. More specifically, the study investigated the awareness of White privilege among White counselors, the perceived impact of this awareness on the counselors' work with clients, and to what degree they saw White privilege as a multicultural competency. The following research questions were addressed:

1. What is the level of awareness of White privilege among counselors?
2. What is the impact of counselors' awareness of White privilege in counseling?
3. How do counselors see White privilege as being a multicultural competency?
4. What has been helpful and what could be helpful in addressing White privilege in training programs?

In order to efficiently discuss the themes that emerged within the 13 categories of the data the following overarching themes will be used to organize the discussion. First there will be a discussion of the themes related to the definitions of White privilege, multicultural counseling competence, and the importance of being aware of White privilege as it relates to multicultural competency. Second, there will be an analysis of how these White counselors became aware of White privilege, and

privilege in general, through life experiences and graduate training. Third there will be a discussion of the themes related to how an awareness of privilege impacts their counseling, both in terms of sociocultural conceptualizations and interventions. Finally, participant suggestions on how to increase awareness of White privilege both for themselves and current trainees will be discussed.

This study was needed because a majority of counseling psychologists are of White descent, but much of the counseling training literature has ignored the concept of White privilege. Multicultural counseling competence literature has focused predominantly on the knowledge of minority groups and their experiences in therapy. More research is needed on how the self-awareness aspect of multicultural counseling competency might be related to effective counseling. Therefore, the present study explores White counselor awareness of White privilege and how White privilege fits into their assessment of their multicultural competencies with clients. The discussion begins with an interpretation of the findings and is followed by the directions for future research. Next, the implications for Counseling Psychology are addressed. Finally, the limitations of the study are presented.

Findings and Interpretations

Definitions of White Privilege and Multicultural Competence

Definitions of White privilege. Every participant included “advantages” in their definition of White privilege, which was also included in definitions developed by McIntosh (1988), Wise (2002), and Pinterits (2004). Some of the participant responses also indicated that the advantages could be unconscious, include the power

to make rules, and create disadvantages for non-Whites. McIntosh (1988) and Wise (2002) both stressed White privilege is an unconscious process, while Wildman and Davis (2002) concluded privilege is rarely recognized by those receiving the benefits. Pinterits (2004) did not explicitly state that the advantages that Whites have are unconscious, but did include that White privilege leads to a “sense of entitlement.”

None of the already established definitions of White privilege included a statement about Whites having the power to make rules, but Pinterits (2004) indicated that White privilege leads to “both material and societal dominance by whites over people of color.” Although the power to make rules may be implied in the remaining definitions, it is interesting that this is not clearly stated. This may be a concept that needs to be included in future definitions of White privilege.

Again, none of the current definitions overtly discuss how White privilege creates disadvantages for non-Whites. Pinterits (2004) statement about dominance by Whites over people of color suggests non-Whites are at a disadvantage, but maybe this act of “power over” should be more clearly acknowledged. It may be possible that those who understand the concept of White privilege are aware that it causes disadvantages for non-Whites (as opposed to just advantages for Whites), but it may be helpful to be more specific for those who are being introduced to the term for the first time.

Definitions of multicultural competence. Awareness of worldviews (including one’s own), knowledge about groups (including one’s own), skills to implementing culturally sensitive treatment, not making assumptions/ generalizations when

examining client's culture, and being respectful/accepting/open-minded were all themes in the "Definitions of multicultural competence" category. Participants in this study supported Sue et al.'s (1982) conceptualization of multicultural competence. Many of the participants indicated that knowledge, awareness, and skills were an integral part of being multiculturally competent. Specifically, participants thought that not making assumptions/generalizations when examining a client's culture should be included in the definition. Although this may be implied in Sue et al.'s initial definition, the current study highlights the need for counselors to be aware of their own worldview biases. Participants also included being respectful, accepting, and open-minded as aspects of the multicultural competency definition. While these virtues may be implied in current definitions of multicultural competency, they may need to be explicitly stated as a fourth category so that counselors are aware of the characteristics necessary to provide culturally sensitive treatments.

Awareness of White privilege as a multicultural competency. Two themes emerged from the "Awareness of White privilege as a multicultural competency category: 1) *Must* have an awareness of White Privilege in order to be multicultural competent (part of Awareness piece) and 2) without this awareness you participate in the racism. Prior research and conceptualization of multicultural competence has not directly included an awareness of White privilege. Participants in the current study thought that counselors must be aware of White privilege in order to be considered multiculturally competent. These results suggest that an awareness of White privilege should be included in the definition of multicultural competence, or at the very least,

emphasized as being an important component. Participants also pointed out that if counselors are not aware of White privilege, they are participating in the racism inherent in the privilege. Ancis and Szymanski (2001) found that some participants in their study were unaware of White privilege, while others were aware of the concept but were unwilling to relinquish their privilege. This shows the need for more of a focus on self-awareness because counselors, who are unaware of White privilege or unwilling to relinquish their privilege, may be harming clients from ethnic minority populations by providing a similar negative experience (i.e. discounting racism) in session that the client has repeatedly experienced outside of session.

How Awareness of Privilege Develops

Observing racism targeted at ethnic minorities/friends/acquaintances. Life experiences with persons from ethnic minority populations impacted the participants' awareness of White privilege. Participant responses in this theme included recognizing that ethnic minorities (friends/acquaintances) were treated differently because of their skin color and observing other forms of oppression targeted at the friends/acquaintances belonging to various oppressed/minority groups. It is interesting that participants' in this study found life experiences of observing oppression of any sort (not just racism) helped them more easily identify the dynamics of privilege and oppression, which ultimately allowed them to acknowledge examples of White privilege more readily.

The findings this study suggest that life experiences in which acts of oppression are observed can help counselors better understand White privilege.

However multicultural training activities were also needed to help the counselors process these previous experiences in a meaningful way.

Training experiences working with persons from ethnic minority populations.

Participants discussed their training experiences with clients from ethnic minority populations. There was some variation in the amount of training experiences working with a variety of ethnic minority populations, with the majority feeling they received a strong level of experience during their training, and the rest perceiving they had gained this experience over time. Pope-Davis et al. (1995) found that multicultural client hours contributed to Counseling Psychology students identifying themselves as more multiculturally competent than Clinical Psychology students.

This study, and those discussed above, suggests that more experiences with clients from ethnic minority populations increases a trainee's awareness of White privilege. This is similar to the last theme in which life experiences increased awareness of White privilege. It appears that exposure to others from different cultures can positively affect a counselor's multicultural competence.

Those participants that said they had limited training experiences with persons from ethnic minority populations said multicultural competence was not stressed in their program and they had limited opportunities to counsel clients from ethnic minority populations. This is consistent with the findings of Holcomb-McCoy and Myers (1999), Maxie et al. (2006), and Hays et al. (2007) who found that some trainees do not receive adequate training aimed at increasing multicultural competence.

Training experiences that increased awareness about White privilege. Six themes were found that identified training experiences that increased participants' awareness of White privilege: Reaction papers/reflective exercises, multicultural counseling course, practicum/working with clients from ethnic minority populations, discussions with colleagues/faculty, being taught how to treat/conceptualize people in their cultural context, and having learned from the experience of feeling devalued as a person of privilege in their multicultural counseling class. The pedagogy of reaction papers and reflective exercises as a way to increase multicultural competence recognizes that experiential activities in multicultural counseling courses and practica are necessary, but not sufficient, in increasing multicultural counseling competence. Hays et al. (2007) and Constantine (2002) found that activities such as multicultural case vignettes and experiential activities helped counselors become more self-aware and increased their knowledge of oppression. Brown et al. (1996) recommended that such activities as field experiences allow trainees to immerse themselves in cultures different than their own, also require reflecting on these experiences in small groups before discussing the issues with the entire class.

Participating in a multicultural counseling course has been found to be an important component that increases trainees' multicultural competence (Cates et al., 2007; Holcomb-McCoy & Myers, 1999; and Pope-Davis et al., 1995). Hayes et al. (2007) found that participants in their study felt trainees should have more than one multicultural class, while Cates et al. (2007) concluded a practicum with a multicultural infusion increased trainees' self-perceived multicultural competency.

Participants in the current study echoed the above research and supported the use of a multicultural counseling course as a way to increase multicultural competency, which hopefully addresses being aware of White privilege.

Participants also mentioned that practicum and work experiences with clients from ethnic minority populations increased their awareness of White privilege. This has also been supported in previous studies (Holcomb-McCoy & Myers, 1999 and Pope-Davis et al., 1995). This adds more evidence to the need for more contact with clients from ethnic minority populations, which can help trainees challenge their own prejudices, biases, and stereotypes while increasing their ability to address cultural issues in session. Results from the current study clearly suggests that the curriculum needs to provide ample opportunities and structures for the students to reflect on these experiences, rather than just assume that self-awareness will be enhanced by interacting with diverse populations.

Discussions with colleagues and faculty members were discussed by participants as another way to increase awareness of White privilege. These findings were supported by previous studies (Fuertes et al., 2002 and Hays et al., 2007). These discussions could serve as a way to model cultural sensitivity and narrow the gap between trainer and trainee, thus creating an atmosphere that invites discussions about difficult topics such as White privilege. Particularly when there is a diversity of opinion and demographics within a department there may be a greater opportunity for challenging each other's assumptions.

Participants in this study also identified “Being taught how to treat/conceptualize people in their cultural context” as a training experience that increased awareness about White privilege. A few participants indicated that they learned from the experience of feeling devalued as a person of privilege in their multicultural counseling class. Hayes et al. (2007) did conclude that supervisors need to create a safe environment in which privilege and oppression could be discussed. These two participants’ responses in this study suggest that they didn’t feel safe enough to discuss their privilege and possibly felt like a minority for the first time.

How Awareness of Privilege Impacts Counseling

How awareness of White privilege impacts their counseling with persons from ethnic minority populations. Seven themes were found that described “How awareness of White privilege impacts their counseling with persons from ethnic minority populations.” The themes included: Greater self-awareness about world view/biases, discussing differences in sessions, viewing clients in their unique cultural context (e.g. not stereotyping clients, awareness of within group differences), not judging the client, understanding and appreciating culture increases rapport, adjusting treatment approach (e.g. more advocacy, changing theory, addressing cultural context), and validating racism. This category was central to the current study because it highlights how being aware of White privilege can be integral to providing culturally sensitive counseling to clients from ethnic minority populations. Richardson and Molinaro (1996) found that being aware of one’s own worldview is important in appreciating the worldview of the client.

An awareness of White privilege was also found to impact the participants' ability to discuss differences in session. Maxie et al. (2006) found that counselors were more likely to discuss racial differences in session if they said training had influenced their decision to have such a discussion. Fuertes et al. (2002) stated it was necessary for future research to determine the process by which counselors learn how to integrate culturally sensitive interventions with the more traditional training, and how counselors adjust to clients that have different belief systems and worldviews. Hayes et al. (2007) studied how clients address cultural issues in session and found that the counselor participants felt they were not prepared to address power issues in counseling, mainly because they were not trained to do so. Such training is important as Thompson and Jenal's (1994) showed that when counselors did not address racial content in session, African-American women clients became more frustrated with their counselor. The current study, along with past research, shows how an awareness of White privilege can improve the counselor's ability to discuss racial issues in session.

Participants in this study found that being multiculturally competent helped them view clients in their unique sociocultural context (e.g. not stereotyping clients, awareness of within group differences). Similar results have been found in previous research (Fuertes et al., 2002; Pope-Davis et al., 2002; Thompson & Jenal, 1994; Want et al., 2004), although none of these studies directly related an awareness of White privilege with viewing clients in their unique sociocultural context. Instead, prior research indicated that being multiculturally competent helps counselors

understand clients' cultural context. The participants in this study may have made the unconscious connection between White privilege and an awareness of racism, thus leading them to better understand their client's sociocultural context.

Another response by participants in this study indicated that being aware of White privilege helped them not judge their client. Fuertes et al. 2006 found that as counselors' multicultural competence increased, clients perceived their counselor as more understanding, objective, and able to take their perspective. Brown et al. (1996) found that counselors who completed a multicultural counseling course were better able to psychologically accept racial differences, appreciate potential impact of racial attitudes on people of color, and exhibit less racist behaviors. Again, prior research has focused on multicultural competence as opposed to specifically addressing an awareness of White privilege. This study suggests that awareness of White privilege is a core multicultural competency, or at least a principle around which other competencies are organized.

Participants mentioned that being aware of White privilege helps them understand and appreciate culture, which increases rapport. Knowledge is one component of knowledge, awareness, and skills as proposed by Sue et al. (1982) as being important to developing rapport. The current study indicates that being aware of White privilege helps motivate counselors to gain knowledge about the experiences of other cultures, thus creating a safe environment for clients to discuss cultural concerns.

Participants in this study indicated that they adjusted their treatment approach due to being aware of White privilege. Fuertes et al. (2002) found similar results. The authors concluded that counselors discussed race-related issues in counseling, which can be seen as an adjustment in treatment. Pope-Davis et al. (2002) suggested that multicultural counseling is preferred by clients and that counselor training can be enhanced by an emphasis on accurate assessment of clients' needs and cultural experiences. The current study and prior research indicates that treatment approaches for clients from ethnic minority populations need to consider cultural context, with an awareness of White privilege helping counselors recognize this need.

Being aware of White privilege can help counselors validate clients' experiences with racism. Prior research has not made this connection directly, although it can be surmised that being multiculturally competent can help therapists address how client experiences with racism are part of the sociocultural context for the client. Hopefully, this focus leads the therapist to validate the client's experience with racism. This validation might improve the therapeutic alliance, and possibly increase the clients' understanding of how relational and environmental elements impact their presenting concern(s).

Lack of awareness of White privilege negatively affected work with clients.

Four themes were included in the "Lack of awareness of White privilege negatively affected work with clients" category: Made assumptions and generalizations about client, lacked awareness of important client information, experienced difficulty in the therapeutic relationship, and difficulty discussing racial issues with client.

Participants discussed the difficulties they had with clients before they became aware of White privilege. Knox and Bukard (2004) found similar results. They concluded color-blindness, similar to being unaware of White privilege, may influence the attributions therapists make in counseling. Other studies have addressed White counselor self-awareness and how this can lead to culturally insensitive treatment (Richardson and Molinaro, 1996; Brown et al., 1996). Pope-Davis et al. (2002) indicated that some clients from ethnic minority populations confronted their counselor about inaccurate cultural assumptions. The current study suggests that not being aware of White privilege might allow counselors to hold unchallenged stereotypes, which could impede client progress in therapy

Not being aware of White privilege can also contribute to counselors missing important client information. Pope-Davis et al. (2002) found termination was a direct result of a lack of cultural understanding with several of the clients when the counselor was White and the client was from an ethnic minority population. In addition, the authors indicated that some clients from ethnic minority populations educated their counselor about their cultural beliefs. The participants in the current study pointed out how not being aware of White privilege can lead to an inaccurate client conceptualization, which may harm the client and/or make it difficult for the counselor to help the client achieve their therapeutic goals.

Experiencing difficulty in the therapeutic relationship can be a result of not being aware of White privilege. Fuertes et al. (2002) reported counselors found discussing race and race differences in the first two sessions was an important step in

creating a trusting therapeutic relationship. The results from this study suggest that not being aware of White privilege can negatively affect the therapeutic relationship. The therapeutic relationship has been shown to be a major factor in the outcome of therapy. Therefore, it is important for White counselors to understand White privilege and incorporate this awareness into their conceptualization of clients from ethnic minority populations.

Participants in this study indicated that not being aware of White privilege can lead to difficulty discussing racial issues with clients. Prior research has noted the likelihood of discussing racial issues in counseling is impacted by level of multicultural competence of the counselor (Fuertes et al., 2002; Maxie et al., 2006), while Thompson and Jenal (1994) concluded client's comfort level with discussing racial issues depends on the reactions of the counselor. This study's results show that discussing racial issues in counseling can be difficult if a White counselor is not aware of White privilege. Richardson and Molinaro (1996) suggested that White counselors must be aware of their own cultural values and how they may intervene solely from their own value system. It appears participants in this study had times when it was difficult to recognize how their own value system made it difficult for them to discuss racial issues with clients from ethnic minority populations.

How awareness of White privilege impacts counseling with majority clients.

Three themes emerged from the "How awareness of White privilege impacts counseling with majority clients" category: Having negative reactions makes counseling more challenging, addressing privilege with clients, and race and identity

are part of all client conceptualizations. Prior research has rarely addressed the issue of how an awareness of White privilege impacts counseling with majority clients. Participants in the current study addressed how their awareness of White privilege can lead to negative reactions to White clients, thus making it more difficult to help their clients. Summerson (1997) and Boyce (2002) found White clients identified that the similarity of attitudes and beliefs was the most important characteristic of counselors. If counselors are aware of White privilege and clients are not, this may be considered a dissimilar attitude and belief that may rupture the therapeutic relationship if not handled well.

Being aware of White privilege can lead to counselors addressing privilege with clients. Prior research has not focused on this dynamic. The current study shows how some participants believed that addressing privilege with White clients can be important. It was not clear from the participants' remarks if they would intervene in this manner unless the client's presenting concerns were influenced by being unaware of their privilege. Given the results by Ancis and Szymanski (2001), which indicate that 33% of their Master's level therapist participants were unaware of White privilege, it can be assumed that many White clients are also unaware. This suggests that if counselors are unaware of White privilege, they may not address important aspects of the client's presenting problem and not provide a multiculturally competent service.

Including race and identity in White client's conceptualization can also be impacted by a counselor's awareness of White privilege. Prior research has mainly

focused on conceptualizing clients from ethnic minority populations, with some studies investigating the importance White clients place on addressing cultural issues in counseling. Participants in this study felt it was important to consider these variables consistently with all clients.

How awareness of White privilege impacts their counseling with clients representing other forms of diversity. Having awareness of privilege/power related to other forms of diversity and addressing this awareness within their counselor role were the two themes that were found in the “How awareness of White privilege impacts their counseling with clients representing other forms of diversity” category. The first theme also included four subthemes: Heterosexual privilege, Christian privilege/religious diversity, ableism/disability issues, and sexism/male privilege. Participants in the current study indicated that having an awareness of White privilege impacted their awareness of other forms of oppression. Prior research has not focused on how an awareness of White privilege may be related to an awareness of other forms oppression. Hayes et al. (2007) concluded addressing privilege and oppression in training led to an increased self-awareness and knowledge of all types of oppression. The authors suggested that training programs acknowledge other types of diversity other than race and ethnicity. The results in the current study suggest that being aware of White privilege can help counselors understand other forms of oppression, thus providing a better service to clients who experience such oppression.

Emotional reaction related to awareness of White privilege. There were both negative emotions and positive emotions associated with participants’ awareness of

White privilege. The Negative Emotions theme had three subthemes: Humbled/guilty in critiquing their own knowledge of multicultural issues, upset/angry sad/wanting to defend those who are treated unjustly, and worried/afraid of doing something wrong with/around ethnic minorities. Prior research has not focused on counselors' emotional reactions related to awareness of White privilege. Ancis and Szymanski (2001) asked their participants to offer affective, cognitive, and/or behavioral reactions to Peggy McIntosh's article on White privilege. Some of the reactions in the theme, Higher Order Awareness and Commitment to Action, included: understanding of the pervasiveness of privilege, understanding of majority's resistance to change, understanding of the effects of privilege on people of color, and moved to act or initiated action. The participants in the current study had similar responses, but also felt humbled and guilty for not being aware of some multicultural issues. It appears once participants in the current study became aware of White privilege, they had empathy for clients from ethnic minority populations.

Participants in the current study also noted that they felt good about how their awareness of White privilege had a positive effect on their work with a client from an ethnic minority population. The counselor gained confidence in their ability to treat clients from ethnic minority populations while also gaining self-awareness of themselves as a cultural being. These results show the need for more of a focus on White privilege in training programs due to the possibility for growth in White therapists, thus leading to a safe environment for clients from ethnic minority populations to meet their treatment goals.

Suggestions for the Future

Next steps to further enhancing self-awareness of White privilege. The participants' responses in the "Next steps to further enhancing self-awareness of White privilege" category yielded three themes: Needs to be a continued/on-going process, self-examination of professional role, and continued education/reading more. Prior research has not focused on how counselors can continue to learn about White privilege. Participants in the current study indicated that the process never ends and that it includes self-examination and continued education. The United States is become more diverse and White privilege will continue to negatively impact the field of psychology, unless training programs infuse multicultural issues into the entire curriculum. Furthermore, Richardson and Molinaro (1996), pointed out the cultural values of Whites often conflict with the values of many clients. The authors concluded White counselors must be aware of their own cultural values and how they may intervene solely from their own value system. It is important for White counselors to take the necessary steps to ensure that they are aware of their worldview and the worldview of their client. This process should also include a focus on understanding White privilege.

Suggestions to increase trainees' awareness of White privilege in training programs. Five themes were found in the "Suggestions to increase trainees' awareness of White privilege in training programs" category: Infuse/increase the focus on White Privilege/multicultural issues throughout training, create a safe and supportive environment, immersion/exposure/experiential focus, self-reflection/think

critically, and expanding the focus of White privilege to include other forms of oppression. Suggestions for how to increase multicultural competence of trainees have been discussed by many researchers (Fuertes et al, 2006; Hansen et al., 2006; Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1995), but how to increase awareness of White privilege has not been specifically addressed. As stated above, participants in this study indicated that in order to be multiculturally competent, one must be aware of White privilege. Hayes et al. (2007) highlighted the need for instructors to create a safe environment where White trainees can explore their own biases and prejudices, thus being able to challenge their beliefs and gain a better awareness of how they have inherent privilege based on their skin color. Hayes et al. also concluded that trainees want to discuss other forms of privilege and oppression, which can help them better understand the experience of clients from ethnic minority populations and clients representing other forms of diversity.

Implications for Training Curriculum on Increasing an Awareness of White Privilege

Of the 13 major categories, there were four that appeared most prominent: How awareness of White privilege impacts their counseling with persons from ethnic minority populations, how awareness of White privilege impacts their counseling with clients representing other forms of diversity, definitions of multicultural competence, and awareness of White privilege as a multicultural competency. These categories stood out because they provided information that supports the need for training programs to include White privilege in their curriculum. The participants discussed how being aware of White privilege helped in their work with clients from

ethnic minority populations and clients representing other forms of diversity. They also indicated that counselors cannot be multiculturally competent without being aware of White privilege. Therefore, if being multiculturally competent includes being aware of White privilege and being aware of White privilege positively effects counselors work with clients from ethnic minority populations and clients representing other forms of diversity, it can be concluded that it is necessary for counselors to be aware of White privilege so that they can provide a culturally sensitive treatment to all clients.

Since counseling psychology has identified multicultural counseling as the 4th force in psychology (Pederson, 1991), it is important to use the findings in this study to continue refining how trainees are taught to be multiculturally competent. Many researchers have shown that cultural bias is inherent within the counseling process and this often leads to persons from ethnic minority populations underutilizing services (Atkinson, Morten, & Sue, 1998; LaFromboise, Coleman, & Hernandez, 1991; Sadowsky, Gaffe, Gutkin, & Wise, 1994; Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttall, 1982). The results from this study can help refine this endeavor while improving upon the ways in which multicultural competency is taught to trainees.

In addition, the results from this study show the need for White counselors to be self-aware. Awareness is part of Sue et al.'s (1982) initial definition of multicultural competency and has been included in subsequent definitions (Ponterotto & Casas, 1987; Pope-Davis & Dings, 1995; Ridley, Baker, & Hill, 2001; Sue, 1998;

Sue et al., 1992). Participants in this study recognized the need for White counselors to be aware of their biases and prejudices, while being able to discuss this awareness in a safe environment. Richardson and Molinaro (1996) concluded that counselor training seldom explores the racial, ethnic, and cultural self-awareness of the counselor trainee, especially those who are White. Therefore, having White counselors focus more on their own biases, prejudices, and worldview is an important component for developing multicultural competence. Ancis and Szymanski's (2001) study adds evidence to this argument. The authors were surprised with the results, particularly finding that one third of their participants were unaware of White privilege. Hayes et al. (2007) commented that trainees want more of a focus on multicultural competency, including discussions about privilege. The current study provides some suggestions on how to implement these changes, but future research is also needed to help continue developing training that helps White counselors become aware of White privilege.

Directions for Future Research

More research needs to be done on White counselor awareness of White privilege. Given the dearth of information about counselor awareness of White privilege, this study employed a qualitative approach. More qualitative studies could be done to continue gathering information about how White counselors become aware of White privilege and quantitative research could focus on how to measure White counselor awareness of White privilege. Counseling psychology literature has focused on multicultural competence, but has not consistently included a focus on

awareness of White privilege. The United States continues to be diverse and White counselors are going to have more opportunities to work with clients from ethnic minority populations and other forms of diversity. Research should reflect this trend and focus on how to provide culturally sensitive treatment to all people.

For example, it may be helpful to observe White counselors in session with ethnic minority clients in order to determine if counselors who are aware of White privilege are better able to validate the clients' experience of racism as compared to counselors who have not demonstrated an awareness of White privilege. Prior research has not focused on this dynamic, but it seems to be a logical progression after the current study found counselors believe an awareness of White privilege positively affects the counseling relationship.

Future research also needs to focus on counselor awareness of self. This includes being aware of White privilege, but also being aware of other biases and prejudices that may impact the counseling relationship. It is important to recognize how trainee characteristics may play a role in their willingness to engage in self-reflection. More research should focus on how to create a safe, supportive environment for White counselors to effectively explore themselves and better understand how their own values and beliefs contribute to the success or failure of therapy.

Another area for future research is how to implement White privilege curriculum into training programs. This study shows the need for such curriculum, but many programs may not know how to infuse the information into all aspects of

training. Future research could focus on model training programs that discuss multicultural issues throughout the curriculum and continually train staff about cultural issues. It seems important to have faculty who are aware of issues like White privilege, particularly if they were trained prior to counseling psychology's focus on multicultural competency.

Limitations

The limitations of the study include issues pertaining to the researchers, social desirability, and the lack of male participants. The researchers involved had biases and expectations about White privilege and multicultural competency, as discussed in chapter 3. These biases and expectations may have affected the development of the themes, categories, and core ideas. The researchers may have wanted the data to support their biases and expectations about White privilege in order to support their belief that trainees and training programs need to place more of an emphasis on an awareness of White privilege.

In addition, participants may have assumed the researchers believed an awareness of White privilege was an important component of multicultural competency. This may have impacted the participants' answers because they wanted to appear unbiased or not racist. Thus, it is possible the participants' answers were affected by social desirability. The participants may have provided responses that made them appear sensitive to the experiences of persons from ethnic minority populations. An instrument measuring social desirability could have been given to participants to help determine their intentions. Future research may want to consider

administering such an instrument to see if participant responses are affected by social desirability.

Among the eight participants, only one was male. Given the nature of White privilege, not having more male participants may have affected the data. Female counselors already face oppression because of their gender, while male counselors may not understand what it is like to be oppressed. Had there been more White male participants, different themes might have emerged. Future studies may want to focus on interviewing more White male participants, which may provide more information about White counselor awareness of White privilege.

Conclusion

This qualitative study explored White counselor awareness of White privilege. The theoretical framework for multicultural counseling competencies Sue et al., 1982; Pedersen, 1988; McRae and Johnson, 1991; Arredondo and Glauner, 1992; Richardson and Molarino, 1996; Constantine, 2002 & Brown et al., 1996) has positioned self-awareness as an important component of multicultural competency, but failed to make an explicit connection to White privilege. The literature indicated that multicultural competency is needed in counseling psychology given how diverse the United States has become. According to the eight participants in this study, it appears that White privilege should be included in the definition of multicultural counseling competence. The underlying conclusion of the interview data in this research study is training programs should be teaching White counselors not only,

how to be more self-aware of their own biases and prejudices, but also to recognize their privilege and how to address this to clients' benefit.

APPENDICES

APPENDIX A

INFORMED CONSENT FOR RESEARCH

PRINCIPAL INVESTIGATOR: Michael Iezzi, MS

DESCRIPTION: The purpose of this research study is to examine the experiences of White counselors who have been identified by colleagues as being aware of White privilege. This study is limited to white mental health professionals who have been identified as being aware of White privilege. If you agree to participate, you will be asked to complete a short demographic form and take part in an interview. The interview questions will examine your awareness of White privilege and its efficacy in counseling. The questions will include personal examples, emotional reactions, personal assessments, and suggestions for future training. Your total time commitment would be approximately 1 hour.

CONFIDENTIALITY: If you choose to participate in the study, **your name will not be attached to any information you give other than this consent form.** The interview will be audiotaped and transcribed. In order to keep the information you provide confidential, you will be asked to provide a false name (pseudonym) and identifying information will be removed. The consent form, audiotapes, and transcripts will be kept in a locked file that is only accessible to Michael Iezzi, his advisor, Dr. Eve Adams, and the two other members of the research team. The tapes will be erased upon completion of the transcription. Any information published from this study will not identify you by name.

BENEFITS: The results of this study are intended to educate society about White counselors' awareness of White privilege and its impact on counseling.

RISKS: It is possible that in answering some of the questions you may recall unpleasant emotional experiences. If so you are free to discontinue the interview if you choose.

CONTACT PEOPLE: If you have any questions about this research, please contact my advisor, Eve Adams, an associate professor at New Mexico State University (505) 646-1142. If you have any questions about your rights as a research participant, please contact the Office of the Vice President for Research at New Mexico State University at (505) 646-2481.

VOLUNTARY NATURE OF PARTICIPATION: Your participation in this study is voluntary. If you do not wish to participate, or would like to end your participation at any time, you won't be treated any differently. In other words, you are free to make your own choice about being in this study or not, and may quit at any time without penalty. Throughout the interview you will be reminded of this fact.

SIGNATURE: Your signature on this consent form indicates that you fully understand the above study, what is being asked of you in this study, and that you are signing this voluntarily. If you have any questions about this study, please feel free to ask them at any time throughout this study.

Name of Participant

Signature of Participant

Date

Phone number (or other way to reach you if additional information is needed)

A copy of this consent form is available for you to keep. If you would like a copy of the results please provide an email or postal address below.

APPENDIX B

DEMOGRAPHIC INFORMATION

Ethnicity:

Gender:

Age:

Please list any other ways in which you self-identify:

Training: (Intern, licensed psychologist, clinical or counseling psychology). If a licensed psychologist, please include how many years you have been licensed.

Example: Counseling psychology intern or Clinical psychologist licensed for 10 years

Years of Counseling Experience:

Year in which you received (or will receive) your doctoral degree:

Percentage of counseling experience with clients from ethnic minority populations (please circle):

Currently	Entire Career
0-5%	0-5%
6-10%	6-10%
11-15%	11-15%
16-20%	16-20%
21% and above	21% and above

APPENDIX C

INTERVIEW QUESTIONS

1. Describe your experiences in working with persons from ethnic minority populations while in your training program.
2. How do you define White privilege?
3. Describe your experiences in learning about white privilege while in your training program.
4. Please, share a story of how you became aware of your own White privilege? 3a. How did this experience specifically transform your thinking about white privilege? 3b. What was your emotional reaction to this experience?
5. Please, share a story of how you became more aware of your White privilege in your work with a particular client. How did this experience specifically transform your thinking about racial issues in counseling? 3b. What was your emotional reaction to this experience?
6. Please share a story of how you used your awareness of your White privilege in your work with a particular client. What was your emotional reaction to this experience?
7. How has your awareness of White privilege affected your counseling with persons from ethnic minority populations?

- a. A general awareness of White privilege? Your awareness of your own White privilege? OR Your awareness of institutional racism? Your awareness of your own racism or worldview biases?
8. How has your awareness of White privilege affected your counseling with White clients? With clients representing other forms of diversity?
9. What is your definition of multicultural competence?
 - a. How is an awareness of White privilege related to this definition?
10. Give an example of how has (or how did) your lack of awareness of White privilege affect(ed) your work with clients? What was your emotional reaction to this experience?
11. As you reflect on what we have discussed in this interview, what is the next step you see yourself needing to do in this area?
12. How do you think trainees' awareness of White privilege should be addressed in training programs?

APPENDIX D

CATEGORIES, THEMES, AND SUBTHEMES

<u>Category/Theme/Subtheme</u>	<u>Variant</u>	<u>Typical</u>	<u>General</u>
Definitions of White privilege			
Advantages			X
<i>Unconscious</i>			X
<i>Power to make the rules</i>	X		
<i>Created disadvantages for non-Whites</i>	X		
Observing racism targeted at ethnic minorities/friends/acquaintances			
Recognized that ethnic minorities (friends/acquaintances) were treated differently because of their skin color		X	
Observing other forms of oppression targeted at the friends/acquaintances belonging to various oppressed/minority groups		X	
Training experiences working with persons from ethnic minority populations			
Training experiences working with a variety of ethnic minority populations		X	
Limited experience working with persons from ethnic minority populations	X		
Training experiences that increased awareness about White privilege			
Reaction papers/reflective exercises		X	
Multicultural counseling course		X	
Practicum/Working with clients from ethnic minority populations		X	
Discussions with colleagues/faculty		X	
Being taught how to treat/conceptualize people in their cultural context	X		
Learned from the experience of feeling devalued as a person of privilege in their multicultural counseling class	X		

How awareness of White privilege impacts their counseling with persons from ethnic minority populations

Greater self-awareness about world view/biases			X
Discussing differences in sessions			X
Viewing clients in their unique cultural context (e.g. awareness of within group differences)			X
Not judging the client		X	
Understanding and appreciating culture increases rapport		X	
Adjusting treatment approach (e.g. more advocacy, changing theory, addressing cultural contest)		X	
Validating racism	X		

How awareness of White privilege impacts counseling with majority clients

Having negative reactions makes counseling more challenging		X	
Addressing privilege with clients		X	
Race and identity are part of all client conceptualization		X	

How awareness of White privilege impacts their counseling with clients representing other forms of diversity

Having awareness of privilege/power related to other forms of diversity			X
<i>Heterosexual privilege</i>		X	
<i>Christian privilege/religious diversity</i>		X	
<i>Abelism/disability issues</i>	X		
<i>Sexism/male privilege</i>	X		
Address this awareness within their counselor role	X		

Lack of awareness of White privilege negatively affected work with clients

Made assumptions and generalizations about client		X	
Lacked awareness of important client information	X		
Experienced difficulty in the therapeutic relationship	X		
Difficulty discussing racial issues with client	X		

Definitions of multicultural competence

Awareness (understanding worldview, including one's own)		X
Knowledge about groups (including one's own)	X	
Skills to implementing culturally sensitive treatment	X	
Not making assumptions/ generalizations when examining client's culture	X	
Being respectful/accepting/open-minded	X	

Awareness of White privilege as a multicultural competency

<i>Must</i> have an awareness of White Privilege in order to be multicultural competent (part of Awareness piece)		X
Without this awareness you participate in the racism	X	

Next steps to further enhancing self-awareness of White privilege

Needs to be a continued/on-going process		X
Self-examination of professional role	X	
Continued education/reading more	X	

Suggestions to increase trainees' awareness of White privilege in training programs

Infuse/increase the focus on White Privilege/multicultural issues throughout training		X
Create a safe and supportive environment	X	
Immersion/exposure/experiential focus	X	
Self-reflection/think critically	X	
Expand focus of White privilege to include other forms of oppression	X	

Emotional reaction related to awareness of White privilege

Negative emotions		
<i>Humbled/guilty in critiquing their own knowledge of multicultural issues</i>		X

<i>Upset/angry sad/wanting to defend those who are treated unjustly</i>	X
<i>Worried/afraid of doing something wrong with/around ethnic minorities</i>	X
Positive Emotions	X

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