

Fall 12-2008

## **The Role of Racial Attitudes and Identity in Black Client-White Counselor Dyads**

Tara Michelle Ferguson  
*University of Southern Mississippi*

Follow this and additional works at: <https://aquila.usm.edu/dissertations>



Part of the [Counseling Psychology Commons](#), [Multicultural Psychology Commons](#), [Social Psychology Commons](#), and the [Theory and Philosophy Commons](#)

---

### **Recommended Citation**

Ferguson, Tara Michelle, "The Role of Racial Attitudes and Identity in Black Client-White Counselor Dyads" (2008). *Dissertations*. 1141.

<https://aquila.usm.edu/dissertations/1141>

This Dissertation is brought to you for free and open access by The Aquila Digital Community. It has been accepted for inclusion in Dissertations by an authorized administrator of The Aquila Digital Community. For more information, please contact [aquilastaff@usm.edu](mailto:aquilastaff@usm.edu).

The University of Southern Mississippi

THE ROLE OF RACIAL ATTITUDES AND IDENTITY IN  
BLACK CLIENT-WHITE COUNSELOR DYADS

by

Tara Michelle Ferguson

Abstract of a Dissertation  
Submitted to the office of Graduate Studies  
of The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

December 2008

**COPYRIGHT BY**  
**TARA MICHELLE FERGUSON**  
**2008**

The University of Southern Mississippi

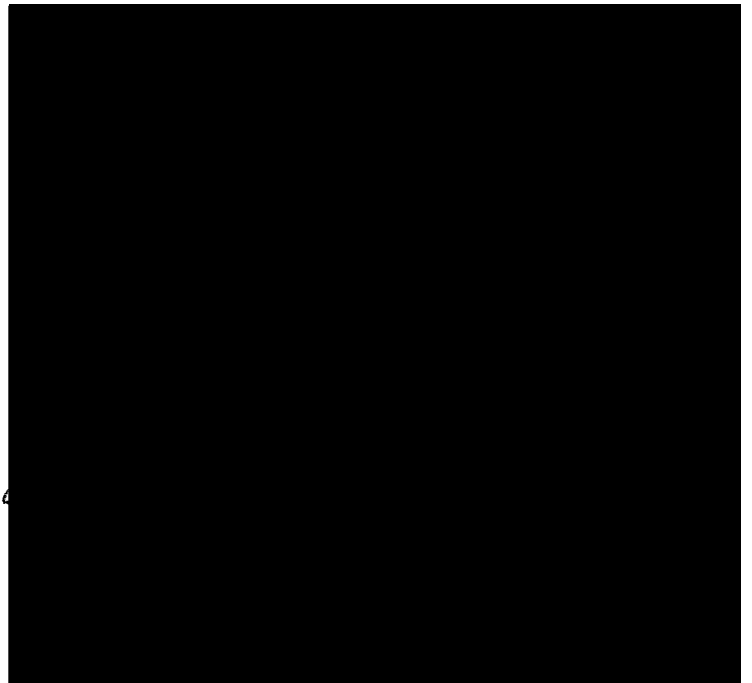
THE ROLE OF RACIAL ATTITUDES AND IDENTITY  
IN BLACK CLIENT-WHITE COUNSELOR DYADS

by

Tara Michelle Ferguson

A Dissertation  
Submitted to the Graduate Studies Office  
of The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

Approved:



December 2008

## ABSTRACT

### THE ROLE OF RACIAL ATTITUDES AND IDENTITY IN BLACK CLIENT-WHITE COUNSELOR DYADS

by

Tara Michelle Ferguson

December 2008

The therapeutic alliance has become an important area of investigation in the psychotherapy literature due to its demonstration of a moderate and consistent relationship with therapy outcomes. Some researchers have suggested that barriers to alliance formation may exist in cross-ethnic dyads due to different worldviews, race related socialization experiences, and racial attitudes. Although past research has indicated that racial identity and attitudes played a role in predicting various counseling processes, no studies in this area have examined their influence in actual counseling dyads. The purpose of the present study was to investigate the role of Black racial identity and attitude toward Whites, White racial attitudes, and the interaction of both members' racial attitudes on alliance ratings in 72 Black client-White counselor dyads. Results indicated that while a Black client's expectations for counseling success significantly predicted client alliance ratings, neither Black racial identity, the racial attitudes of counselors or clients, nor the interaction of the racial attitudes of both members were significant predictors of alliance ratings. Implications of these findings for theory, research, and practice of counseling in Black client-White counselor dyads are discussed.

TABLE OF CONTENTS

ABSTRACT ..... ii

LIST OF TABLES ..... iv

CHAPTER

I. INTRODUCTION AND LITERATURE REVIEW ..... 1

    Introduction

    Literature Review

    The Present Study

II. METHOD ..... 51

    Participants

    Instruments

    Procedure

    Research/Statistical Hypotheses

III. RESULTS ..... 68

    Preliminary Analysis

    Primary Analyses

IV. DISCUSSION ..... 81

    The Role of Client Racial Factors in the Alliance

    The Role of Counselor Racial Attitudes in the Alliance

    The Interaction Between Counselor and Client Racial Attitudes

    Limitations

APPENDIXES ..... 96

REFERENCES ..... 113

## LIST OF TABLES

Table

1.	Mean, Standard Deviation, and Range of Instruments Used: Entire Sample..68	
2.	Mean, Standard Deviation, and Range of Instruments Used: Clients Who Completed the Study (n = 72) .....	70
3.	Mean, Standard Deviation, and Range of Instruments Used: Clients Who Did Not Complete the Study (n = 56) .....	71
4.	Intercorrelations Among Client Variables (n = 72) .....	73
5.	Intercorrelations Among Counselor Variables (n = 42) .....	73
6.	Hierarchical Regression Using the CRIS to Predict Client Alliance Ratings .....	74
7.	Hierarchical Regression Using the JLS to Predict Client Alliance Ratings ...	75
8.	Hierarchical Regression Using the JLS to Predict Client Alliance Ratings Over and Above the CRIS .....	76
9.	Hierarchical Regression: The Interaction of the SR2K and the JLS in Predicting Client Alliance Ratings .....	78
10.	Hierarchical Regression: The Interaction of the CoBRAS and JLS in Predicting Client Alliance Ratings .....	79
11.	Hierarchical Regression: The Interaction of the SR2K and JLS in Predicting Counselor Alliance Ratings .....	80
12.	Hierarchical Regression: The Interaction of the CoBRAS and JLS in Predicting Counselor Alliance Ratings .....	80

## CHAPTER I

### INTRODUCTION AND LITERATURE REVIEW

#### Introduction

The therapeutic alliance has become an important area of investigation in the psychotherapy literature due to its robust relationship with therapeutic outcomes (Elkin, 1994; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). Because of its importance in predicting outcomes, recent studies have focused on factors that may affect formation of the alliance (Horvath, 1994, 2001). Some research suggests that the therapeutic alliance may be negatively affected in cross-ethnic dyads due to different worldviews, race-related socialization experiences, and racial attitudes (Bland & Kraft, 1998; Gelso & Mohr, 2001; Speight & Vera, 1997). The purpose of the present study was to investigate the influence of such racial factors in predicting the strength of the therapeutic alliance in Black client-White counselor dyads.

One racial factor that may influence counseling processes in Black client-White counselor dyads is the client's racial identity (Carter, 1995; Cross, 1995; Cross & Vandiver, 2001; Delphin & Rolluck, 1995; Helms & Carter, 1991; Parham & Helms, 1981). Black racial identity has been found to be related to counselor race preferences (Parham & Helms, 1981), attitudes toward counseling (Delphin & Rolluck, 1995), perceptions of analogue counseling dyads (Richardson & Helms, 1994), and ratings of counselor characteristics (Pomales, Claiborn, & LaFromboise, 1986). Thus, it is possible that racial identity may contribute to alliance formation as well. Another racial factor that may play a role in alliance formation with a White counselor is a Black client's attitudes



toward Whites in the larger context of society. Some attitudes that have been delineated in the literature are cultural mistrust (Terrell & Terrell, 1981), perceived discrimination (Pinel, 1999), anti-White hostility (Monteith & Spicer, 2000), and negative views toward interracial relationships (Johnson & Lecci, 2003). It is possible that these attitudes may generalize to the counseling relationship with a White counselor and affect formation of the alliance (Gelso & Mohr, 2001; Helms & Cook, 1999; Sue & Sue, 2003).

Likewise, White counselors' attitudes and beliefs regarding Black individuals in the larger context of society may play a role in alliance formation. White racial attitudes toward Blacks, such as those described by theories of symbolic racism (Sears & Kinder, 1971; Henry & Sears, 2002) and color-blind racial attitudes (Neville, Lilly, Duran, Lee, & Browne, 2000; Neville, Worthington, & Spanierman, 2001), may have implications for cross-ethnic therapy interactions between a White counselor and a Black client. For example, a counselor's attitudes towards Black individuals in the larger context of society may generalize to therapy and affect alliance formation with Black clients (Sue & Sue, 2003). The role of these attitudes, and the interaction between White counselors' and Black clients' racial attitudes in predicting alliance ratings, was investigated in the current study.

In summary, the present study investigated the role of racial factors in predicting alliance ratings in Black client-White counselor dyads. Specifically, the role of Black clients' racial identity and attitudes toward Whites and of White counselors' color-blind and symbolic racial attitudes were investigated in the current study. In addition, the interaction between White counselors' and Black clients' racial attitudes were examined.

## Literature Review

### *The Therapeutic Alliance*

The importance of the relationship between the client and counselor has traditionally been viewed as a vital element in psychotherapy. Many terms have been used to describe this relationship, such as working alliance, helping alliance, therapeutic bond, and therapeutic alliance, but all of the various terms refer to a pantheoretical factor that is thought to be a healing force in psychotherapy (Horvath & Luborsky, 1993). Taken together, the various conceptualizations of alliance in the literature today have three common themes: 1) collaboration between client and therapist; 2) an affective bond; and 3) agreement on goals and tasks of therapy (Martin, Garske, & Davis, 2000). This current definition of alliance is most easily understood in the context of its historical development. Thus, the following section will describe the evolution of the alliance concept from the early ideas of Freud (1912) to the pantheoretical conceptualizations of alliance that are most widely used today (Horvath, 2001).

*History of the Alliance.* The idea that the relationship between therapist and client is an important factor in therapy can be traced back to early psychoanalysis. Freud (1912) initially referred to this relationship as being composed of “positive transference” or the need for the client to attribute positive features to the therapist for the two to become allies against the client’s neurosis. He conceptualized the therapeutic relationship primarily as a transference relationship and focused on the client’s contribution. In his later writings, he began to acknowledge the collaborative nature of the “real relationship” between client and therapist. He recognized the importance of the therapist’s role in the

alliance and stressed the importance of showing interest and understanding. Such behaviors were thought to enlist the healthy part of the client's ego, enabling the formation of a positive attachment to the therapist that allows the client to receive the benefits of therapy (Freud, 1937). These ideas were the predecessor of the collaborative dimension of the alliance that is thought to be important today (Catty, 2004; Horvath & Luborsky, 1993).

Since the early ideas of Freud, many authors have recognized and expanded on the importance of the collaborative nature of the psychotherapy relationship. Zetzel (1956) first introduced the term *therapeutic alliance*, describing it as the oscillation between the transference and real aspects of the relationship that allows for effective transference interpretations. Later Greenson (1967) encouraged a conceptualization of the alliance that strayed from traditional psychodynamic ideas by introducing the goal- and task-oriented aspects of the alliance. He coined the term *working alliance*, emphasizing the rational aspects of the relationship that enable the client to work purposefully in treatment. Other dimensions of the alliance were contributed by Rogers (1951, 1957), who believed that client change was contingent upon several therapist created core conditions such as congruence, unconditional positive regard, and empathy. Although these ideas reduced the slanted focus on the client's contribution that was encouraged by psychodynamic perspective, the interactive nature of the alliance was not yet fully understood at this time.

*Current Conceptualizations of Alliance.* Partially due to gathering momentum toward theoretical integration, pantheoretical conceptualizations of alliance have become popular

in psychotherapy research today (Horvath, 2001). Pantheoretical ideas were popularized by Bordin's (1979, 1980, 1994) integrative framework of alliance that is composed of contributions from psychodynamic, humanistic, cognitive, and behavioral approaches. He proposed these ideas in part because he saw the need for a conceptualization of the alliance that would apply across different counseling approaches. His ideas are also composed of both relational and goal-oriented elements, with an emphasis on "fit" and collaboration between the therapist and client (Horvath, 2001).

Bordin (1994) defined the alliance as "the ingredient that makes it possible for the patient to accept and follow treatment faithfully" (p. 16). He believed that the alliance made it possible for a client's maladaptive interpersonal patterns to make their way into the therapeutic relationship without damaging it and that a strong alliance also creates a safe environment in which the client can try out new ways of thinking and feeling. In addition to this overall purpose of the alliance, he conceptualized it as being composed of three elements: 1) Tasks – the degree of mutual participation in in-session events that form the actual counseling processes and enable the client and counselor to work together toward agreed upon goals. In strong alliances, both parties see these tasks as relevant and productive; 2) Goals – the mutual endorsement and valuing of agreed upon outcomes of therapy; and 3) Bonds – the mutual attachment between client and counselor that serves to establish an environment of safety, trust, and confidence. All three components in combination define the overall strength and quality of the alliance. One of the defining characteristics of Bordin's theories on alliance is that each of these elements is defined

according to the degree of *mutual* agreement on, valuing of, and participation in the tasks, goals, and bond dimensions (Bordin, 1980).

There are many measures available by which to assess the alliance. Some of the first instruments to operationalize the alliance concept were the Pennsylvania Scales. These scales are composed of a group of instruments, collectively referred to as the Penn scales, created to reflect Luborsky's (1984) psychodynamic conceptualizations of the alliance (e.g., Helping Alliance Counting Signs method; Luborsky, 1976; Penn Helping Alliance Rating Method; Luborsky, Crits-Christoph, Alexander, Margolis, & Cohen, 1983; Helping Alliance Questionnaire Method; Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985). The Penn Scales were among the earliest measures of the alliance and thus helped to contribute to the operationalization of the construct (Martin, Garske, & Davis, 2000). However, by focusing only on psychodynamic conceptualizations of the alliance construct, these scales are limited in their applicability to the various theoretical orientations that are used by clinicians today.

Most of the available measures of the alliance are based on a combination of psychodynamic and integrative conceptualizations of the alliance (Vanderbilt Psychotherapy Process Scale; Gomes-Schwartz, 1978; Vanderbilt Therapeutic Alliance Scale; Hartley & Strupp, 1983; California Psychotherapy Alliance Scales; Marmar, Gaston, Gallagher, & Thompson, 1989; Therapeutic Alliance Rating Scale; Marziali, 1984). These measures still partially reflect the transference aspects of the alliance but attempt to embody Bordin's (1979, 1994) ideas about the goals and tasks dimensions of alliance as well. The only measure to reflect solely integrative conceptualizations of the

alliance is the Working Alliance Inventory (WAI; Horvath & Greenberg, 1986). This instrument is based primarily on Bordin's (1979) integrative model of the alliance; thus, it measures bonds, tasks, and goals. This instrument was created in response to the need for a measure that could be used across a wide range of therapeutic approaches, which would fit the needs of therapists working from integrative perspectives, and would correspond to current ideas of the alliance as a common factor across therapies (Horvath & Greenberg, 1986). The WAI has been the most commonly used alliance measure in the literature, probably because of its versatility across diverse therapy approaches, and has demonstrated the largest effect sizes in meta-analyses of the relationship between alliance and therapy outcomes (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). Thus, although other available scales possess adequate reliability and demonstrate significant relationships with therapy outcomes, the WAI has been recommended as the most suitable instrument for use in research and practice today (Martin, Garske, & Davis, 2000).

*The Importance of the Alliance.* In recent years, interest in the therapeutic alliance has increased due to findings of several meta-analyses indicating that different types of therapy may produce similar levels of effectiveness (Wampold, 2001). In the first meta-analysis of psychotherapy outcomes, Smith and Glass (1977) addressed the question of differential effectiveness of various treatment approaches by comparing outcomes across 10 different types of therapy. The authors found negligible differences in effectiveness (effect sizes of .02-.07) and concluded that all types of therapies facilitate similar levels of client improvement. Since the findings of Smith and Glass (1977), several meta-

analyses have been conducted to further investigate this issue (e.g., Lambert & Bergin, 1994; Smith, Glass, & Miller, 1980; Wampold, Mondin, Moody, Stich, Benson, & Ahn, 1997) and these studies have similarly concluded that different forms of therapies yield similar levels of effectiveness. These findings have led to the search for common factors across therapies that may be responsible for facilitating therapeutic change (Frank, 1961; Frank & Frank, 1991).

The therapeutic alliance has emerged as an important common factor and has even been acclaimed by some authors as being more important than the type of treatment received (Martin, Garske, & Davis, 2000). In fact, over 1,000 empirical studies have been performed on the topic of alliance (Orlinsky, Grawe, & Parks, 1994) and meta-analyses have consistently found the alliance to have a moderate relationship with therapeutic outcomes (Horvath, 2001; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). Horvath and Symonds (1991) conducted the first meta-analysis of studies examining the alliance-outcome relationship. The researchers aggregated the results of 24 studies on the relationship between the alliance and treatment outcomes and found an overall effect size of .26, indicating the importance of alliance in predicting therapeutic outcomes (Horvath & Symonds, 1991). More recent meta-analyses conducted to provide an updated review of studies have found effect sizes of .21 (Horvath, 2001) and .22; (Martin, Garske, & Davis, 2000). Studies have also indicated that the strength of the relationship between the alliance and therapy outcomes remains moderate and consistent regardless of other factors that have been thought to affect this relationship, such as type of outcome measure, type of alliance rater (patient, therapist, observer), time of alliance

rating (early, middle, late, averaged across sessions), methodological quality, or type of psychotherapy (Martin, Garske, & Davis, 2000). These meta-analyses have suggested that client-rated alliance is a stronger and more consistent predictor of outcomes and tends to be more stable across treatment than therapist-rated alliance. (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). In addition, studies indicate that the alliance is clearly established by the 3<sup>rd</sup> session and remains stable throughout treatment (Despland, de Roten, Despars, Stigler, & Perry, 2001; Klee, Abeles, & Muller, 1990; Stapor, 1999).

#### *Factors Affecting the Alliance*

Due to the potential importance of alliance in predicting therapeutic outcomes, much recent research has been directed toward understanding factors that could affect the formation of the alliance. There are many factors that have been investigated in the alliance literature, but only a select few have demonstrated a consistent relationship with the therapeutic alliance. These factors will be the focus of this review and will be divided into three categories: client factors, therapist factors, and factors related to the interaction between the client and therapist variables.

*Client factors.* The investigation of client factors has been initiated based on the assumption that certain unique characteristics that clients bring to the therapy may affect formation of the alliance (Horvath, Gaston, & Luborsky, 1993). Client factors can be divided into two categories: intrapersonal factors and interpersonal factors.

Client intrapersonal factors related to alliance formation are internal belief systems and mood states that a client brings to therapy that may affect the strength of the



alliance. Intrapersonal factors that have consistently been found to be related to alliance include motivation for treatment (Horvath, 1994), expectations for therapy (Al-Darmaki & Kivlighan, 1993), and severity of client symptoms (Kivlighan & Schmitz, 1992; Lubrosky, 1994). Studies indicate that clients with a higher level of motivation or readiness for treatment are likely to report stronger alliance ratings than those who enter treatment with lower levels of motivation (Levy, 1999; Marmar, Weiss, & Gaston, 1989; Meier, Donmall, Barrowclough, McElduff, & Heller, 2005). Similarly, research has suggested that the higher a client's expectations for treatment, the higher they will rate the alliance (Joyce & Piper, 1998; Meier, Donmall, Barrowclough, McElduff, & Heller, 2005; Ryan & Cicchetti, 1985). Specific effects of client expectations have been found for expectations for personal commitment, expectations for counselor expertise (Tokar, Hardin, Adams, & Brandel, 1996), and expectations for improvement due to treatment (Connolly et al., 2003; Constantino, Arnow, Blasey, & Agras, 2005).

Findings related to the effect of client symptom severity are not as consistent as those related to motivation and expectations for treatment. Some studies have found no relationship between symptom severity and ratings of alliance (Connolly et al., 2003; Mier et al., 2005; Rector, Zuroff, & Segal, 1999) while others have found that greater symptom severity can negatively impact the client's ability to engage and work toward goals in therapy (Eaton, Abeles, & Gutfreund, 1988; Gaston, 1991; Horvath & Greenberg, 1994; Kokotovic & Tracey, 1990; Levy, 1999; Marmar, Weiss, & Gaston, 1989). It is possible that the influence of the level of symptom severity on the alliance may be moderated by other treatment factors, such as the type of therapy employed and

the specificity with which symptom severity is assessed. For example, some studies that have found no differences in alliance ratings according to symptom severity (e.g. Connolly et al., 2003) are confounded by lack of separate analyses for treatment types. The importance of considering such interactions between variables is exemplified by the results of a study by Constantino, Arnow, Blasey, and Agras (2005), who found symptom severity to be related to alliance ratings in cognitive-behavioral therapy but not in interpersonal therapy. In addition, studies that employ a general measure of symptom severity (e.g., Levy, 1999; Marmar, Weiss, & Gaston, 1989) may be more likely to yield a significant relationship with alliance ratings than those that use specific measures of symptoms (i.e., depression) (e.g., Joyce & Piper, 1998; Meier et al., 2005; Rector, Zuroff, & Segal, 1999).

Interpersonal factors describe a client's capacity and skills for developing and maintaining interpersonal relationships. The search for interpersonal factors affecting alliance is based on the assumption that clients' level of comfort with trust and intimacy and ability to form *any* relationship, will likely have an effect on their ability to form a close alliance with the therapist (Saketopoulou, 1999). Many different constructs have been used to represent the interpersonal dimension, such as quality of object relations (Piper, Joyce, McCallum, & Azim, 1993), attachment style (Mallinckrodt, 1991; Satterfield & Lyddon, 1998), current quality of social and family relationships (Horvath, Gaston, & Luborsky, 1993), and perceptions of social support (Dunkle & Friedlander, 1996; Mallinckrodt, 1991).

*Quality of object relations* (QOR) is defined as the “internal enduring tendency to establish certain types of relationships” (Piper et al., 1993, p. 588) and describes one’s relationship style as stemming from bonds with parents and as being persistent over the lifetime. QOR has been found to have a significant relationship with alliance, outcomes, and premature termination (Joyce & Piper, 1998; Piper et al., 1993; Piper, Azim, Joyce, McCallum, Nixon, & Segal, 1991). However, because the concept of QOR originates from a psychodynamic perspective (Piper et al., 1993), its applicability in other types of therapy may be limited.

The concept of attachment style is similar to that of QOR in that it describes current relationship styles as stemming from one’s earliest bonds with caregivers. However, attachment theory is not linked to a particular theoretical orientation and views these relationship styles as modifiable through positive relational experiences, such as those that take place in therapy. *Attachment style* is defined as an individual’s internalized beliefs about self, others, and the world that are formed in the context of the earliest caregiving relationships. Theorists in this area speculate that such beliefs are somewhat stable over the lifetime and can affect formation of adult relationships (Bartholomew & Horowitz, 1991; Satterfield & Lyddon, 1995). Thus, it is possible that attachment style could affect development of the therapeutic alliance as well. Indeed, several studies have found attachment style to be related to quality of alliance, with those who are securely attached being more likely to rate alliances as strong while those who are avoidant or fearful report weaker alliances (Eames & Roth, 2000; Mallinckrodt, Gantt, & Coble, 1995; Meier et al., 2005; Satterfield & Lyddon, 1995).

Researchers examining the influence of client current interpersonal functioning on alliance have used diverse concepts to represent this dimension, and most have found consistent relationships with the alliance. Research has suggested that high levels of distress in interpersonal functioning at the onset of treatment are related to weaker alliance ratings (Levy, 1999) and that a client's reported quality of current family and social relationships is also associated with their ratings of alliance (Constantino et al., 2005; Gaston, 1991; Hersoug, Monson, Havik, & Hoglend, 2002; Kokotovic & Tracey, 1990). Specific interpersonal problems, such as a hostile-dominant interpersonal pattern, have been found to be negatively related to alliance while a friendly-submissive interpersonal style is associated with more positive alliance ratings (Connolly et al., 2003; Muran, Segal, Samstag, & Crawford, 1994). Other studies have represented the interpersonal domain with measures of social support and have found that higher levels of perceived social support are related to higher ratings of alliance (Dunkle & Friedlander, 1996; Mallinckrodt, 1991). Related to interpersonal functioning in therapy, initial findings suggest that a client's level of self-disclosure may be related to alliance formation (Svartberg, 1993). For example, a study by Rosenberg and Kesselman (1993) found that clients who disclosed significant symptoms at the time of the initial interview were more likely to report strong alliances later in therapy. Overall, studies regarding the influence of current interpersonal functioning have revealed a diverse collection of variables that demonstrate fairly consistent relationships with the alliance.

A currently debated issue in this area of research is related to whether early parental bonds (quality of object relations, attachment style) are better predictors of

alliance than quality of current relationships (interpersonal problems, perceptions of social support). Piper et al. (1991) found QOR to be a better predictor of alliance than quality of current interpersonal relationships. However, the authors employed an alliance measure that was designed and used specifically for that study and thus the generalizability of these findings to other studies investigating the alliance is questionable. Conversely, a study by Mallinckrodt (1991) suggested that measures of current interpersonal functioning may be better predictors of alliance than measures related to parental bonds. The author found that whereas a client's early parental bonds may be related to the therapist's ratings of alliance (1 percent of variance explained), client perceptions of current social support are better predictors of client-rated alliance (5 percent of variance explained).

*Therapist factors.* Although it has been suggested that therapist variables should have less of an effect on the alliance than client factors due to training and personal therapy, research has indicated that therapist factors can contribute to alliance formation as well (Saketopoulou, 1999). Similar to that of client factors, research on therapist factors that may affect the alliance can also be divided into intrapersonal and interpersonal dimensions.

Intrapersonal factors refer to personal characteristics and qualities of the therapist that may have an effect on the therapy process. Studies in this area have investigated a varied collection of therapist characteristics. For example, Bachelor (1995) conducted a qualitative analysis of 34 clients in a university consultation setting and found qualities such as warmth, respect, confidence, empathy, and friendliness to be related to stronger

alliances. Perceptions of the therapist's expertise, trustworthiness, and attractiveness have also been found to be related to strong alliances (Horvath & Greenberg, 1994). Regarding characteristics that negatively affect the alliance, Ackerman and Hilsenroth (2001) conducted a review of the literature in this area and reported that characteristics such as rigidity, self-focus, criticalness, and defensiveness were found to be higher in poor alliances. A few studies included in this review examined specific therapist behaviors and found that client perceptions of the therapist as blaming, appearing bored or distracted, and not demonstrating support can have a negative impact on the alliance.

Although these findings related to therapist characteristics are certainly interesting, one problem with the literature in this area is that studies have employed a wide variety of methods to investigate therapist characteristics. Whereas client characteristics measured have typically been limited to therapy-related variables such as symptom severity (Kivlighan & Schmitz, 1992), expectations for treatment (Al-Darmaki & Kivlighan, 1993), and motivation for change (Horvath, 1994), therapist characteristics that could affect the alliance have been represented by a diverse collection of personality variables and therapy behaviors. Because of the way the research in this area has been conceptualized, there have been a wide variety of methods used to collect this data, including therapist self-report measures, observer-rated coding systems (e.g., Ackerman & Hilsenroth, 2001), client endorsement of a list of adjectives (Dykeman & LaFluer, 1996), and qualitative designs (Bachelor, 1995). Almost all of these studies have assessed a different group of counselor characteristics. Taken together, the results of this approach to measuring therapist intrapersonal factors has produced a diffuse collection of

characteristics and behaviors that may influence the alliance. Thus, there is a need for measure development and study replication in this area before a unifying theory related to counselor characteristics affecting the alliance can be formed (Hill & Williams, 2000).

In addition to personal characteristics of the therapist, another therapist intrapersonal factor that is often investigated in the alliance literature is that of therapist training and experience. Studies in this area have yielded complex results (Horvath, 2001). Most studies have suggested that therapist training and experience (Babin, 1991; Dunkle & Friedlander, 1996; Kivlighan, Patton, & Foote, 1998; Krupinski, Schochlin, Fischer, & Nedopil, 1997; Rozov, 2002) and even therapist competence (Svartberg & Stiles, 1994) have no affect on alliance formation. However, Mallinckrodt and Nelson (1991) found differential effects of experience level according to the particular component of alliance being examined. This study investigated working alliance in 50 counselor-client dyads from three counseling agencies with experience levels ranging from 1<sup>st</sup> practicum experience to experienced counselors. The researchers found that while the bond component of alliance was not affected by therapist experience level, the task and goal components of alliance were. It is possible that individuals entering the counseling field have fairly good interpersonal skills to begin with, enabling them to easily bond with clients, but that training and experience may be a more important factor when it comes to their ability to work productively on the tasks and goals of therapy (Mallinckrodt & Nelson, 1991). However, further research is needed to replicate this finding before therapist experience can be considered an important factor in alliance formation.

Therapist interpersonal factors affecting the alliance have been studied far less than client factors (Horvath, Gaston, & Luborsky, 1993). Similar to the research regarding client interpersonal factors affecting alliance, therapist interpersonal factors have been represented by both parental bonding relationships and current interpersonal functioning. Regarding current interpersonal functioning, one study found a negative relationship between a therapists' report of difficulties in their own relationships and establishment of strong alliances in therapy (Binder & Strupp, 1997) and another found that therapists' reported level of social support was related to their alliance ratings (Dunkle & Friedlander, 1996). However, the majority of the studies on therapist interpersonal factors have focused on the influence of parental bonding relationships. There appears to be a fairly reliable relationship between therapist attachment style and quality of the alliance. In general, it appears that securely attached therapists are more likely to form strong alliances, with insecurely attached therapists receiving lower alliance ratings (Dunkle & Friedlander, 1996; Rozov, 2002). Similar to the concept of attachment style but originating from a psychodynamic viewpoint, Henry and Strupp (1994) investigated the effect of a therapist's introjections on alliance ratings. Introjections are defined as "intrapsychic representations of past interpersonal relationships that guide not only actions toward the self, but also tend to re-create the original interpersonal patterns in current relationships" (p. 56). The results of this study indicated that therapists with hostile introjects tended to respond to their clients with hostility three times more than therapists who did not possess such internal representations. Although this finding appears to supplement the attachment style



literature, more research on therapist introjections is needed to provide confirmation of the importance of this construct to the alliance.

*Interactive factors.* A neglected area of research in the alliance literature concerns the interaction of therapist and client factors in the formation of the therapeutic relationship (Horvath & Luborsky, 1993). Although some researchers have speculated that client and therapist variables likely combine in a different way in each therapy relationship, interactive factors are not often studied in the literature, probably due to the many combinations of factors that could be investigated and the complex nature of these relationships (Horvath, Gaston, & Luborsky, 1993).

One of the only interactive factors found to predict the quality of the therapeutic alliance is the degree of similarity between client and therapist (Luborsky, 1994). This line of research is based on findings of social psychologists indicating that similarity in group membership or in attitudes is predictive of an individual's overall ratings of the attractiveness and credibility of another (Speight & Vera, 1997). Thus, authors have suggested that similarity between the client and counselor, in terms of group membership, attitudes, values, and worldview, may lead the client to perceive the therapist as more credible and attractive and may be one factor that affects alliance formation (Speight & Vera, 1997). In support of this hypothesis, studies have found client ratings of counselor similarity (e.g., in values, personality) to be predictive of the quality of therapeutic alliance (Hersoug, Hoglend, Monsen, & Havik, 2001; Kuentzel, 2001; Lupini, 2001). For example, Lupini (2001) and Hersoug et al. (2001) found that similarity in values related to social, moral, and family preferences predicted stronger client-rated alliances.

Similarly, Kuentzel (2001) found that clients who perceived their therapists as similar to themselves in personality, values, and attitudes rated the alliance more positively than those clients who saw their therapist as being dissimilar to themselves. One study even indicated a session-by-session impact of value similarity, in that clients rated sessions more negatively and as less engaging the more dissimilar their values were from their therapist's values (Herman, 1997).

These initial findings indicate that client-counselor similarity may be an important interactive factor in predicting alliance. Findings such as these could have implications for therapy interactions in which the client and counselor are members of different ethnic groups. Although every client no doubt experiences a degree of unbridgeable difference from the therapist, the degree of perceived difference in cross-ethnic relationships may be more pronounced than that of two individuals from the same ethnic group due to more highly differential life experiences and backgrounds that are provided by different cultural contexts (Bland & Kraft, 1998; Shechter, 1992). Because different cultures carry with them different values, norms, and worldviews, clients and counselors who are members of different ethnic groups may have additional barriers to overcome in their attempt to find common ground in therapy (Carter, 1995; Chiu, 1996; Saizman, 1995). For example, guided by the differential value systems and worldviews of their culture, the client and counselor in a cross-ethnic counseling relationship may have different philosophies related to problem conceptualization, problem-solving approach, and desired outcomes of therapy (Chiu, 1996). Because these elements are central to the

modern concept of alliance, it is possible that alliance development could include additional challenges in cross-ethnic counseling dyads.

### *The Alliance in Cross-Ethnic Counseling*

The *cultural difference paradigm* suggests that there are psychological and behavioral differences between White individuals and members of other ethnic groups due to differing values, attitudes, and worldviews that are embedded in each individual's cultural context (Carter, 1995). For example, many differences exist between Western worldviews, which emphasize rugged individualism, competition, and mastery over nature, and the views of collectivist cultures that tend to put more emphasis on interdependence, equality, and cooperation. Some authors have suggested that cultural differences in attitudes, values, and worldviews such as these may have an impact on the ability of individuals from different ethnic groups to understand and accept each other (Mason, 1997; Todisco & Salomone, 1991). Even before differences in value systems are discovered, cues to ethnicity such as skin color, style of dress, and communication style may serve as a signal of dissimilarity to the cross-ethnic counseling dyad from the time of the first meeting (Bland & Kraft, 1998; Gelso & Mohr, 2001). Because actual and perceived dissimilarity can lead to weaker therapeutic alliances (Hersoug, Hoglend, Monsen, & Havik, 2001; Kuentzel, 2001; Lupini, 2001), a lack of perceived similarity based on racial and ethnic appearances alone may contribute to the creation of a perceived distance in the cross-ethnic dyad from the onset of therapy (Bland & Kraft, 1998).

This perceived distance may be furthered by differing values, attitudes, and worldviews that can lead to differential views of problem conceptualization, problem-solving approach, and desired outcomes of therapy (Chiu, 1996; Gelso & Mohr, 2001). For example, although White culture tends to view mental illness as a disorder residing within the individual, some other cultures hold the belief that mental problems are caused by environmental factors. Such a difference may lead to misunderstanding if the therapist's conceptualization of problems is oriented toward the client taking personal responsibility with a focus on an internal locus of control (i.e., the belief that an individual possesses the power and ability to affect personal and environmental change) (Paniagua, 1998). Differences in problem conceptualization and problem-solving approach such as these may also lead to misdiagnosis, and most relevant to the alliance, to the client and counselor approaching therapy with different ideas about the appropriate goals and tasks of therapy (Chiu, 1996; Saizman, 1995).

In addition to these philosophical differences that may affect the alliance, the ethnically different client and counselor may have different relational and communication styles that hinder the creation of a true bond (Shonfeld-Ringel, 2001). For example, different ethnic groups may have different ideas about how much information should be communicated to persons outside the immediate family (Paniagua, 1998) or different rules regarding nonverbal signals, such as those related to personal space and turn-taking in conversations (Wilson & Stith, 1991). Misinterpretation of these relational and communication styles as personal dislike or therapeutic resistance may lead to

misunderstanding in the therapeutic relationship that could impede development of the bond element of the alliance as well (Saizman, 1995).

Bland and Kraft (1998) suggested that perceived differences in the cross-ethnic dyad may also hinder the ability of each member to find commonality and develop an empathetic connection. The authors defined empathy as “a way of knowing and understanding another person” (p. 268) and suggested that cross-ethnic dyads may have the additional burden of attempting to understand and relate to each other in the midst of *both* individual *and* group differences (Bland & Kraft, 1998). In other words, although it is a challenge to find a common ground by which to understand each other and bridge the gap of individual differences with every client, working with an ethnically different client presents the additional challenge of trying to understand each other across cultural lines as well. This could be problematic as traditional views have suggested that development of an empathetic connection between the therapist and client is a crucial component in the development of the therapeutic alliance (Meissner, 1996; Rogers, 1957). In support of this hypothesis, Dunkle and Friedlander (1996) found that clients’ perceptions of therapist empathy were significantly related to their ratings of alliance. Thus, if barriers to development of an empathetic connection do indeed exist in cross-ethnic dyads as some authors have suggested (e.g., Bland & Kraft, 1998), this could have deleterious effects in the cross-ethnic counseling relationship.

A second reason the therapeutic alliance may be affected in cross-ethnic counseling dyads is related to the possibility that client self-disclosure may affect alliance formation. Initial research in this area has indicated that the amount a client is open and

willing to explore inter-and intrapersonal dynamics may affect their ability to develop a strong alliance in therapy (Rosenberg & Kesselman, 1993; Svartberg, 1993). Because some research has indicated that clients of color may disclose less in therapy than White clients do, this may create a barrier to the benefits of self-disclosure in alliance formation (Pope-Davis et al., 2002; Wetzel & Wright-Buckley; 1988). For example, some studies have suggested that Black clients may disclose less to a White counselor than a Black counselor on a variety of topic areas (Cosby, 1992; Wetzel & Wright-Buckley, 1988). This lack of self-disclosure may be most likely to occur in relation to problems are more personal in nature. For example, Stone (2001) found that although White individuals are just as likely as Black individuals to present to counseling with academic concerns, White clients were significantly more likely to reveal emotional and interpersonal concerns throughout the course of therapy than Black clients. Similarly, another study found that racial minority clients were less likely to disclose suicidal ideation than White clients, with a far larger number of racial minority clients being labeled “hidden ideators” whose ideation became evident only after an in-depth suicide risk assessment (Morrison & Downey, 2000). This lack of self-disclosure regarding personal problems among Black clients is problematic, not only in the case of an issue as serious and potentially dangerous as suicide, but also because self-disclosure is an essential part of any therapeutic relationship, and tends to result in an increase in positive affect, self-awareness, and insight (Kahn, Achter, & Shambaugh, 2001; Kahn & Hessling, 2001). Therefore, a lack of self-disclosure may be detrimental to the counseling process and the

psychological growth of the client, resulting in a lowered counseling effectiveness and less positive therapeutic alliances with ethnically different clients (Ridley, 1984).

A third reason that the alliance may be affected in cross-ethnic counseling is related to the role of past socialization experiences with members of the other individual's ethnic group. The counseling relationship is often thought of as a microcosm of the larger White society, in that the cross-ethnic interactions that take place in therapy may serve as a mirror of cross-ethnic interactions that take place in society (Whaley, 2001). Helms and Cook (1999) suggest that many assumptions are likely to be made by each member of the cross-ethnic dyad simply on the basis of racial appearance alone, including assumptions regarding socioeconomic status, cultural beliefs, and racial attitudes of the other party. Because most counselors are White and middle class (Brinson & Kottler, 1995; Diala et al., 2000; Garretson, 1993; Whaley, 2001), a client of color's attitudes and feelings toward Whites in the larger society may be relevant in cross-ethnic counseling because they may generalize to the counseling relationship with a White counselor. Similarly, the attitudes and feelings that a White counselor has toward people of color in society may play a role in perceptions and attitudes toward clients of color (Sue & Sue, 2003). For example, members of the dyad may assume that the other party holds the same views or will treat them similarly as others members of that group that they have encountered in the past. The other party may come to symbolize past experiences with racial socialization that the individual has had with members of that particular racial or ethnic group (Helms & Cook, 1999). Racial interaction patterns from the past may then repeat themselves in the therapeutic relationship. Although the

influence of past socialization experiences (i.e., attachment style, object relations) is often acknowledged in the general alliance literature, these experiences may be especially likely to have an influence on the White counselor-ethnic minority client dyad due the existence of a power differential in therapy that reflects those that persist in society (Gelso & Mohr, 2001).

Because of these factors, researchers have suggested that the lack of racial similarity may create difficulties in the formation of the therapeutic alliance (Helms & Cook, 1999; Gelso & Mohr, 2001; Ricker, Nystul, & Waldo, 1999). This idea is bolstered by the results of several studies indicating that people of color may have a preference for a counselor of the same race (Helms & Carter, 1991; Nickerson, Helms, & Terrell, 1994; Pope-Davis et al., 2002; Sue, Zane, & Young, 1993) and will often assign more positive traits (e.g., attractiveness, credibility, trustworthiness) to a counselor of the same race (Atkinson & Lowe, 1995; Coleman, Wampold, & Casali, 1995; Sladen, 1982; Sue & Sue, 2003). Findings such as these have resulted in the *cultural compatibility hypothesis*, which suggests that therapy processes and outcomes could be enhanced if cultural differences between the client and counselor are minimized (Paniagua, 1998).

*The Importance of Within-Group Differences.* Despite the potential heuristic value of the cultural compatibility hypothesis in understanding cross-ethnic counseling, many authors have criticized this view as overly simplistic (Carter, 1995; Coleman, Wampold, & Casali, 1995; Diala et al., 2000; Gelso & Mohr, 2001; Slattery, 2004). These criticisms arise from the fact that there is about a 50/50 split between studies that indicate an effect of racial similarity and those that have found no differences in the use of counseling



services and perceptions regarding counselors (Atkinson, 1983, 1985; Atkinson & Lowe, 1995; Coleman, Wampold, & Casali, 1995; Diala et al., 2000; Harrison, 1975; Morten & Atkinson, 1983; Parham & Helms, 1981; Slattery, 2004; Sue, 1988). About half of the studies in this area have found an effect of racial similarity on use of counseling services and perceptions regarding counselors (Atkinson & Lowe, 1995; Coleman, Wampold, & Casali, 1995; Helms & Carter, 1991; Nickerson, Helms, & Terrell, 1994; Pope-Davis et al., 2002; Sladen, 1982; Sue & Sue, 2003; Sue, Zane, & Young, 1993) but the other half have not (Atkinson, Casas, & Abreu, 1992; Coleman, 1997; Diala et al., 2000; Goldberg & Tidwell, 1990; Hess & Street, 1991; Porche & Bankitos, 1982; Ramos-Sanchez, Atkinson, & Fraga, 1999; Reed, 1988).

Due to these inconsistencies, researchers have speculated that demographic variables such as race may not be the determining factor in predicting counseling processes (Atkinson & Wampold, 1993; Brammer, 2004; Carter, 1995; Matthews & Hughes, 2001). As Speight and Vera (1997) point out, "Because a counselor's race or ethnicity or gender do not exist in a vacuum, considering these variables out of context has failed to take into account other coexisting variables that may affect a client's preferences" (p. 285). When considering all the variables that may play a role in the success of a counseling relationship, analyzing such a relationship on the basis of race alone is a simplistic situation that does not exist in real world therapy (Saizman, 1995). Because it is likely that significant variability exists within groups as well as between groups (Brammer, 2004; Matthews & Hughes, 2001; Panganamala & Plummer, 1998; Parham & Helms, 1981; Slattery, 2004; Speight & Vera, 1997; Sue, 1988), to assess race

without consideration of individual differences is a reductionistic way of approaching the issue. Thus, several researchers have suggested that studies examining cross-ethnic counseling processes and outcomes should focus on individual differences within groups instead (Atkinson, 1983, 1985; Atkinson & Lowe, 1995; Coleman, Wampold, & Casali, 1995; Delphin & Rollock, 1995).

*Black Racial Identity.* In the past 30 years, several researchers (e.g., Cross, 1971, 1991, 1995; Cross & Vandiver, 2001; Delphin & Rolluck, 1995; Grieger & Ponterotto, 1995; Helms & Carter, 1991; Kim & Abreu, 2001; Parham & Helms, 1981; Watkins, Terrell, Miller, & Terrell, 1989; Thompson, Worthington, & Atkinson, 1994; Whaley, 2001) have attempted to delineate within group differences that could be responsible for the discrepant results in the counselor preferences literature, and in doing so have contributed a significant amount to our understanding of factors that can contribute to cross-ethnic counseling processes (Nickerson, Helms, & Terrell, 1994). One variable that has contributed significantly to our understanding of within group differences is racial identity (Cross, 1971, 1991, 1995; Cross & Vandiver, 2001; Delphin & Rolluck, 1995; Helms & Carter, 1991; Parham & Helms, 1981). Although many models of racial identity have been formulated over the years, in general *racial identity* refers to a person's commitment, beliefs, and attitudes about his or her own race (Sue & Sue, 2003). Racial identity theories are often used to understand the psychological implications of belonging to a particular racial group, including thoughts, feelings, and behaviors toward one's own group as well as toward members of outgroups (MacDougall & Arthur, 2001).

Although recently racial identity models have been adapted and formulated for members of various racial and ethnic groups, the first racial identity models were proposed to describe the identity development of Black Americans. Cross's model of *Psychological Nigrescence*, the process of becoming Black (Cross, 1971, 1991; Cross & Vandiver, 2001), was the first model of Black identity development and has been the most widely applied and documented (Sue & Sue, 2003). In the original nigrescence theory, Cross (1971) proposed his ideas about racial identity development in part as an explanatory mechanism for the differential findings regarding the counselor race preferences of Black individuals. He believed that racial preferences were part of Black person's racial identity and also theorized that racial identity was related to an individual's mental health functioning. A person was assumed to be more psychologically healthy if they had accepted being Black, whereas a person who had accepted the values of White culture instead was thought to be suffering from feelings of self-hatred and inferiority (Cross, 1971).

Cross's (1971) original model described four stages that Black individuals were thought to progress through in the process of racial identity development. These stages progress from degradation of Blackness to acceptance and feelings of security related to being Black. The first stage is labeled the *preencounter* stage and describes feelings of alignment with White values with a corresponding devaluation of Black culture. Following this is the *encounter* stage, in which some event takes place that forces the individual to reevaluate feelings about racial groups. In the *immersion-emersion* stage, there is a high level of involvement in Black culture and a simultaneous denigration of

White culture, but without a real internalization of positive attitudes toward being Black. Finally, in the *internalization* stage acceptance and pride in Blackness becomes more internalized. This stage is characterized by cognitive flexibility in how others are evaluated and a decrease in anti-White feelings (Cross, 1971).

Cross's (1971) theory of psychological nigrescence was theoretically useful for understanding within-group differences of Black individuals that could have an effect on counselor race preferences (Parham & Helms, 1981). The theory became empirically useful however when Helms (1984) developed a model of racial identity based on Cross's ideas that led to the creation of the Racial Identity Attitudes Scale-Black (RIAS-B; Parham & Helms, 1981). The RIAS-B operationalized the constructs of nigrescence theory and since then, studies using the RIAS-B have generated useful information regarding racial factors related that could influence counseling processes. Research examining the relationship between racial identity and counselor preferences has suggested that individuals in the Pre-Encounter stage of racial identity prefer a White counselor, while individuals who in the encounter, immersion/emersion, and internalization stages of identity are more likely to prefer a counselor of the same race (Helms & Carter, 1991; Parham & Helms, 1981). The Internalization identity has been found to be the strongest predictor of a preference for a counselor of the same race (Helms & Carter, 1991). Racial identity as measured by the RIAS-B has also been found to be predictive of attitudes toward counseling among Black individuals. Specifically, individuals in the Pre-encounter stage are more likely to have positive perceptions related to the effectiveness of counseling while those in the Immersion-Emersion stage may

endorse the perception of stigmas associated with counseling (Austin, Carter, & Vaux, 1990). Another study found an interaction between racial identity and sex, such that women in the internalization stage had the most positive attitudes toward counseling, followed by encounter men, encounter women, and internalized men (Ponterotto, Anderson, & Grieger, 1986). Racial identity has also been used to predict perceptions of counselors. For example, Pomales, Claiborn, & LaFromboise (1986) found that culture-sensitive counselors were given the highest ratings by encounter participants and the lowest ratings by internalization participants.

Although the RIAS-B has generated a good deal of empirical research on the topic of racial identity and counseling processes, there are some theoretical and empirical concerns with the model. First, there has been some concern among researchers regarding the reliability of the scale, with some of the subscales producing questionable internal consistencies in various studies (Ponterotto & Wise, 1987; Sellers, Smith, Shelton, Rowley, & Chavous, 1998). On a theoretical level, some have questioned whether an attitudes scale can represent the complex identity of Black individuals in America (Sellers et al., 1998). Although attitudes are a part of an individual's identity, Black identity is also composed of idiosyncratic socialization experiences, the correspondence between identity and behavior, and complex interactions of different aspects of identity that are not necessarily easily represented by a stage model (Akbar, 1989). Helms (1995) partially addressed these concerns (i.e., by changing the conceptualization of stages to that of statuses; with the addition of information processing strategies to describe identity

over and above attitudes alone) but there is further concern because Helms's racial identity theories were developed on the basis of the ideas of Cross's (1971) original psychological nigrescence model; thus, the theoretical constructs embodied by the RIAS-B are somewhat outdated (Vandiver, Cross, Worrell, & Fhagen-Smith, 2002).

The Cross Racial Identity Scale (CRIS; Vandiver, Fhagen-Smith, Cokley, Cross, & Worrell, 2001) was developed in response to the need for an updated measure to assess modern ideas related to racial identity development (Vandiver, Cross, Worrell, & Fhagen-Smith, 2002). Today, Cross's model has expanded into a comprehensive theory that addresses six issues: 1) Black self-concept in relation to reference groups - this has traditionally been the central focus of racial identity theories and refers to attitudes and feelings about one's race in reference to outgroups; 2) A wide array of personal identities that can represent the Black experience - this aspect of the model refers to identity types or stages of racial identity, although it also acknowledges that an individual may have attitudes that are characteristic of more than one stage of racial identity at a time; 3) Identity socialization from infancy to adulthood and resulting clusters of attitudes - this aspect of the model focuses on the socialization experiences that have contributed to current racial identity attitudes; 4) Re-socialization or identity conversion experiences - adulthood experiences with racism and discrimination that create dissonance and challenge individuals to rethink their racial identity attitudes; 5) Identity recycling - the assumption that there is continued growth throughout the lifespan and individuals will sometimes return to an earlier stage due to dissonance producing experiences; and 6)

Identity functions - actions and behaviors that are characteristic for each identity type and can be expected in social interactions (Cross & Vandiver, 2001).

This updated theory is referred to as the *Expanded Nigrescence Model* and can be divided into two overall key dimensions: 1) a personal identity component and 2) a reference group orientation. The personal identity component refers to overall self-concept and is not a major focus of the expanded nigrescence model because racial identity is viewed more in terms of social identity than personal identity. Thus, the focus of the expanded nigrescence model is on reference group orientations, or one's awareness of a social identity; specifically, what it means to be Black in reference to society. The reference group orientations emerge from the sum of one's socialization experiences and result in an individual's current cluster of racial identity attitudes, previously thought of as their "stage" of racial identity. In the expanded nigrescence model, these reference group orientations are referred to as *exemplars*, with each exemplar attempting to describe to what extent an individual is likely to engage in Black struggles, problems, and culture (Cross & Vandiver, 2001).

Eight exemplars have been delineated: 1) Pre-Encounter Assimilation – The person identifies themselves as an American or as an individual, instead of identifying with Blackness and Black culture; 2) Pre-Encounter Miseducation – One who blindly accepts misinformation regarding Black history and stereotypes, and may hesitate to become involved in Black culture; 3) Pre-Encounter (Racial) Self-Hatred – Disengagement from Black culture due to a deep hatred of one's own Blackness; 4) Immersion-Emersion Anti-White – hatred of Whites and White society; often engage in

Black problems, but in an unpredictable and volatile way; 5) Immersion-Emersion Intense Black Involvement – one who is romantically and obsessively dedicated to all things that concern Blackness and Black culture and may often exhibit a “Blacker-than-thou attitude” toward fellow Blacks (Cross & Vandiver, 2001; p. 376); 6) Internalization Nationalist – Engages in Black culture and stresses an Afrocentric perspective; 7) Internalization Biculturalist – Engages in both Black and mainstream culture, and identifies self as both Black and American; 8) Internalization Multiculturalist – a person whose identity is stable and complex enough to reflect at least three reference group orientations simultaneously (e.g., as Black, American, and as a professor). There is no encounter stage due to the nature of the encounter experience as transient and extremely variable from person to person (Cross & Vandiver, 2001). Since its development, this expanded model has only been minimally applied to investigate racial influences on counseling process; the current study sought to add to the literature in this area.

Given the importance of racial identity in predicting counseling processes (e.g., Austin, Carter, & Vaux, 1990; Carter & Helms, 1992; Helms & Carter, 1991; Parham & Helms, 1981; Pomales, Claiborn, & LaFromboise, 1986; Richardson & Helms, 1994), it is surprising that the relationship between Black racial identity and therapeutic alliance in cross-ethnic counseling dyads has not been investigated empirically. Past studies using the RIAS-B have suggested that Black racial identity may play a role in counseling processes such as the preference for a counselor of the same race (Helms & Carter, 1991; Parham & Helms, 1981), attitudes toward counseling (Austin, Carter, & Vaux, 1990), and ratings of counselor characteristics (Pomales, Claiborn, & LaFromboise, 1986).



Regarding specific studies on the alliance, the role of racial identity interactions in the supervisory alliance (Ladany, Brittan-Powell, & Pannu, 1997) and that of White racial identity in willingness to form a relationship with a Black counselor (Burkard, Juarez-Huffaker, & Ajmere, 2003) have been investigated and these studies have suggested that racial identity may play a role in the formation of the cross-ethnic alliance as well. However, the influence of a *Black client's* racial identity on alliance formation has not been investigated, nor has the role of racial identity in *actual* counseling dyads. Past studies investigating racial identity and counseling processes have typically employed analogue counseling dyads (Burkard, Juarez-Huffaker, & Ajmere, 2003; Carter & Helms, 1995) and the role of racial identity in “real life counseling” has not yet been investigated. Thus, one purpose of the present study was to investigate the role of racial identity in predicting alliance ratings in Black client-White counselor dyads.

*Racial Attitudes toward Whites.* Another racial factor that may play a role in cross-ethnic counseling dyads is that of a Black client's racial attitudes toward the White outgroup. Attitudes toward the outgroup may be particularly important to examine in the context of cross-ethnic counseling, given that the majority of counselors and recent counseling graduates are White and middle class (Brinson & Kottler, 1995; Diala et al., 2000; Garretson, 1993; Whaley, 2001), making interactions with a White counselor likely for a Black client. If we want to examine the impact of Black racial attitudes toward Whites on the cross-ethnic alliance, using measures of racial identity to understand these attitudes may be insufficient. The focus of racial identity measures is on assessing attitudes about Black culture, and in particular about being Black, in reference to

outgroups in society. However, these measures do not focus on attitudes toward outgroups and thus, their coverage of these attitudes is minimal. In fact, the only component of attitudes toward Whites that is described by measures of racial identity is the degree of anti-White hostility (as described by the Immersion/Emersion scale) that may be held by Black individuals (CRIS; Cross & Vandiver, 2001; RIAS-B; Parham & Helms, 1981). In reality, Black racial attitudes toward Whites vary individually and are multidimensional, containing other valences and components in addition to the degree of anti-White hostility. Thus, using measures of racial identity may not be sufficient for the purpose of capturing a broader range of attitudes that closely mirrors the racial attitudes of Black individuals in our society today.

Several components of Black racial attitudes have been previously delineated in the literature (Delphin & Rolluck, 1995; Monteith & Spicer, 2000; Pinel, 1999; Terrell & Terrell, 1984; Vontress, 1995). Perhaps the most heavily researched dimension of racial attitudes toward Whites is that of *cultural mistrust* (Grant-Thompson & Atkinson, 1997; Nickerson, Helms, & Terrell, 1994; Poston, Craine, & Atkinson, 1991; Watkins & Terrell, 1988; Watkins, Terrell, Miller, & Terrell, 1989; Whaley, 2001). The concept of cultural mistrust was developed by Terrell and Terrell (1981) to describe a racial or ethnic minority's distrust of Whites due to past experiences with perceived racial-and ethnically-related mistreatment. Related to cultural mistrust is the pervasiveness of perceived discrimination among Black Americans (Brancombe, Schmitt, & Harvey, 1999; Crocker & Major, 1989; Crocker, Voelkl, Testa, & Major, 1991; Monteith & Spicer, 2000; Pinel, 1999). *Perceived discrimination* refers to the tendency of Black

Americans to be vigilant in the detection of racism among Whites, and to attribute negative feedback and poor outcomes to prejudice and discrimination (Crocker, Voekl, Testa, & Major, 1991; Slattery, 2004; Thompson, Neville, Weathers, Poston, & Atkinson, 1990; Waters 1994, 1997). Black racial attitudes may also be made up of hostility and Anti-White ideology (Banks, 1970; Delphin & Rolluck, 1995; Monteith & Spicer, 2000; Vontress, 1995). Due to the years of prejudice and discrimination that Black individuals have experienced at the hands of the White majority group, attitudes may have taken a “pro-Black, anti-White” sentiment (Monteith & Spicer, 2000), leading some authors to be concerned that attitudes such as these may influence the counseling process (Delphin & Rolluck, 1995; Diala et al., 2000).

In order to properly assess the racial attitudes of Black individuals, there is a need for a measure of Black racial attitudes that is not only multidimensional, but that also emerges from a Black, rather than a White, frame of reference (Monteith & Spicer; 2000; Parham & Helms, 1981). Brigham (1993) developed the Attitudes Towards Whites scale (ATW), but he simply substituted the word Whites for Blacks on a pre-existing scale measuring White attitudes toward Blacks. This method of measuring Black racial attitudes toward Whites may be problematic because Black and White racial attitudes arise from different sources and thus differ fundamentally in content. Monteith and Spicer (2000) conducted an open-ended assessment of racial attitudes of Blacks and Whites and found that although White racial attitudes were consistent with the theories proposed by the Modern Racism Perspective (McConahay, 1986), Black racial attitudes were oriented toward reactions to perceived discrimination. That is, while the racial

attitudes of White individuals were characterized by feelings of resentment regarding the rights of Black individuals in our society today, the racial attitudes of Black individuals were more likely to be a reaction to their perception of racism and discrimination among Whites. Thus, because the racial attitudes of Black and White individuals differ fundamentally in their source and content, it is problematic to assess the racial attitudes of Black individuals by simply adapting instruments originally intended to assess the racial attitudes of Whites.

To develop a multidimensional measure of Black racial attitudes that emerges from a Black frame of reference (Monteith & Spicer; 2000; Parham & Helms, 1981), Johnson and Lecci (2003) developed a scale to measure Black attitudes and beliefs regarding Whites (i.e., Johnson-Lecci Scale or the JLS) by using open-ended accounts from Black participants in a variety of settings. Exploratory factor analysis revealed 4 main themes: 1) In-group directed stigmatization and discriminatory expectations (“I believe that most Whites would harm Blacks if they could get away with it”); 2) Out-group directed negative beliefs (“I consider myself to be racist toward Whites”); 3) Negative views toward in-group – out-group relations (“I have referred to mixed couples as ‘sell outs’”); 4) Negative verbal expression towards the out-group (“I have referred to Whites as ‘crackers’”). The strengths of such an instrument are apparent. In addition to creation of an instrument assessing Black racial attitudes that emerges from a Black frame of reference, the four-factor structure of the JLS also allows Black racial attitudes toward Whites to be measured in a multidimensional way.

In support of the hypothesis that these attitudes are best represented by a multidimensional assessment, Ferguson, Leach, Nicholson, Levy, and Johnson (2008) investigated the role of Black racial identity and racial attitudes toward Whites in predicting the preference for a counselor of the same race among Black college students. This study found that although attitudes toward Whites as measured by the CRIS (i.e., the Anti-White attitudes of the Immersion/Emersion exemplar) were not significantly related to counselor preferences, assessment of racial attitudes toward Whites as represented by the JLS significantly predicted the preference for a counselor of the same race. This finding indicates that while attitudes of anti-White hostility that are described by measures of racial identity may not be sufficient to predict counselor preferences, a more multidimensional assessment of these attitudes is able to capture a significant portion of the variance in the preference for a counselor of the same race. Furthermore, this study indicated that racial attitudes towards Whites accounted for an additional 5 percent of the variance in counselor preferences over and above that which is accounted for by racial identity alone. This finding indicates that a broader assessment of the components of Black racial attitudes toward Whites can add a significant amount to our understanding of racial factors that can influence counseling processes beyond that which can be explained by racial identity alone.

Thus, another racial factor that was investigated in the present study was the relationship between Black racial attitudes toward Whites, as measured by the JLS, and the therapeutic alliance between White counselors and Black clients. Although racial identity has been recognized as an important individual difference factor in the cross-

ethnic counseling literature (MacDougall & Arthur, 2001), surprisingly little attention has been paid to the influence of one of its components, attitudes toward Whites, on counseling processes and the cross-ethnic counseling dyad. Research suggests that Black racial attitudes toward Whites can contribute a significant amount to our understanding of racial factors that can influence the counselor preferences (Ferguson et al., 2008). These attitudes may be likely to play a significant role in Black client-White counselor alliances as well (Gelso & Mohr, 2001), even beyond that which can be accounted for by racial identity alone. Thus, the present study will investigate the role of Black racial attitudes toward Whites on the therapeutic alliance in Black client-White counselor dyads.

*White Racial Identity.* Just as a Black clients' attitudes and feelings toward White individuals may influence their ability to form an alliance with a White counselor, the counselor's racial attitudes may play a role in alliance formation as well (Gelso & Mohr, 2001; Sue & Sue, 2003). Most studies investigating racial factors among White individuals that could influence the counseling processes have employed the ideas of Helms White Racial Identity Model (Helms, 1984, 1995). This model focuses on the experience of being socialized in an environment where privileges are granted based on skin color and the sense of entitlement to certain rights and opportunities that can develop as a result. A central concept of the White racial identity model is the description of a maturation process from total ignorance of racial issues to abandonment of White privilege. Although the statuses described by this model mirror the identity progression of Black identity development, the maturation processes described by the models are different. The White racial identity model focuses on relinquishment of White privilege

while the Black identity model progresses toward abandonment of internalized racism (Helms, 1995).

Helms (1984) developed the White Racial Attitudes Identity Scale (RIAS-W), enabling researchers to empirically investigate the racial identity of White individuals. Although the RIAS-W has provided some valuable information about the racial attitudes of White counselors that may influence counseling processes (e.g., Burkard, Juarez-Huffaker, & Ajmere, 2003; Constantine, 2002; Ottavi, Pope-Davis, & Dings, 1994; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Middleton et al., 2005; Utsey & Gernat, 2002), there are some theoretical and empirical concerns with the model. Similar to empirical issues with the RIAS-B, some authors have expressed concern regarding the internal consistencies for some of the scales of the RIAS-W (Leach, Behrens, & LaFluer, 2002; Ottavi, Pope-Davis, & Dings, 1994). On a theoretical level, criticisms of the RIAS-W have revolved around the conceptual similarity between the models of Black and White identity development. Specifically, authors have suggested that may be problematic that this model is based on the same ideas as oppression-based racial identity models developed specifically for Black Americans. It is likely that White and Black racial identities emerge from different sources and thus, would have different contents and foci. For example, because of the privileged status of White individuals in America, it is unlikely that White racial identity has as much of a focus on identity in relation to outgroups as that of Black individuals (Leach, Behrens, & LaFleur, 2002; Rowe, Bennett, & Atkinson, 1994).

*White Racial Attitudes.* Some have addressed the theoretical and empirical concerns regarding White racial identity theory by suggesting an alternative approach that focuses only on the attitudes of White individuals toward Blacks rather than an entire abstract identity that is based on race (Leach, Behrens, & LaFleur, 2002; Rowe, Bennett, & Atkinson, 1994). For example, Rowe, Bennett, and Atkinson (1994) purport that because White individuals hold a privileged status in America, race-related socialization may not be as central to White identity as it is for people of color who are faced with differential rights and opportunities based on race. Thus, especially when describing race related constructs for White individuals, a focus on attitudes alone rather than identity as a whole may be a more accurate way of describing these constructs (Leach, Behrens, & LaFleur, 2002; Rowe, Bennett, & Atkinson, 1994).

Since the days of open discrimination and segregation of Blacks and Whites in America, the racial attitudes of White individuals have continued to contain anti-Black sentiment. However, White people's feelings toward Blacks have progressed through various stages over time. Sometimes referred to as *old fashioned racism* (McConahay, 1986), attitudes toward Black individuals before the 1960's endorsed ideas of the inferiority of Black to White individuals in both moral and intellectual domains. Many White individuals carried the assumption that Whites were genetically superior, and thus were entitled to certain rights and privileges that other groups, particularly Black individuals, should not be privy to. According to public opinion polls that were conducted at this time, many White individuals still believed in the segregation of Black and White groups in settings such as schools, buses, and neighborhoods. In this era, open



expression of such attitudes, both verbally and behaviorally, was considered acceptable (Henry & Sears, 2002; Sniderman & Tetlock, 1986).

Open expression of negative racial attitudes toward Black individuals decreased as legislation was put in place to protect the rights of Black individuals in America. As social institutions became desegregated and acts of discrimination were made illegal, it became less acceptable to openly air racist beliefs or participate in blatant acts of discrimination. However, despite these social changes, anti-Black feelings and racial conflict persists in America still today (McConahay, 1986). Often referred to as *symbolic racism*, there is a new form of racial attitudes that is characterized by the belief that Black individuals are asking for more than they deserve and that Black culture is in violation of cherished American values such as individualism, discipline, and the Protestant work ethic. White racial attitudes have come to be characterized by the belief that Black individuals no longer face prejudice and discrimination in America and thus, any disadvantages faced by Black individuals are thought to be of their own creation (Henry & Sears, 2002; McConahay, 1986; Monteith & Spicer, 2000; Sears & Kinder, 1971; Sniderman & Tetlock, 1986). These new racial attitudes are expressed in a more subtle or “politically correct” way that, although not blatantly advertised as before, remains as an undertone in the context of American politics and everyday race relations. Resistance of White individuals to equal rights is now more likely to be expressed in subtle forms such as opposition to public policies (e.g., affirmative action), voting behavior based on the race of the candidates, and passive-aggressive resistance to changes in the racial status quo (McConahay, 1982). Thus, this new form of racism has also been referred to as

*subtle racism* to highlight the undercover nature of these attitudes (Pettrigrew & Meertens, 1995).

Such racial attitudes serve to further a kind of structural racism that is observed in the economic, political, and social institutions in our society today (D'Andrea & Daniels, 2001). Neville, Worthington, and Spanierman (2001) refer to this construct as *White privilege*, a concept describing a self-perpetuating racial hierarchy that bestows special rights and privileges upon White individuals simply on the merit of their race alone. These unearned advantages often go unacknowledged, substituted by a sense of personal entitlement, thus creating an invisible power structure that prevents non-White individuals from having access to the same benefits and opportunities. The denial of the existence of such a social structure is often manifested by the endorsement of color-blind racial attitudes (CoBRA). *Color-blind racial attitudes* are a "laissez-faire racism" that is characterized by endorsement of negative stereotypes, blaming Black individuals for disparities in access to certain opportunities, and resisting social change toward equal rights for all (p. 270). Also, as the name implies, color-blind racial attitudes are characterized an ignorance to racial injustices in favor of maintaining the status quo (Neville, Worthington, & Spanierman, 2001).

Much of the research regarding the influence of White racial attitudes in counseling processes has employed the Color-Blind Racial Attitudes Scale (CoBRAS; Neville, Lilly, Duran, Lee, & Browne, 2000), a measure of color-blind racial attitudes that assesses three dimensions of White attitudes toward racial and ethnic minorities: 1) Racial privilege or the ignorance of unearned advantages of Whites; 2) Institutional

discrimination or the ignorance to the ways in which racism is maintained at an institutional level; and 3) Blatant racial issues, which describes a lack of awareness regarding the persistence of racism and discrimination in America. Research regarding color-blind racial attitudes and counseling processes has suggested that greater levels of color-blind racial attitudes are related to lower levels of self-reported multicultural competencies, even when controlling for the effect of multicultural training (Neville, Spanierman, & Doan, 2006). Color-blind racial attitudes have also been found to be related to a White counselor's perceptions of a Black clients' symptom severity. Specifically, counselors reporting higher levels of color-blind racial attitudes were more likely to rate a Black client as having higher levels of psychopathology (Gushue, 2004). In a related study, Burkard and Knox (2004) examined color-blind racial attitudes among 247 psychologists who were asked to read a vignette about a client who was having problems with depression and discrimination. This study found that counselors reporting higher levels of color-blind racial attitudes were more likely to attribute responsibility for problems to the individual rather than to the environment for Black targets than for White ones. This study provides evidence that racial attitudes may be directly related to the capacity for empathy toward Black clients.

Findings such as these suggest that the attitudes described by theories of symbolic racism and color-blind racial attitudes may have implications for interactions between a White counselor and a Black client. If a counselor holds these attitudes toward Black individuals in the larger context of society, they may generalize to the counseling relationship with Black clients as well (Sue & Sue, 2003). A Black client may come to

symbolize past racial socialization experiences that the counselor has had in the past with Black individuals and attitudes and stereotypes about Black people may be activated. Similarly, if White counselors hold color-blind racial attitudes toward Black individuals in society, they may not be able to understand and empathize with a Black client's feelings related to experiences with discrimination. If these attitudes are communicated to the client, whether nonverbally or explicitly, this could create a barrier to alliance development (Helms & Cook, 1999). Given this possibility, it may be important to investigate the racial attitudes of White individuals that could influence the counseling process. Thus, another racial factor that was examined in this study was the influence of White counselors' racial attitudes toward Blacks, as represented by measures of symbolic racism and color-blind racial attitudes, in predicting ratings of the therapeutic alliance.

*Interactions of Client-Counselor Racial Attitudes.* A neglected area of research in the alliance literature concerns the interaction of therapist and client factors in the formation of the therapeutic relationship (Horvath & Luborsky, 1993). One attempt to study the interactions of racial attitudes between White and Black individuals was made by Carter and Helms (1992). Using Helms's models of racial identity development for White and Black individuals, Carter and Helms (1992) developed a model of relationship types in cross-racial therapy that describe the interaction between the racial identities of Black and White individuals in a counseling session. Findings indicated three relationship types: 1) Parallel – counselor and client with same racial identity attitudes; 2) Regressive – counselor at lower status than client; and 3) Progressive – counselor's racial identity is at a higher level than that of the client (Carter & Helms, 1992; Helms, 1995). These cross-

ethnic dyad types have been found to be related to alliance formation in a study by Ladany, Brittan-Powell, and Pannu (1997) who investigated the influence of identity relationship types in counseling supervision dyads. Results indicated that supervisee's in parallel interactions reported the highest alliance ratings, followed by progressive interactions, and finally regressive interactions receiving the lowest alliance ratings.

Although these findings suggested that racial identity attitudes may play a role in alliance formation, at least in supervisory relationships, as mentioned previously there are theoretical and empirical concerns with the RIAS-B and the RIAS-W (e.g., Leach, Behrens, & LaFleur, 2002; Ottavi, Pope-Davis, & Dings, 1994; Rowe, Bennett, & Atkinson, 1994). Furthermore, racial attitudes toward outgroups may be more relevant than racial identity in the context of cross-ethnic counseling because it is these attitudes that may become important when trying to form a relationship with a member of that particular outgroup (Ferguson et al., 2008). Just as the individual racial attitudes of each member of the cross-ethnic counseling dyad may play a role in alliance formation, they may also combine in a way that compounds or detracts from the effect of client or therapist racial factors alone. For example, if neither member of the dyad holds negative attitudes toward members of the other racial group, barriers to alliance development in cross-ethnic counseling may be nonexistent. Conversely, if both members of the dyad hold negative attitudes toward the other racial group their attitudes may combine in such a way to produce the weakest alliances. Thus, the third purpose of the present study is to investigate the interaction between Black clients' and White counselors' racial attitudes in predicting alliance ratings.

### *The Present Study*

The purpose of the present study was to: 1) Investigate the potential importance of racial factors, specifically Black racial identity and Black racial attitudes toward Whites, in Black clients' ratings of the alliance with White counselors; 2) Investigate the potential importance of symbolic racism and color-blind racial attitudes in White counselors' ratings of the alliance with Black clients; and 3) To investigate the interaction between the racial attitudes of Black clients and White counselors in predicting alliance ratings.

*Selection of Control Variables.* Because of the many studies that have investigated the role of client and therapist factors related to alliance development, much of the variance in alliance ratings has been described. Thus, it may be important to control for variables that have been found to have the most consistent and strongest relationships with alliance in order to ensure that racial factors contribute a unique portion of the variance to alliance ratings over and above variables that have been found to be related to the alliance in past research. The following criteria were selected by the researchers for use in selecting control variables for the present study: 1) The variable must have been found to be related to alliance in at least three studies; 2) In at least three studies, correlations between the variable and alliance ratings must be .30 or higher. This minimum criterion was selected because regression coefficients based on this correlation would be equal to .15, a small to moderate effect size. Thus, a correlation smaller than .30 would not account for a significant enough portion of the variance in alliance to equal the time and energy that would be taken for data collection and participant instrument completion; and

3) An instrument with adequate reliability and validity must be available with which to assess the variable.

In employing the above selection criteria, only client expectations and symptom severity were chosen for inclusion in the present study. Client expectations for therapy success have been found to be related to alliance ratings in at least three studies, in which correlations ranged from .43 to .63 (Constantino et al., 2005; Meier et al., 2005; Tokar et al., 1996), with one study even finding that client expectations accounted for 26 percent of the variance in alliance ratings (Joyce & Piper, 1998). This variable will be measured by the Expectations for Counseling Success scale (ECS; Kim, Ng, & Ahn, 2005), which has received adequate initial estimates of reliability and validity (Kim, Ng, & Ahn, 2005). The other control variable selected for inclusion in the present study is symptom severity. Symptom severity has been found to be negatively related to alliance ratings in several studies, with correlations ranging from -.39 to -.48 (Gaston, 1991; Kokotovic & Tracey, 1990; Marmar, Weiss, & Gaston, 1989), with one study indicating that 30 percent of the variance in alliance ratings was accounted for by distress level (Levy, 1999).

Regarding variables that were not chosen as control variables in the present study, client motivation was not selected due to low correlations between this variable and alliance, with average correlations around .10 (Levy, 1999; Marmar, Weiss, & Gaston, 1989; Meier et al., 2005). Regarding client interpersonal factors, the maximum correlation found for this variable was .29 (Joyce & Piper, 1998) and studies investigating this variable used a self-made measure of alliance (Joyce & Piper, 1998; Piper et al., 1993; Piper et al., 1991), thus bringing the generalizability of these findings

into question. Although attachment style has demonstrated fairly consistent relationships with alliance, with correlations ranging from .31 to .56 (Mallinckrodt, 1991; Mallinckrodt, Gantt, & Coble, 1995; Meier et al., 2005; Satterfield & Lyddon, 1995), scales designed to assess attachment style (i.e., Relationship Questionnaire; RSQ; Griffin & Bartholomew, 1994; Adult Attachment Scale; AAS; Collins & Read, 1990) have been found to have questionable reliability (Scharfe & Bartholomew, 1998; Collins & Read, 1990). Furthermore, one study suggested that current interpersonal functioning is a better predictor of alliance than early parental bonds (Mallinckrodt, 1991). However, because correlations between measures of client interpersonal functioning are all under .30 (Constantino et al., 2005; Kivlighan & Schmitz, 1992; Mallinckrodt, 1991; Kokotovic & Tracey, 1990), with the exception of one study that yielded a correlation of .33 (Gaston, 1991), this variable was not selected as a control variable in the present study.

Regarding therapist factors that were not selected as control variables in the current study, no intrapersonal factors were selected because of the lack of convergence around therapist characteristics affecting alliance (Hill & Williams, 2000) and the fairly consistent finding that therapist experience level has no relationship to alliance formation (Babin, 1991; Dunkle & Friedlander, 1996; Kivlighan, Patton, & Foote, 1998; Krupinski et al., 1997; Rozov, 2002). Regarding the influence of therapist attachment style, this relationship has been fairly robust, with correlations ranging from .31 to .42 (Dunkle & Friedlander, 1996; Mallinckrodt, 1991). However, as previously mentioned, a more reliable and valid measure of attachment style is needed before this variable can be investigated with confidence.



*Research Questions.* The following research questions were used to address the overall purposes of the present study:

1. Will Black racial identity predict client alliance ratings after controlling for client expectations and symptom severity? Which racial identity attitudes will predict the alliance?
2. Will Black racial attitudes toward Whites predict client alliance ratings after controlling for client expectations and symptom severity?
3. Will Black racial attitudes toward Whites account for a portion of the variance in client alliance ratings over and above that which is accounted for by Black racial identity alone?
4. Will attitudes of symbolic racism be related to counselor alliance ratings?
5. Will color-blind racial attitudes be related to counselor alliance ratings?
6. Will the interaction between client racial attitudes towards Whites and counselor racial attitudes toward Blacks predict client alliance ratings?
7. Will the interaction between client racial attitudes towards Whites and counselor racial attitudes toward Blacks predict counselor alliance ratings?

## CHAPTER II

### METHOD

#### Participants

Participants included 72 Black clients involved in individual counseling at the Community Counseling and Assessment Clinic (CCAC) and the University Counseling Center (UCC) on the campus of the University of Southern Mississippi (USM). The number of individuals recruited for the study was based on the results of a power analysis indicating that 70 participants would be needed to detect an effect size of .10 (Sample Power 1.0, 1997), the minimum effect size that would be significant if a relationship truly exists between variables in the current sample. Client participants included 60 females (83%) and 12 males (17%). Two were clients from the community (3%) and 70 were students (97%). Fourteen of these students were freshman (19%), 13 were sophomores (18%), 13 were juniors (18%), 25 were seniors (35%) and 5 were graduate students (5%). Forty-nine were class credit clients (68%) (i.e., participating in six sessions of counseling in exchange for class credit) and 21 were students self-referred to counseling (29%). Client ages ranged from 18 to 53 with a median age of 21.

Clients were recruited in three ways: 1) All clients at the UCC and CCAC received an initial consent form in their intake materials requesting permission for the researcher to contact them with more information about the study. This consent form also requested demographic information so that only clients who were appropriate for the study (i.e., Black clients) were contacted; 2) Class credit clients (i.e., psychology students who were completing one intake session and six counseling sessions in fulfillment of

class requirements) were recruited in the same manner as above except they were offered two additional credits (1 credit for each half hour) for their completion of surveys; and 3) Participation in this study was also solicited through an online experiment scheduling system supported through the Department of Psychology and students recruited in this manner also received class credit in exchange for their participation. There were 205 Black clients who completed the initial consent form at the time of intake and 149 of these clients (73%) agreed to meet with the researcher to complete the initial round of surveys. One hundred twenty-eight of them (62%) attended their appointment to complete the initial surveys and out of those, 72 completed the study (35%) by filling out the alliance measure after the third session. The other 56 participants who did not complete the alliance measure either dropped out of counseling before three sessions ( $n = 43$ ) or dropped out of the study ( $n = 8$ ). Five participants were excluded because they were assigned to a Black counselor ( $n = 3$ ) or were clients who had previously participated in the study ( $n = 2$ ).

Forty-two counselors participated in the study, with level of counseling experience ranging from enrollment in their first practicum to 15 years, with a median of 4.5 months of experience. Twenty-three of the counselors were pursuing a master's degree in counseling psychology (55%), 13 were pursuing a doctoral degree in counseling psychology (31%), and six had completed a degree program and were employed at the UCC (14%). Counselor ages ranged from 22 to 54 with a median of 26 years. Seven of the counselors were male (17%) and 35 were female (83%).

## Instruments

### *Client Measures*

*Cross Racial Identity Scale.* The Cross Racial Identity Scale (CRIS; Vandiver, et al., 2001; Appendix A) is a 40-item scale designed to measure six of the eight identities proposed by the Expanded Nigrescence Model (Cross & Vandiver, 2001). Participants rate on a scale of 1 (strongly disagree) to 7 (strongly agree) the degree to which each statement reflects their own thoughts and feelings about being a member of Black/African American culture. Five of the items assess the degree of anti-White attitudes endorsed by an individual. The ratings of items on each subscale are summed to create a subscale score. The six subscales of the CRIS, which were employed as independent predictors in the current study, are as follows: 1) Pre-encounter Assimilation – PA (“I think of myself primarily as an American and seldom as a member of a racial group.”); 2) Pre-encounter Miseducation – PM (“Blacks place more emphasis on having a good time than on hard work.”); 3) Pre-encounter Self-Hatred – PSH (“I sometimes have negative feelings about being Black.”); 4) Immersion-Emersion Anti-White – IEAW (“I hate White people.”); 5) Internalization Black Nationalist/Afrocentric – IA (“Black people will never be free until we embrace an Afrocentric perspective.”); and 6) Internalization Multiculturalist Inclusive – IMCI (“I believe it is important to have both a Black identity and a multicultural perspective, which is inclusive of everyone [e.g., Asians, Latinos, gays, lesbians, Jews, and Whites]”). The six factor structure was supported over all other options (i.e., a one, two, three, four, and five factor structures) by exploratory and confirmatory factor analysis (Cross & Vandiver, 2001). Correlations

among the subscales are below .30, with the exception of the Immersion-Emersion Anti-White scale and the Internalization scales. Internal reliability estimates indicate that all subscale reliabilities are above .78 (Cross & Vandiver, 2001). Convergent validity for the CRIS was established by significant relationships with similar subscales on the Multidimensional Inventory of Black Identity (MIBI; Sellers, Smith, Shelton, Rowley, & Chavous, 1998). Discriminant validity of the CRIS was demonstrated by low intercorrelations between CRIS subscales and measures of social desirability ( $r = .01-.23$ ; BIDR; Paulhus, 1991), personality ( $r = .01-.21$ ; BFI; John, Donahue, & Kentle, 1991), and global self-esteem ( $r = .01-.23$ ; RSES, Rosenberg, 1965) (Vandiver, Cross, Worrell & Fhagen-Smith, 2002). In the current study, subscale internal consistencies ranged from .73 to .81.

*Johnson-Lecci Scale.* The Johnson-Lecci Scale (JLS; Johnson & Lecci, 2003; Appendix B) is a 20-item questionnaire designed to measure anti-White attitudes and attitudes of perceived discrimination among Black Americans. Participants rate on a 0 (strongly disagree) to 3 (strongly agree) scale the degree to which statements represent the way they generally think, feel, and act about/toward White people. Exploratory factor analysis indicated 4 factors: 1) In-group directed stigmatization and discriminatory expectations; 2) Out-group directed negative beliefs; 3) Negative views toward ingroup-outgroup relations; and 4) Negative verbal expression toward the outgroup. Subscale internal consistencies ranged from .61 to .89 and correlations among the subscales ranged from .42-.62. The full-scale JLS demonstrates an internal reliability of .90, with a test-

retest reliability of .91 over a two week time period. The JLS shows convergent validity with peer ratings of racism ( $r = .30$ ), judgments of ambiguously racist scenarios ( $r = .53$ ), and percentages of White friends ( $r = -.22$ ) (Johnson & Lecci, 2003). The JLS total score was used as a predictor in the current study and demonstrated an internal consistency of .90.

*Working Alliance Inventory – Short Form, Client Version.* The Working Alliance Inventory (WAI; Hovarth & Greenberg, 1986; Appendix C) is a 36-item self-report instrument designed to measure the three aspects of the therapeutic alliance – tasks, goals, and bonds. The WAI comes in both therapist and client versions and is intended to be administered sometime after the 3<sup>rd</sup> therapy session. The Short Form is a 12-item version of the WAI (WAI-S; Tracey & Kokotovic, 1989) that was formed by combining the four items from each subscale with the highest factor-loadings into one abbreviated scale. Items are rated on a 7-point Likert scale and the subscale scores can be added together for a total score. Confirmatory factor analysis indicated that the WAI-S ratings supported a two-level factor structure (i.e., one general alliance factor and three subscales) just like the original WAI (Tracey & Kokotovic, 1989). A study comparing the interchangeability of the WAI and the WAI-Short Form found them to have comparable internal consistencies. The subscale internal consistencies for the client version of the WAI range from .83-.91 and those for the WAI-S range from .73-.86, with full-scale internal consistencies of .95 and .91, respectively (Busseri & Tyler, 2003). Convergent validity was established through correlations between the WAI and other measures of

counseling relationship, the Counselor Rating Form (CRF; LaCrosse & Barak, 1976) and the Empathy scale of the Relationship Inventory (RI; Barrett-Lennard, 1962). Predictive validity was established through correlations between the WAI and WAI-S composite scores and counseling outcomes as measured by the Client Posttherapy Questionnaire ( $r = .37-.50$ ; CPQ; Strupp, Wallach, & Wogan, 1964) and the Symptom Checklist 90-R (SCL-90-R; Derogatis, 1994) (Horvath & Greenberg, 1989). The total score from the Short Form was used in the current study and demonstrated an internal consistency of .83.

*Depression Anxiety Stress Scales.* To control for the possible effects of pretreatment symptom severity on client ratings of alliance, the Depression Anxiety Stress Scales was used. The Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995) is a 42-item measure of the severity of client symptoms of depression, anxiety, and stress that is intended for both clinical and research purposes. Participants are to rate on a scale of 0 (did not apply to me at all) to 3 (applied to me very much) the degree to which they have experienced the symptoms described in each item over the past week. The DASS assesses manifestations of distress in three areas – depression, anxiety, and stress – and scores are obtained by adding raw scores to get the three subscale scores (14 items each). The Depression scale assesses sadness, hopelessness, and lack of energy; the Anxiety scale assesses various symptoms of autonomic arousal; and the Stress scale assesses psychological arousal and irritability. Correlations between the subscales are moderate, ranging from .54-.65, and estimates of internal consistency range from .84-.91 for the subscales (Lovibond & Lovibond, 1995). Construct validity for the DASS has been

suggested by correlations between DASS scores and other measures of symptom severity, such as the Beck Depression Inventory ( $r = .60$ ; BDI; Beck et. al, 1961) and the Beck Anxiety Inventory ( $r = .64$ ; BAI; Beck, Epstein, Brown & Steer, 1988) (Lovibond & Lovibond, 1995). Lovibond and Lovibond (1995) also developed a 21-item version of the DASS (7 items per subscale) and this measure has been found to have comparable psychometric properties to the 42-item version in both clinical and nonclinical samples (Antony, Bieling, Cox, Enns, & Swinson, 1998; Brown, Chorpita, Korotitsch, & Barlow, 1997; Clara, Cox, & Enns 2001; Crawford & Henry, 2003; Lovibond & Lovibond, 1995). The short version of the DASS was used in this study for the purposes of brevity. In the current study, the DASS subscale scores demonstrated internal consistencies as follows: Depression - .89, Anxiety - .74, Stress - .83.

*Expectations for Counseling Success.* To control for the possibility that a client's expectations about counseling will influence alliance ratings, the Expectations for Counseling Success scale (ECS; Kim, Ng, & Ahn, 2005; Appendix D) was used. The ECS is a 5-item self-report measure intended to assess the degree to which a client expects that therapy will be helpful or beneficial. Clients are to rate on a scale of 1 (strongly disagree) to 4 (strongly agree) the degree to which they agree with each statement. The authors of the scale found it to have an internal consistency of .84. Initial validity of this instrument was suggested by correlations in the expected directions with factors such as perceptions of counselor empathy ( $r = .20$ ) (Kim, Ng, & Ahn, 2005). In the current study, the internal consistency of the ECS total score was .86.



*Client demographic questionnaire.* In order to be able to describe the characteristics of the client sample used, a demographic questionnaire created for the purposes of this study was employed. Questions inquired about age, gender, whether or not the participant was a student at USM, and if so, their year in school (see instrument in Appendix E).

#### *Counselor Measures*

*Symbolic Racism 2000 Scale.* To investigate the role of White counselors' racial attitudes in predicting alliance ratings, the Symbolic Racism 2000 Scale (SR2K; Henry & Sears, 2002; Appendix F) was used. The SR2K is an 8-item measure of White racial attitudes that are described by the updated symbolic racism theory (Henry & Sears, 2002). Different rating scales are used to represent the answer choices for each item, with higher scores indicating the presence of more negative attitudes overall. Scores on all responses are added together for a total score, which was used as a predictor in the current study. Estimates of internal consistency ranged from .77-.79 for the total score. Construct validity for the SR2K was suggested by confirmatory factor analysis, which indicated that although the instrument represents a blend of both racial attitudes and conservative values, it is best represented by a unidimensional symbolic racism belief system. Predictive validity was established through correlations between the SR2K and racial policy preferences ( $r = .58$ ). Discriminant validity from racial antipathy and conservative values was established through a stepwise multiple regression analysis that indicated that racial attitudes as measured by the SR2K accounted for a significant portion of the variance over and above that which was accounted for by traditional racial attitudes and political predispositions alone. The predictive validity for the SR2K was

found to be equivalent across college students and adults in the general population, indicating that the instrument could be useful in a variety of settings (Henry & Sears, 2002). In the current study, the SR2K total score demonstrated an internal consistency of .77.

*Color-Blind Racial Attitudes Scale.* The Color-Blind Racial Attitudes Scale (CoBRAS; Neville, Lilly, Duran, Lee, Browne, 2000; Appendix G) was used to investigate the role of White counselors' racial attitudes in predicting alliance ratings. The CoBRAS is a 20-item scale designed to assess the attitudes of White individuals toward racial and ethnic minorities. Participants rated each item on a scale of 1 (strongly disagree) to 6 (strongly agree) indicating the degree to which each item describes their attitudes and beliefs regarding racial and ethnic minorities. Scores on each item are added together for a total scale score, which was used as a predictor in the current study, with higher scores indicating more negative attitudes. Exploratory and confirmatory factor analysis supported a 3-factor structure: 1) Racial Privilege – blindness to White privilege; 2) Institutional Discrimination – blindness to institutional racism; and 3) Blatant Racial Issues – blindness to the existence of racism and prejudice. Subscale internal consistencies ranged from .71 to .83 and correlations between the subscales ranged from .42-.59, indicating some overlap between the scales. The internal consistency of the full-scale score is .91 (Neville et al., 2000), and thus the full-scale score was used as a predictor in the current study. Concurrent validity was established by correlations between the CoBRAS and the Global Belief in a Just World Scale ( $r = .53$ ; GBJWS; Lipkus, 1991), the Quick Discrimination Index ( $r = .83$ ; QDI; Ponterotto et al., 1995), the

Modern Racism Scale ( $r = .52$ ; MRS; McConahay, 1986), and the sociopolitical subscale of the Multidimensional Belief in a Just World Scale ( $r = .61$ ; MBJWS; Furnham & Procter, 1988). Discriminant validity was established by a non-significant relationship between the CoBRAS and the Marlowe-Crowne Social Desirability Scale ( $r = .13$ ; MCSDS; Reynolds, 1982). Criterion related validity was indicated by differential responding of Black and White participants to the CoBRAS and decreases in CoBRAS attitudes in students after a year-long multicultural training course. Test-retest reliability over a period of 2 weeks was .80 for the Racial Privilege and Institutional Discrimination subscales, .34 for the Blatant Racial Issues subscale, and .68 for the overall score (Neville et al., 2000). In the current study, the internal consistency of the CoBRAS total score was .68. Item analysis revealed that in the current study, two of the reverse coded items demonstrated item-total correlations in the opposite direction to what would be expected, thus lowering the internal consistency of the scale. Deleting these two items however did not significantly raise the internal consistency of the measure (.70 for one item and .72 for the other).

*Working Alliance Inventory – Short Form, Therapist version.* The Working Alliance Inventory-Short Form (WAI-S, Tracey & Kokotovic, 1989; Appendix H) was used to assess the quality of the alliance from the counselor's perspective. The therapist version of the WAI-S is created by modification of wording on the client version of the WAI-S (Horvath & Greenberg, 1989). A study comparing the interchangeability of the therapist version of the WAI and the WAI-Short Form found them to have comparable internal consistencies. The subscale internal consistencies for the therapist version of the WAI

range from .71-.92 and those for the WAI-S range from .77-.89, with full-scale internal consistencies of .94 and .91, respectively (Tracey & Kokotovic, 1989). The full-scale total score was employed as the dependent variable in the current study. For counselors with more than one client participating in the study, average scores were calculated. In the current study, the WAI-S (therapist) total score demonstrated an internal consistency of .81.

*Counselor demographic questionnaire.* In order to be able to describe the characteristics of the counselor sample used, a demographic questionnaire created for the purposes of this study was employed. Questions inquired about age, gender, whether or not the participant was a graduate student trainee, and if so, their year in school. They will also be asked to report their highest degree obtained, the degree they are working toward (if applicable) and their years and/or months of experience working with clients (see instrument in Appendix I).

## Procedure

### *Counselor Administration*

Approval for this project was granted by the Institutional Review Board at The University of Southern Mississippi (see approval letter in Appendix J). There was a group administration of the initial questionnaire packet (i.e., SR2K, CoBRAS) for all White counselors at the CCAC and UCC. Each time a new counselor was hired at the UCC or a new practicum class entered at the CCAC, the relevant individuals were approached to solicit participation in the study. All of the counselors at the UCC and CCAC agreed to

participate (N=42). An oral presentation was used to facilitate the informed consent process (see Appendix K). All counselors were instructed not to put their name on the questionnaire and were informed that participation was voluntary. They were assured that responses were completely confidential and were in no way to be used for evaluative purposes. Counselors signed and returned one copy of the informed consent form and kept a copy to retain for their records (see Appendix L). They then completed the initial questionnaire packet and returned it to the researcher in a sealed envelope. Completion of the measures took approximately 10-15 minutes.

After the 3<sup>rd</sup> counseling session with a Black client, the relevant counselor was reminded of the purpose of the study and asked to complete the WAI-S, therapist version. Completion of this measure required approximately 5 minutes. To match counselors' initial questionnaire packets with their WAI-S, each counselor selected a code number to be used throughout the project. They were asked to keep the number in a private location and to write it in the top corner of their initial questionnaire packet and their WAI-S. To match the counselor's measures to the client's, this number was also written on a note card to be placed in a sealed envelope and taped to the client's questionnaire packet.

#### *Client Administration*

All clients received an initial blanket consent form (see Appendix M) in their intake paperwork that provided a short description of the study and requested demographic information and permission for the researcher to contact them with more information. This form explained that all responses were completely anonymous, would

not be shared with the counselor, and would not affect the course of therapy in any way. In addition, the consent form assured the client that declining to participate would not affect eligibility for counseling in any way. Based on demographic information provided, clients who were appropriate for the study (i.e., Black clients over 18 years of age) were contacted to describe the study further, elicit participation, and answer questions. If the client expressed an interest in participating, a time was arranged to meet him or her in a designated room on campus for completion of the initial questionnaire packet (i.e., DASS, ECS, CRIS, JLS; in that order).

Upon meeting clients, the researcher or a trained research assistant facilitated the informed consent process further with the use of an oral presentation (see Appendix N). The oral presentation asked them to participate in a study regarding racial issues in counseling and informed them that participation is voluntary. They were instructed to not put their name on the questionnaires and were assured that their responses are anonymous and would be kept confidential. They were informed that even though their counselor would be aware that they were participating in the study, their responses would be kept confidential from the counselor and would in no way affect the course of therapy. Clients who were attending counseling for class credit were informed that they could also be awarded credit for their participation. Clients signed and returned one copy of the informed consent form and were also given a copy to retain for their records (see Appendix L). Clients then filled out the initial questionnaire packet and return it to the researcher in a sealed envelope, at which time they were given a final opportunity to ask questions. Completion of the initial questionnaire packet took about 20-30 minutes.

Three weeks after completion of the initial questionnaire packet, clients were contacted by phone or email to remind them of the study and elicit further participation. The researcher inquired about whether they had attended three counseling sessions and if they had, either met with the participant again for completion of the client version of the WAI-S or left it with the clinic secretary for them to complete before their next counseling session. Completion of this measure required approximately 5 minutes. To match the client's WAI-S with their initial questionnaire packet, they were assigned a code number based on their participant number (i.e., P1, P2, P3, etc.) that was placed in the top corner of their questionnaire packet and WAI-S.

Clients were also recruited through an online experiment scheduling system supported through the Department of Psychology. An announcement was placed on the web page to recruit students who wished to complete a packet of questionnaires in exchange for credit. The announcement informed participants that based on the results of the initial screening they may be eligible to attend counseling (one 90-minute intake session and six 50-minute counseling sessions) for additional credits. Times were posted for interested students to attend a screening session to complete the initial blanket consent form and questionnaire packet. At this time, all students were engaged in the informed consent process by the researcher or a trained research assistant with the use of an oral presentation (see Appendix N). The oral presentation asked them to participate in a study regarding racial issues in counseling and informed them that participation is voluntary. Participants were informed that based on their responses to the measures they may be

eligible to complete one intake session and six counseling sessions in exchange for additional credits (one point for every half hour). They were told that they would be contacted by the researcher with further instructions should they be appropriate for the study based on the results of the screening. Students were provided with a list of campus and community counseling resources should they be in need of counseling and not be selected for participation in the present study (see Appendix O).

Following informed consent, all students completed both the initial blanket consent form and the initial questionnaire packet (i.e., ECS, DASS, CRIS, JLS) and received credit for their participation. Based on the demographic information provided on the initial blanket consent form, only those who are appropriate for the study (i.e., Black clients over 18 years of age) were contacted to schedule the initial intake session. Following this, procedures were identical to those used for all other clients.

#### Research/Statistical Hypotheses

The following research hypotheses correspond to the specific research questions of this study and are as follows:

1. *Will Black racial identity predict client alliance ratings after controlling for client expectations and symptom severity?* It was hypothesized that Black racial identity would predict client alliance ratings after controlling for client expectations and symptom severity. Specifically, it was hypothesized that higher scores on the Immersion/Emersion scale (IEAW) and the Internalization Afrocentric scale (IA) would negatively predict alliance ratings after controlling for client expectations



and symptom severity and that higher scores on the Pre-encounter scales (PA, PM, PSH) and the Internalization Multiculturalist scale (IMCI) would positively predict alliance ratings after controlling for client expectations and symptom severity.

2. *Will Black racial attitudes toward Whites predict client alliance ratings after controlling for client expectations and symptom severity?* It was hypothesized that Black racial attitudes toward Whites would predict client alliance ratings after controlling for client expectations and symptom severity.
3. *Will Black racial attitudes toward Whites account for a portion of the variance in client alliance ratings over and above that which is accounted for by Black racial identity alone?* It was hypothesized that Black racial attitudes toward Whites would account for a portion of the variance in alliance ratings after controlling for client expectations, symptom severity, and Black racial identity.
4. *Will attitudes of symbolic racism be related to counselor alliance ratings?* It was hypothesized that attitudes of symbolic racism would be related to counselor alliance ratings.
5. *Will color-blind racial attitudes be related to counselor alliance ratings?* It was hypothesized that color-blind racial attitudes would be related to counselor alliance ratings.
6. *Will the interaction between client racial attitudes towards Whites and counselor racial attitudes toward Blacks predict client alliance ratings?* It was hypothesized that each combination of racial attitudes (i.e., JLS x SR2K and JLS x CoBRAS)

would predict client alliance ratings. Higher levels of racial attitudes in both members of the dyad were expected to predict weaker alliances and lower levels of racial attitudes in both members of the dyad were expected to predict stronger alliances.

7. *Will the interaction between client racial attitudes towards Whites and counselor racial attitudes toward Blacks predict counselor alliance ratings?* It was hypothesized that each combination of racial attitudes (i.e., JLS x SR2K and JLS x CoBRAS) would predict counselor alliance ratings. Higher levels of racial attitudes in both members of the dyad were expected to predict weaker alliances and lower levels of racial attitudes in both members of the dyad were expected to predict stronger alliances.

## CHAPTER III

## RESULTS

## Preliminary Analyses

Prior to the main analyses, all variables under investigation in the current study were examined for accuracy of entry, reliability and validity, normality of distribution, and outliers. Means and standard deviations of the instruments were calculated on the entire sample (N = 170) and are presented in Table 1.

Table 1

*Mean, Standard Deviation, and Range for Instruments Used: Entire Sample*

Instrument Used	Mean	Standard Deviation	Possible Range	Actual Range
1. CRIS	N/A			
- PA	20.16	7.43	5-35	5-35
- PM	18.36	7.31	5-35	5-34
- PSH	10.39	6.68	5-35	5-31
- IEAW	6.77	3.13	5-35	5-20
- IA	14.47	6.10	5-35	5-33
- IMCI	28.29	5.77	5-35	8-35
2. JLS	22.72	10.41	0-60	0-49
3. WAI-S, (client)	75.21	10.24	12-84	24-84
4. DASS	N/A			
- Depression	5.16	5.08	0-21	0-21
- Anxiety	3.59	3.49	0-21	0-17
- Stress	6.74	4.69	0-21	0-19
5. ECS	16.95	2.68	5-20	5-20
6. SR2K	17.05	3.44	8-31	8-26
7. CoBRAS	63.69	9.82	20-120	32-78
8. WAI-S, (therapist)	60.17	9.02	12-84	43-79

*Note.* CRIS = Cross Racial Identity Scale; PA = Pre-encounter Assimilation; PM = Pre-encounter Miseducation; PSH = Pre-encounter Self-Hatred; IEAW – Immersion-Emersion Anti-White; IA = Internalization Afrocentric; IMCI = Internalization Multiculturalist Inclusive; JLS = Johnson-Lecci Scale; WAI-S (client) – client version of the Working Alliance Inventory, Short Form; DASS – Depression, Anxiety, and Stress Scale; ECS – Expectations for Counseling Success scale; SR2K – Symbolic Racism 2000 Scale; CoBRAS – Color Blind Racial Attitudes Scale; WAI-S (therapist) – therapist version of the Working Alliance Inventory, Short Form.

Means and standard deviations in the current study were similar to those found in past research using the JLS (Ferguson et al., 2008), the ECS (Kim, Ng, & Ahn, 2005), the CoBRAS (Neville et al., 2000), the therapist version of the WAI-S (Fuertes, Stracuzzi, & Bennett, 2006), and the depression and anxiety scales of the DASS (Lovibond & Lovibond, 1995). Means and standard deviations for the CRIS subscales were similar to those reported in past studies except on the Pre-encounter Assimilation subscale, for which the mean was higher in the current study ( $M = 14.48$ ,  $SD = 6.34$ ; Anglin & Wade, 2007; Cokely, 2005). Also, the client WAI-S mean was higher with a lower standard deviation than in past research ( $M = 63.30$ ,  $SD = 14.19$ ; Fuertes, Stracuzzi, & Bennett, 2006) and the DASS-Stress mean and standard deviation were lower in the current study than in past research ( $M = 10.11$ ,  $SD = 7.91$ ; Lovibond & Lovibond, 1995).

A one-way MANOVA was performed to assess for differences between clients who completed the study (see Table 2) and those who did not (see Table 3). Results indicated that there were no significant differences between the groups on all study variables (all  $p$ 's  $> .05$ ), except for the ECS, where clients who completed the study had significantly higher expectations for counseling than those who did not complete the study,  $F(1, 125) = 4.97$ ,  $p = .03$ . All subsequent analyses were calculated using only the scores of clients who completed the study ( $n = 72$ ).

Skew and kurtosis of the variables under investigation was calculated by forming a 95% confidence interval around the obtained statistic. If the value of 0 did not fall within this confidence interval, indicating that the obtained statistic was significantly different from 0, then it was concluded that the variable's distribution was skewed or had

Table 2

*Mean, Standard Deviation, and Range for Instruments Used: Clients Who Completed the Study (n=72)*

Instrument Used	Mean	Standard Deviation	Possible Range	Actual Range
1. CRIS	N/A			
- PA	20.25	7.88	5-35	5-35
- PM	18.70	7.99	5-35	5-34
- PSH	11.32	7.31	5-35	5-31
- IEAW	7.04	3.35	5-35	5-20
- IA	15.26	6.19	5-35	5-33
- IMCI	28.33	5.56	5-35	8-35
2. JLS	23.29	11.31	0-60	0-49
3. WAI-S, (client)	75.21	10.24	12-84	24-84
4. DASS	N/A			
- Depression	4.84	4.74	0-21	0-19
- Anxiety	3.50	3.31	0-21	0-13
- Stress	6.68	4.91	0-21	0-19
5. ECS	17.36	2.41	5-20	11-20

*Note.* CRIS = Cross Racial Identity Scale; PA = Pre-encounter Assimilation; PM = Pre-encounter Miseducation; PSH = Pre-encounter Self-Hatred; IEAW – Immersion-Emersion Anti-White; IA = Internalization Afrocentric; IMCI = Internalization Multiculturalist Inclusive; JLS = Johnson-Lecci Scale; WAI-S (client) – client version of the Working Alliance Inventory, Short Form; DASS – Depression, Anxiety, and Stress Scale; ECS – Expectations for Counseling Success scale.

kurtosis (De Vaus, 2002). Results indicated that the therapist WAI-S, JLS, SR2K, and the PA, PM, and IA subscales of the CRIS were normally distributed. However, results indicated skewed distributions for the client WAI-S (skewness = -2.2), the ECS (skewness = -.78), the CoBRAS (skewness = -1.2), all DASS subscales (Depression - skewness = .96; Anxiety - skewness = .84; Stress - skewness = .62) and the PSH (skewness = 1.1), IEAW (skewness = 2.3), and IMCI (skewness = -1.4) subscales of the CRIS. Analyses also indicated a leptokurtic distribution on the client WAI-S (kurtosis = 7.7) and the IEAW (kurtosis = 5.3) and IMCI (kurtosis = 3.0) subscales of the CRIS.

Table 3

*Mean, Standard Deviation, and Range for Instruments Used: Clients Who Did Not Complete the Study (n=56)*

Instrument Used	Mean	Standard Deviation	Possible Range	Actual Range
1. CRIS	N/A			
- PA	20.05	6.89	5-35	7-34
- PM	17.91	6.36	5-35	6-31
- PSH	9.20	5.59	5-35	5-29
- IEAW	6.41	2.81	5-35	5-17
- IA	13.44	5.87	5-35	5-25
- IMCI	28.23	6.07	5-35	15-35
2. JLS	21.98	9.16	0-60	0-42
3. WAI-S, (client)	N/A	N/A	N/A	N/A
4. DASS	N/A			
- Depression	5.56	5.51	0-21	0-21
- Anxiety	3.71	3.72	0-21	0-17
- Stress	6.82	4.44	0-21	0-18
5. ECS	16.41	2.93	5-20	5-20

*Note.* CRIS = Cross Racial Identity Scale; PA = Pre-encounter Assimilation; PM = Pre-encounter Miseducation; PSH = Pre-encounter Self-Hatred; IEAW – Immersion-Emersion Anti-White; IA = Internalization Afrocentric; IMCI = Internalization Multiculturalist Inclusive; JLS = Johnson-Lecci Scale; WAI-S (client) – client version of the Working Alliance Inventory, Short Form; DASS – Depression, Anxiety, and Stress Scale; ECS – Expectations for Counseling Success scale.

No univariate outliers were excluded from the data set and no transformations were performed on the variables.

Client age was not significantly correlated with the variables under investigation (all  $p$ 's > .05). A one-way MANOVA indicated gender differences on the PA subscale of the CRIS and the DASS-Depression subscale, with females reporting higher levels of Pre-encounter Assimilation attitudes,  $F(1, 71) = 6.69, p = .01$ , and lower levels of depression,  $F(1, 71) = 5.75, p = .04$ , than males; all other variables showed no significant differences (all  $p$ 's > .05). Finally, a one-way ANOVA indicated no significant differences according to

class rank (freshman, sophomore, junior, senior, graduate) on the variables under investigation ( $p > .05$ ).

A one-way MANOVA was performed to assess for differences between class credit and non-class credit clients on the instruments used. Results indicated significant differences between the groups on the DASS-Depression subscale. Specifically, class credit clients reported lower levels of depression than non-class credit clients,  $F(1, 71) = 4.92, p = .03$ . Results also indicated that there were significant differences on the IA subscale of the CRIS, which was lower for class credit clients than for non-class credit clients,  $F(1, 71) = 7.68, p = .01$ . No other significant differences existed between class credit and non-class credit clients (all  $p$ 's  $> .05$ ).

As an additional check for the validity of the instruments, a series of Pearson's correlations were computed on all client variables (see Table 4) and all counselor variables (see Table 5). Significant relationships were found between depression and anxiety, between anxiety and stress, and between depression and stress. Significant relationships in the expected direction were also found between the JLS and all of the racial identity scales except on the PM subscale of the CRIS, which did not demonstrate a significant relationship with the JLS. In addition, significant relationships were found between symptom severity and racial identity attitudes. Specifically, clients with higher scores on the PSH and IA subscales of the CRIS scored higher on the DASS-Depression and Anxiety subscales. Clients with higher scores on the IA subscale of the CRIS scored higher on the DASS-Stress subscale as well. Similarly, clients who scored higher on the

JLS reported higher scores on all subscales of the DASS. Client WAI-S scores were only significantly related to the ECS. Separate correlations were computed for the three counselor measures. Results indicated a significant relationship between scores on the SR2K and CoBRAS (see Table 5).

Table 4

*Intercorrelations Among Client Variables (n=72)*

Scale	1	2	3	4	5	6	7	8	9	10	11	12
1. ECS	--	-.02	.13	.24*	-.12	-.06	-.09	-.09	.13	.04	-.00	.48**
2. Dep		--	.68**	.70**	-.17	.18	.33**	.10	.25*	-.05	.26*	.01
3. Anx			--	.75**	-.19	.19	.32**	.15	.30**	-.16	.31**	.08
4. Stress				--	-.20	.12	.22	-.06	.24*	-.05	.23*	.15
5. PA					--	.19	.10	-.19	-.30*	.22	-.49**	.11
6. PM						--	.48**	.07	.15	-.06	.14	.03
7. PSH							--	.26*	.20	.07	.25*	.01
8. IEAW								--	.12	-.26*	.38**	.02
9. IA									--	-.14	.56**	.04
10. IMCI										--	-.31**	.08
11. JLS											--	-.12
12. WAI-S, client												--

*Note.* ECS = Expectations for Counseling Success Scale. Numbers 2-4 refer to the subscales of the Depression, Anxiety, and Stress Scales (i.e., Depression, Anxiety, and Stress). Numbers 5-10 refer to the subscales of the Cross Racial Identity Scale (PA = Pre-encounter Assimilation; PM = Pre-encounter Miseducation; PSH = Pre-encounter Self-Hatred; IEAW = Immersion-Emersion Anti-White; IA = Internalization Afrocentric; IMCI = Internalization Multiculturalist Inclusive) and JLS = Johnson-Lecci Scale. WAI-S = Working Alliance Inventory-Short Form.

\*  $p < .05$ . \*\*  $p < .01$ .

Table 5

*Intercorrelations Among Counselor Variables (n=42)*

Scale	1	2	3
1. SR2K	--	.52**	-.07
2. CoBRAS		--	-.20
3. WAI-S, therapist			--

*Note.* SR2K = Symbolic Racism 2000 Scale; CoBRAS = Color Blind Racial Attitudes Scale; WAI-S = Working Alliance Inventory, Short Form, Therapist version.

\*\*  $p < .01$ .



### Primary Analyses

*Hypothesis 1: Black racial identity will predict client alliance ratings after controlling for client expectations and symptom severity.* A hierarchical multiple regression, employing the ECS, DASS, and the CRIS subscales as predictors and the client version of the WAI-S as the dependent variable, was used to examine this hypothesis (see Table 6). The control variables (i.e., the ECS and the three DASS subscales) were entered in the first step to control for their potential effects. In the second step, the six CRIS subscales were entered simultaneously and accounted for an additional 6% of the variance in client alliance ratings but were not significant ( $R^2 = .28$ ,  $R^2$  change = .06,  $F$  change (6, 61) = .78,  $p = .592$ ).

Table 6

#### *Hierarchical Regression Using the CRIS to Predict Client Alliance Ratings*

Hierarchical Step	Predictor(s)	<i>B</i>	<i>SEB</i>	$\beta$	$R^2$	$\Delta R^2$
1	ECS	2.0	.50	.48*	.23	--
	Depress	-.13	.36	-.06		
	Anxiety	.05	.56	.01		
	Stress	.26	.41	.12		
2	PA	.24	.16	.18	.28	.06
	PM	-.06	.16	-.05		
	PSH	.03	.19	.02		
	IEAW	.40	.37	.13		
	IA	-.12	.20	-.07		
	IMCI	.08	.21	.04		

*Note.* ECS = Expectations for Counseling Success scale; Depress = Depression; Depress, Anxiety, and Stress are from the Depression, Anxiety, and Stress Scales. Subscales used in the second hierarchical step are from the Cross Racial Identity Scale (PA = Pre-encounter Assimilation; PM = Pre-encounter Miseducation; PSH = Pre-encounter Self-Hatred; IEAW – Immersion-Emersion Anti-White; IA = Internalization Afrocentric; IMCI = Internalization Multiculturalist Inclusive). Dependent variable used = Working Alliance Inventory-Short Form (client).

\*  $p < .001$ .

*Hypothesis 2: Black racial attitudes toward Whites will predict client alliance ratings after controlling for client expectations and symptom severity.* A hierarchical multiple regression analysis, employing the ECS, DASS, and the JLS as predictors and the client version of the WAI-S as the dependent variable, was used to examine this hypothesis (see Table 7). The control variables (i.e., the ECS and the three DASS subscales) were entered in the first step of the regression analysis to control for their potential effects. The JLS was entered in the second step and did not account for a significant additional amount of the variance in client alliance ratings ( $R^2 = .25$ ,  $R^2$  change = .02,  $F$  change (1, 66) = 1.5,  $p = .22$ ).

Table 7

*Hierarchical Regression Using the JLS to Predict Client Alliance Ratings*

Hierarchical Step	Predictor(s)	<i>B</i>	<i>SEB</i>	$\beta$	$R^2$	$\Delta R^2$
1	ECS	1.9	.48	.45*	.23	--
	Depress	-.10	.35	-.04		
	Anxiety	.17	.53	.05		
	Stress	.12	.38	.06		
2	JLS	-.12	.10	-.14	.25	.02

*Note.* ECS = Expectations for Counseling Success scale; Depress = Depression; Depress, Anxiety, and Stress are from the Depression, Anxiety, and Stress Scales. JLS = Johnson-Lecci Scale. Dependent variable used = Working Alliance Inventory-Short Form (client).

\*  $p < .001$ .

*Hypothesis 3: Black racial attitudes toward Whites will account for a significant portion of the variance in alliance ratings over and above that which is explained by Black racial identity alone.* A hierarchical regression analysis, employing the ECS, DASS, CRIS subscales, and the JLS as predictors and the client version of the WAI-S as the dependent variable, was used to examine this hypothesis (see Table 8). The control variables (i.e., the ECS and the three DASS subscales) were entered in the first step to

control for their potential effects. The six subscales of the CRIS were entered simultaneously in the second step and did not account for a significant additional portion of the variance in client alliance ratings ( $R^2 = .28$ ,  $R^2$  change = .06,  $F$  change (6, 61) = .78,  $p = .592$ ). The JLS was entered as a predictor in the third step and also did not account for a significant additional amount of the variance in client alliance ratings ( $R^2 = .29$ ,  $R^2$  change = .00,  $F$  (1, 60) = .30,  $p = .59$ ).

Table 8

*Hierarchical Regression Using the JLS to Predict Client Alliance Ratings Over and Above the CRIS*

Hierarchical						
Step	Predictor(s)	<i>B</i>	<i>SEB</i>	$\beta$	$R^2$	$\Delta R^2$
1	ECS	2.0	.50	.47*	.23	--
	Depress	-.14	.36	-.06		
	Anxiety	.05	.57	.01		
	Stress	.28	.41	.13		
2	PA	.20	.17	.15	.28	.06
	PM	-.05	.16	-.04		
	PSH	.05	.19	.03		
	IEAW	.46	.39	.15		
	IA	-.07	.22	-.04		
	IMCI	.06	.22	.03		
3	JLS	-.07	.14	-.08	.29	.01

*Note.* ECS = Expectations for Counseling Success scale; Depress = Depression; Depress, Anxiety, and Stress are from the Depression, Anxiety, and Stress Scales. Subscales used in the second hierarchical step are from the Cross Racial Identity Scale (PA = Pre-encounter Assimilation; PM = Pre-encounter Miseducation; PSH = Pre-encounter Self-Hatred; IEAW – Immersion-Emersion Anti-White; IA = Internalization Afrocentric; IMCI = Internalization Multiculturalist Inclusive). JLS = Johnson-Lecci Scale. Dependent variable used = Working Alliance Inventory-Short Form (client).

\*  $p < .001$ .

*Hypothesis 4: Attitudes of symbolic racism will be related to counselor alliance ratings.* A Pearson's correlation, calculated between the SR2K and the therapist version of the WAI-S, was used to examine this hypothesis. Results indicated that the correlation was not significant,  $r(42) = -.07$ ,  $p = .70$ .

*Hypothesis 5: Color-blind racial attitudes will be related to counselor alliance ratings.* A Pearson's correlation, calculated between the CoBRAS and the therapist version of the WAI-S, was used to examine this hypothesis. The results indicated that the correlation was not significant,  $r(42) = -.20, p = .26$ .

*Hypothesis 6: The interaction between client racial attitudes towards Whites and counselor racial attitudes toward Blacks will predict client alliance ratings.* Each combination of racial attitudes (i.e., JLS x SR2K and JLS x CoBRAS) was expected to predict client alliance ratings. Higher levels of racial attitudes in both members of the dyad were expected to predict weaker alliances and lower levels of racial attitudes in both members of the dyad were expected to predict stronger alliances. A hierarchical regression analysis was used to examine this hypothesis, employing the control variables (i.e., the ECS and the three DASS subscales) and the interaction term (specific to the particular sub-analysis below) as the predictors and the client WAI-S as the dependent variable.

*Hypothesis 6a: The interaction between therapist symbolic racism and client racial attitudes toward Whites will be a significant predictor of client alliance ratings.* The control variables (i.e., the ECS and the three DASS subscales) were entered in the first step of the hierarchical regression analysis, the SR2K and JLS were entered in the second step, and the interaction term (SR2K x JLS) was entered in the third step (see Table 9). The client version of the WAI-S was used as the dependent variable for this analysis. The

interaction term did not account for a significant additional portion of the variance in client alliance ratings ( $R^2 = .26$ ,  $R^2$  change = .01,  $F$  change (1, 64) = .47,  $p = .50$ ).

Table 9

*Hierarchical Regression: The Interaction of the SR2K and the JLS in Predicting Client Alliance Ratings*

Hierarchical Step	Predictor(s)	<i>B</i>	<i>SEB</i>	$\beta$	$R^2$	$\Delta R^2$
1	ECS	1.9	.49	.45*	.23	--
	Depress	-.10	.35	-.04		
	Anxiety	.09	.55	.03		
	Stress	.17	.39	.08		
2	JLS	-.57	.67	-.63	.25	.02
	SR2K	-.72	.87	-.25		
3	SR2K x JLS	.02	.03	.55	.26	.01

*Note.* ECS = Expectations for Counseling Success scale; Depress = Depression; Depress, Anxiety, and Stress are from the Depression, Anxiety, and Stress Scales. JLS = Johnson-Lecci Scale; SR2K = Symbolic Racism 2000 Scale. Dependent variable used = Working Alliance Inventory-Short Form (client).

\*  $p < .001$

*Hypothesis 6b: The interaction between therapist color blind racial attitudes and client attitudes toward Whites will predict client alliance ratings.* The control variables (i.e., the ECS and the three DASS subscales) were entered in the first step of the hierarchical regression analysis, the CoBRAS and JLS were entered in the second step, and the interaction term (CoBRAS x JLS) was entered in the third step (see Table 10). The client version of the WAI-S was used as the dependent variable for this analysis. The interaction term did not account for a significant additional portion of the variance in client alliance ratings ( $R^2 = .27$ ,  $R^2$  change = .00,  $F$  change (1, 64) = .13,  $p = .716$ ).

*Hypothesis 7: The interaction between client racial attitudes towards Whites and counselor racial attitudes toward Blacks will predict counselor alliance ratings.* Each combination of racial attitudes (i.e., JLS x SR2K and JLS x CoBRAS) was expected to

predict counselor alliance ratings. Higher levels of racial attitudes in both members of the dyad were expected to predict weaker alliances and lower levels of racial attitudes in both

Table 10

*Hierarchical Regression: The Interaction of the CoBRAS and JLS in Predicting Client Alliance Ratings*

Hierarchical Step	Predictor(s)	B	SEB	$\beta$	$R^2$	$\Delta R^2$
1	ECS	1.8	.49	.43*	.23	--
	Depress	-.12	.35	-.05		
	Anxiety	.09	.55	.02		
	Stress	.19	.39	.09		
2	JLS	-.38	.73	-.42	.27	.04
	CoBRAS	-.21	.27	-.23		
3	CoBRAS x JLS	.02	.03	.55	.27	.00

*Note.* ECS = Expectations for Counseling Success scale; Depress = Depression; Depress, Anxiety, and Stress are from the Depression, Anxiety, and Stress Scales. JLS = Johnson-Lecci Scale; CoBRAS = Color Blind Racial Attitudes Scale. Dependent variable used = Working Alliance Inventory-Short Form (client).

\*  $p < .001$

members of the dyad were expected to predict stronger alliances. A hierarchical regression analysis was used to examine this hypothesis, employing the interaction term (specific to the particular sub-analysis below) as the predictor and the counselor WAI-S as the dependent variable.

*Hypothesis 7a: The interaction between therapist symbolic racism and client racial attitudes toward Whites will predict counselor alliance ratings.* A hierarchical regression analysis was used in which the SR2K and JLS were entered as predictors in the first step and the interaction term (SR2K x JLS) was entered as a predictor in the second step (see Table 11). The counselor version of the WAI-S was used as the dependent variable. The interaction term did not account for a significant additional portion of the variance in counselor alliance ratings ( $R^2 = .01$ ,  $R^2$  change = .01,  $F$  change (1, 68) = .38,  $p = .540$ ).

Table 11

*Hierarchical Regression: The Interaction of the SR2K and JLS in Predicting Counselor Alliance Ratings*

Hierarchical						
Step	Predictor(s)	<i>B</i>	<i>SEB</i>	$\beta$	$R^2$	$\Delta R^2$
1	Sr2K	-.26	.61	-.15	.00	--
	JLS	-.31	.47	-.54		
2	Sr2K x JLS	.01	.02	.54	.01	.01

*Note.* SR2K = Symbolic Racism 2000 Scale; JLS = Johnson-Lecci Scale; Dependent variable used = Working Alliance Inventory-Short Form (therapist).

*Hypothesis 7b: The interaction between therapist color blind racial attitudes and client racial attitudes toward Whites will predict counselor alliance ratings.* A hierarchical regression analysis was used in which the CoBRAS and JLS were entered as predictors in the first step and the interaction term (CoBRAS x JLS) was entered as a predictor in the second step (see Table 12). The counselor version of the WAI-S was used as the dependent variable. The interaction term did not account for a significant additional portion of the variance in counselor alliance ratings ( $R^2 = .00$ ,  $R^2$  change = .00,  $F$  change (1, 68) = .11,  $p = .741$ ).

Table 12

*Hierarchical Regression: The Interaction of CoBRAS and JLS in Predicting Counselor Alliance Ratings*

Hierarchical						
Step	Predictor(s)	<i>B</i>	<i>SEB</i>	$\beta$	$R^2$	$\Delta R^2$
1	CoBRAS	-.07	.19	-.35	.00	--
	JLS	-.19	.51	-.34		
2	CoBRAS x JLS	.00	.00	.31	.00	.00

*Note.* CoBRAS = Color Blind Racial Attitudes Scale; JLS = Johnson-Lecci Scale; Dependent variable used = Working Alliance Inventory-Short Form (therapist).

## CHAPTER IV

### DISCUSSION

#### Role of Client Racial Factors in the Alliance

The purpose of the present study was to investigate the role of racial factors, specifically Black client racial identity and attitudes toward Whites, and White counselor symbolic racism and color blind racial attitudes, in predicting alliance ratings in Black client-White counselor dyads. The first two hypotheses investigated whether Black racial identity and Black racial attitudes toward Whites would predict client ratings of the alliance with a White counselor. Neither of these hypotheses were supported. In fact, neither racial identity attitudes nor racial attitudes toward Whites were meaningfully related to client ratings of working alliance. Hypothesis three stated that Black racial attitudes toward Whites would predict alliance ratings above and beyond racial identity attitudes, client expectations and symptom severity. This hypothesis was also not supported.

It is surprising that Black racial identity and attitudes toward Whites did not demonstrate a relationship with the alliance in the current study given that past research has found these factors to predict other counseling related variables, such as preferences for a Black counselor (Ferguson et al., 2008, Helms & Carter, 1991; Parham & Helms, 1981), negative ratings of White counselor characteristics (Pomales, Claiborn, & LaFromboise, 1986), and negative attitudes toward counseling (Austin, Carter, & Vaux, 1990). Specifically, research has found that pre-encounter attitudes are predictive of the preference for a White counselor and more positive perceptions of counseling, while



individuals with higher immersion-emersion and internalization attitudes were more likely to prefer a counselor of the same race and endorse stigmas associated with counseling (Austin, Carter, & Vaux, 1990; Helms & Carter, 1991; Parham & Helms, 1981). It was hypothesized that the results of the current study would be consistent with these findings, in that higher scores on the Pre-encounter Assimilation and Internalization Multiculturalist Inclusive scales of the CRIS would predict higher alliance ratings and higher scores on the Immersion-Emersion Anti-White and Internalization Afrocentric scales would predict lower alliance ratings. However, none of these racial identity attitudes were significant predictors of alliance ratings in the current study.

One explanation for this divergence from the results of past research is related to the non-normal distribution of client variables in the current study. Results indicated that there was limited variability in the racial identity attitudes reported by participants. The mean was higher on the Pre-encounter Assimilation subscale of the CRIS in the current study than in past research and the distribution of scores on the Internalization Multiculturalist Inclusive subscale indicated that these attitudes tended to be high in the current sample. These subscales of the CRIS describe attitudes that have been found to predict the preference for a White counselor and positive perceptions of counseling (Austin, Carter, & Vaux, 1990; Helms & Carter, 1991; Parham & Helms, 1981). Analysis of variable distributions also revealed that scores tended to be low on the Immersion-Emersion Anti-White scale of the CRIS, which describes attitudes that have predicted the preference for a Black counselor and negative attitudes toward counseling in past research (Austin, Carter, & Vaux, 1990; Helms & Carter, 1991; Parham & Helms,

1981). Thus, given the racial identity attitudes reported by participants, positive attitudes about attending counseling with White counselors may have been more prominent among Black clients presenting to counseling in the current study. In fact, results indicated that clients in the current study typically reported high expectations for counseling success. This limited variability in racial identity attitudes and expectations for counseling, indicating limited variability in the type of participants obtained, may have contributed to the restricted range in alliance ratings. Client alliance ratings were negatively skewed and leptokurtic in the current study, indicating that clients invariably rated the alliance positively. Thus, there was limited variability within which to detect a relationship between racial factors and the alliance if one truly exists in the population. If there had been better representation of the range of attitudes that exist in the population among the clients in the current study, this may have provided more variability within which to find a relationship with the alliance. Future studies should focus on obtaining a sample of clients with more variable racial identity attitudes to re-examine the role of racial identity and attitudes toward Whites among Black clients from a variety of settings. For example, employing participants from community mental health agencies or residential treatment centers may allow for a closer representation of the variation of attitudes that exist in the population.

Another possible explanation for the finding that Black racial identity attitudes and negative attitudes toward Whites did not significantly predict the alliance in the current study is that this relationship may be influenced by other factors, such as the type of problem a client is presenting with. A study by Bennett and BigFoot-Sipes (1991)

found that American Indian college students preferred a counselor with similar characteristics (i.e., values, attitudes, ethnicity) for personal problems, whereas they preferred a counselor with dissimilar characteristics for academic problems. In the current study, it may be possible that the role of racial factors in determining the quality of the alliance would be influenced by the type of problem a client was presenting with. Given that 68% of the current sample were class credit clients, it is possible that they were presenting with less personal concerns. In support of this, results indicated that class credit clients reported lower levels of depression than non-class credit clients. This may have influenced the results of the current study. It is recommended that future studies explore the role of racial attitudes and identity in predicting the alliance among non-class credit clients presenting to counseling with a variety of concerns. If class credit clients are examined in the future, then it will be important to explore the potential for problem type to influence this relationship.

#### The Role of Counselor Racial Attitudes in the Alliance

Hypotheses four and five investigated whether White counselor racial attitudes, specifically symbolic racism and color blind racial attitudes, would be related to counselor ratings of the alliance with a Black client. Neither of these hypotheses were supported, suggesting that neither attitudes of symbolic racism nor color blind racial attitudes were related to White counselors' ratings of the alliance with a Black client.

These findings are also inconsistent with past research, which reported significant relationships between color blind racial attitudes and other counseling related variables, such as ratings of a Black client's level of psychopathology among counseling trainees

(Gushue, 2004) and the capacity for empathy with a Black client among practicing psychologists (Burkard & Knox, 2004). This difference in findings may be partially explained by the fact that past studies have not examined the role of these attitudes in actual counseling dyads and thus, have not examined the working alliance specifically. Past research investigating the relationship between color blind racial attitudes and counseling related variables have used vignettes about Black clients to stimulate White counselors' responses. It is possible that although these attitudes played a significant role in predicting perceptions of fictitious clients, their impact is different when predicting counseling processes with actual clients.

Additionally, follow-up analysis indicated that higher levels of color blind racial attitudes among White counselors were related to their having a smaller number of Black clients who participated in the study,  $r(42) = -.34, p < .01$  and thus, those counselors who were reporting higher levels of color blind racial attitudes had a smaller number of clients on which to rate the alliance. Thus, if a relationship does exist between counselor racial attitudes and their ratings of the alliance with Black clients, it would have been harder to detect in the current study because counselors with more positive racial attitudes were more heavily represented by completing more alliance measure. Future research examining the relationship between counselor racial attitudes and alliance ratings should attempt to employ a larger sample of therapists than the current study to increase the likelihood of equally representing those with more negative attitudes and of maintaining independent samples of therapist-client dyads

A final explanation for the finding that counselor racial attitudes were not related to alliance ratings is the possibility that this relationship is affected by other factors, such as counselor multicultural competency or attachment style. Past research has suggested that greater levels of color-blind racial attitudes were related to lower levels of self-reported multicultural competencies, even after controlling for the effect of multicultural training (Neville, Spanierman, & Doan, 2006). Additionally, past research indicated that counselors who are securely attached are more likely to rate alliances as strong while those who are avoidant or fearful report weaker alliances (Eames & Roth, 2000; Mallinckrodt, Gantt, & Coble, 1995; Meier et al., 2005; Satterfield & Lyddon, 1995). Attachment style was not selected as a variable for investigation in the current study due to the lack of a reliable and valid measure for this construct (Collins & Read, 1990; Scharfe & Bartholomew, 1998) and thus, the potential role of this variable could not be investigated. Future studies investigating the relationship between counselor racial attitudes and alliance ratings may want to consider the role of these and other factors that may act as moderators of this relationship.

#### The Interaction of Counselor and Client Racial Attitudes

Hypotheses six and seven investigated whether the interaction between a Black client and White counselor's racial attitudes would predict alliance ratings. These hypotheses were not supported. Results indicated that no combination of client and counselor racial attitudes was predictive of either client or counselor alliance ratings. This finding is inconsistent with previous research suggesting that the interaction between racial identity attitudes in supervision dyads was predictive of alliance ratings (Ladany,

Brittan-Powell, & Pannu, 1997). The difference in findings may be explained by the fact that the interaction of counselor and client racial attitudes towards the outgroup (the interaction of counselor symbolic racism and color blind racial attitudes with client negative attitudes toward Whites) was investigated in the current study, while past research has examined the interaction of counselor and client racial identity attitudes. Counselor racial identity attitudes were not assessed in the current study due to theoretical and empirical concerns with White racial identity instruments (Leach, Behrens, & LaFleur, 2002; Ottavi, Pope-Davis, & Dings, 1994; Rowe, Bennett, & Atkinson, 1994) and thus, the interaction of racial identity attitudes could not be investigated.

Additionally, past research examined the role of racial identity attitude interactions in supervisory dyads rather than in counseling dyads. Due to the many differences in the nature and function of supervisory and counseling dyads, it is possible that different factors are at play in determining the salience of racial factors in these dyads (Falender & Shafranske, 2004). For example, given the emphasis on multicultural competency in counselor training today (American Psychological Association, 2003), it is likely that discussion of racial issues would be a more overt task in supervision than it would be in counseling, where discussion of racial issues may be more covert or limited by client concerns. For example, although a counselor may routinely invite clients to discuss racial issues in therapy, some clients may not wish to spend considerable time exploring this due to the perception that other concerns are more important. On the other hand, in supervision dyads, where the importance of developing multicultural

competency is likely to be acknowledged by both parties, discussion of racial issues is perhaps more overt and central to the process. Thus, it may be likely that racial factors are not as significant of a predictor of the alliance in counseling dyads as they are in supervision dyads.

### Limitations

The present study has limitations that should be taken into consideration when interpreting the results. One limitation stems from the composition of the current sample, in which 68% of the clients who participated were completing counseling for class credit and 79% of the counselors who participated were counseling trainees. Although the current study is the closest approximation of an investigation into the role of racial factors in actual counseling dyads, the sample composition is such that it is still technically a lab study where the majority of participants received some type of class credit for participating. These counseling relationships are likely different in many ways from actual counseling dyads in the field and this may have affected the study results. For example, class credit clients who participated were likely motivated by external requirements rather than internally motivated by distress. The DASS subscale distributions indicated that client reports of symptom severity tended to be low overall. In addition, the mean and standard deviation of the DASS-Stress subscale was lower than reported in past research (Lovibond & Lovibond, 1995), and results indicated that class credit clients reported lower levels of depression than non-class credit clients. Further, class credit clients may have presented to counseling with less internal motivation for

treatment, which past research has indicated is related to alliance ratings (Levy, 1999; Marmar, Weiss, & Gaston, 1989; Meier, Donmall, Barrowclough, McElduff, & Heller, 2005). For counselors, it is possible that experience level may have affected their ability to form the alliance. Although most studies have suggested that therapist training and experience have no affect on alliance formation (Babin, 1991; Dunkle & Friedlander, 1996; Kivlighan, Patton, & Foote, 1998; Krupinski, Schochlin, Fischer, & Nedopil, 1997; Rozov, 2002), one study found differential effects of experience level according to the particular component of alliance being examined. Additionally, both counselor and client may have had less investment in critically evaluating the quality of the alliance knowing that the counseling experience would only last for six sessions. Overall, the sample composition limits the results of the current study in that the results may not be generalizable to actual counseling dyads, in which clients are more likely to be distressed and counselors more experienced in assisting them with their problems. Future research may re-examine the role of racial attitudes and identity in settings that will allow a better representation of client distress levels and counselor experience levels that would be found in actual counseling dyads.

Another limitation of the current study involved the measurement of the alliance. Consistent with previous research, the alliance was not assessed until after the third session of counseling. As such, despite the 128 clients who completed the initial surveys, only 56% of these ( $n = 72$ ) attended three counseling sessions and agreed to complete the alliance measure. It is likely that those clients with less positive alliances discontinued counseling prior to the third session and/or elected not to continue participation in the



study, thus over-representing positively perceived alliances. Results indicated that client WAI-S data was negatively skewed and leptokurtic in the current sample, suggesting that participants tended to rate the alliance positively. Scores were particularly high compared to previous research and skewed in such a way as to create problems with range-restriction. This is a problem because an assumption underlying most statistical tests pertains to the data being normally distributed in the population (De Vaus, 2002). The presence of abnormally distributed variables in the current study may have limited the power of the statistical tests to detect relationships that existed between the variables under investigation. Future studies investigating the role of racial attitudes and identity in cross-ethnic dyads may work to secure a larger and more heterogeneous sample that will more closely approximate the distribution of the variables in the population and increase the variability within which to find a relationship with the alliance. Future researchers may also consider the need to assess the alliance earlier, more frequently, and with a variety of types of clients (e.g., clients in community mental health or mandated treatment settings) in an effort to capture a more normally distributed and variable assessment of alliance. Perhaps racial attitudes and identity play a more critical role than the current results suggest, however more variability would be needed to detect the influence of these attitudes.

Another limitation of the current study is that several of the therapists had more than one client who participated, which may have limited variability in overall alliance scores. Forty-two therapists participated in the study and 21 of these (50%) had more

than one client on which they completed the alliance measure. Ten of these therapists (24%) completed an alliance measure for two clients, 7 therapists (17%) completed an alliance measure for three clients, two therapists (5%) completed an alliance measure for four clients, and two therapists (5%) completed an alliance measure for five clients. Because an assumption underlying the use of correlation and regression is that independent samples of participants will be used, the presence of non-independent therapists in the current study is a limitation of the results. Using this non-independent sample of therapists introduces the possibility of correlated errors, which if present, could greatly increase sampling error without it being accounted for by the statistical test being used. In addition, for counselors with more than one client average scores across clients were used, thus likely minimizing any within-group variability that may exist. For example, if a counselor rated the alliance with one client positively and the alliance with another client negatively, the averaging of these two alliance ratings limited the ability of the statistical test to detect variability in alliance ratings according to the interaction between that counselor's racial attitudes and those of the particular client being investigated. Future research may increase the sample size to include single reports of counselor and client alliance.

Another limitation lies in the self-report nature of the instruments. Self-report instruments present the possibility of respondents answering according to idiosyncratic response sets, which may distort the relationships between variables (Heppner & Heppner, 2004). In addition, social desirability may play a role in participant responses, particularly with measures of racial attitudes and identity where social norms regarding

political correctness about racial issues may influence participants' comfort level with acknowledging and disclosing controversial attitudes and opinions. Although researchers may guarantee the confidentiality of participants, they may still respond in a socially desirable way due to a need to see themselves as racially accepting. In the current study, careful measures were taken to ensure the confidentiality of participants. However, the means and standard deviations of client WAI-S were higher than in past research (Fuertes, Stracuzzi, & Bennett, 2006) and variable distributions indicated that client expectations for treatment tended to be high, suggesting that social desirability may have played a role in participant responding. Future studies assessing such emotionally charged issues may wish to make efforts to further assure participants of confidentiality or use an assessment of social desirability to control for its' effects.

Related to limitations presented by social desirability is a procedural limitation stemming from the fact that no effort was made to disguise the purposes of the current study. Participants were informed that it was a study of racial issues and counseling processes and items assessing racial issues were not disguised in any way. This may have affected the way participants responded to the surveys. For example, knowing the purposes of the study may have intensified the effect of social desirability or prompted participants to respond in a manner that is consistent with personal ideas regarding expected study results. Future studies in this area may want to take measures to disguise the purpose. For example, researchers may state the purpose as a study of political and social issues and disguise the racial attitude items by mixing them in with statements about gender, religion, social class, etc.

A final recommendation for future research stems from debriefing experiences with Black clients participating in the current study. Some of the participants had further questions about the instruments or wished to discuss their views on racial issues following their informed consent meeting. These discussions revealed that participants often found the racial attitude items, particularly those on the JLS, to be somewhat shocking. In particular, participants often expressed surprise and dismay at the possibility that Whites would be aware of racial attitudes as they exist in Black communities. Participants often assumed that these attitudes were well hidden from Whites and there was sometimes a sense of shame associated with the endorsement of negative racial stereotypes regarding Whites and racial mixing. A clear theme from these discussions was the need to open the lines of communication between White and Black communities, such that open discussion of racial attitudes would be tolerated and even encouraged. The JLS is the first instrument to attempt to thoroughly assess the multidimensional nature of Black racial attitudes toward Whites and, given these discussions with Black participants, future research should continue to identify and explore the nature of these attitudes. In particular, there is a need for qualitative research in this area to identify major themes in Black racial attitudes toward Whites and the role of potential moderating factors such as social class, exposure to White cultural values, and personal experiences with racism.

In conclusion, the results of the current study suggested that neither a Black client's nor a White counselor's racial attitudes played a significant role in predicting ratings of the therapeutic alliance in Black client-White therapist counseling dyads after controlling for client expectations and symptom severity. Although this is inconsistent

with what would be suggested by past research, it is possible that the lack of significant findings can be attributed to unique characteristics of the current sample. The sample of clients obtained in the current study was composed largely of female, class credit clients reporting low levels of distress, high expectations for counseling, and racial attitudes that depict alignment with White culture. This limited variability in the type of participant likely contributed to limited variability in scores on several of the client variables, particularly the client WAI-S, thus limiting the variability within which to find a relationship between racial attitudes and the alliance. The reason for the lack of relationship between counselor racial attitudes and alliance ratings is less clear. Counselor variables were all normally distributed, except for scores on the CoBRAS, which indicated that color-blind racial attitudes among counselors actually tended to be high. It is possible that although racial attitudes were significant predictors of alliance ratings in studies involving responses to fictitious vignettes or analogue dyads, these factors did not play as important of a role in actual counseling dyads. Future studies should continue to investigate the role of racial attitudes, racial identity and other important cultural constructs in actual counseling dyads to continue to assess the clinical implications of these constructs. In addition, the role of racial factors should be examined in different treatment settings, with different client populations, and in various regions of the country to assess the possible function of these factors in moderating the role of racial attitudes and identity in the alliance. In addition to racial factors, it is important that researchers continue to investigate a variety of variables that could play a role in predicting the alliance as this will provide counselors with information with which to

build stronger alliances, understand and address problems in the relationship, and help to ensure more positive therapeutic outcomes.

APPENDIX A  
THE CROSS RACIAL IDENTITY SCALE

Directions: read each item and indicate to what degree it reflects your own thoughts and feelings, using the 7-point scale below. There are no right or wrong answers. Base your responses on your opinion at the present time.

1	2	3	4	5	6	7
strongly disagree	disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree	strongly agree

- \_\_\_ 1. As an African American, life in America is good for me.
- \_\_\_ 2. I think of myself primarily as an American, and seldom as a member of a racial group.
- \_\_\_ 3. Too many Blacks “glamorize” the drug trade and fail to see opportunities that don’t involve crime.
- \_\_\_ 4. I go through periods when I am down on myself because I am Black.
- \_\_\_ 5. As a multiculturalist, I am connected to many groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.).
- \_\_\_ 6. I have a strong feeling of hatred and disdain for all White people.
- \_\_\_ 7. I see and think about things from an Afrocentric Perspective.
- \_\_\_ 8. When I walk into a room, I always take note of the racial make-up of the people around me.
- \_\_\_ 9. I am not so much a member of a racial group, as I am an American.
- \_\_\_ 10. I sometimes struggle with negative feelings about being Black.
- \_\_\_ 11. My relationship with God plays an important role in my life.
- \_\_\_ 12. Blacks place more emphasis on having a good time than on hard work.
- \_\_\_ 13. I believe that only those Black people who accept an Afrocentric perspective can truly solve the race problem in America.
- \_\_\_ 14. I hate the White community and all that it represents.
- \_\_\_ 15. When I have a chance to make a new friend, issues of race and ethnicity seldom play a role in who that person might be.
- \_\_\_ 16. I believe it is important to have both a Black identity and a multicultural perspective, which is inclusive of everyone (e.g., Asians, Latinos, gays & lesbians, Jews, Whites, etc.).
- \_\_\_ 17. I look in the mirror at my Black image, sometimes I do not feel good about what I see.
- \_\_\_ 18. If I had to put a label on my identity, it would be “American,” and not African American.
- \_\_\_ 19. When I read the newspaper or a magazine, I always look for articles and stories that deal with race and ethnic issues.
- \_\_\_ 20. Many African Americans are too lazy to see opportunities that are right in front of them.

- \_\_\_\_\_ 21. As far as I am concerned, affirmative action will be needed for a long time.
- \_\_\_\_\_ 22. Black people cannot truly be free until our daily lives are guided by Afrocentric values and principles.
- \_\_\_\_\_ 23. White people should be destroyed.
- \_\_\_\_\_ 24. I embrace my own Black identity, but I also respect and celebrate the cultural identities of other groups (e.g., Native Americans, Whites, Latinos, Jews, Asian Americans, gays & lesbians, etc.).
- \_\_\_\_\_ 25. Privately, I sometimes have negative feelings about being black.
- \_\_\_\_\_ 26. If I had to put myself into categories, first I would say I am an American, and second I am a member of a racial group.
- \_\_\_\_\_ 27. My feelings and thoughts about God are very important to me.
- \_\_\_\_\_ 28. African Americans are too quick to turn to crime to solve their problems.
- \_\_\_\_\_ 29. When I have a chance to decorate a room, I tend to select pictures, posters, or works of art that express strong racial-cultural themes.
- \_\_\_\_\_ 30. I hate White people.
- \_\_\_\_\_ 31. I respect the ideas that other Black people hold, but I believe that the best way to solve our problems is to think Afrocentrically.
- \_\_\_\_\_ 32. When I vote in an election, the first thing I think about is the candidate's record on racial and cultural issues.
- \_\_\_\_\_ 33. I believe it is important to have both a Black identity and a multicultural perspective, because this connects me to other groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.)
- \_\_\_\_\_ 34. I have developed an identity that stresses my experiences as an American more than my experiences as a member of a racial group.
- \_\_\_\_\_ 35. During a typical week in my life, I think about racial and cultural issues many, many times.
- \_\_\_\_\_ 36. Blacks place too much importance on racial protest and not enough on hard work and education.
- \_\_\_\_\_ 37. Black people will never be free until we embrace an Afrocentric perspective.
- \_\_\_\_\_ 38. My negative feelings toward White people are very intense.
- \_\_\_\_\_ 39. I sometimes have negative feelings about being Black.
- \_\_\_\_\_ 40. As a multiculturalist, it is important for me to be connected with individuals from all cultural backgrounds (Latinos, gays & lesbians, Jews, Native Americans, Asian-Americans, etc.).



APPENDIX B  
THE JOHNSON-LECCI SCALE

**Directions:** Please rate on a scale from 0 (strongly disagree) to 3 (strongly agree) how much each statement represents the way you generally think, feel, and act.

- | 0                    | 1        | 2     | 3                 |
|----------------------|----------|-------|-------------------|
| Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree |
- 
- \_\_\_ 1. I believe that most whites really believe that blacks are genetically inferior.
  - \_\_\_ 2. I have insulted a white person.
  - \_\_\_ 3. I look negatively upon those involved in inter-racial relationships.
  - \_\_\_ 4. I believe that the success of a white person is due to their color.
  - \_\_\_ 5. I believe that most whites would love to return to a time in which blacks had no civil rights.
  - \_\_\_ 6. I have called a white a "red neck."
  - \_\_\_ 7. I have blamed whites for my problems or for the problems of other blacks.
  - \_\_\_ 8. I have referred to mixed couples as "sell outs."
  - \_\_\_ 9. I believe that most whites think that they are superior to blacks.
  - \_\_\_ 10. I believe that whites smell.
  - \_\_\_ 11. I have made racial comments.
  - \_\_\_ 12. I believe that most whites would discriminate against blacks if they could get away with it.
  - \_\_\_ 13. I believe that most whites would harm blacks if they could get away with it.
  - \_\_\_ 14. I have referred to whites as "crackers."
  - \_\_\_ 15. I believe that most of the negative actions of whites towards blacks are due to racist feelings.
  - \_\_\_ 16. I consider myself to be racist towards whites.
  - \_\_\_ 17. I have suspected whites of trying to destroy something created by blacks.
  - \_\_\_ 18. I have spoken negatively about whites without concern as to their feelings.
  - \_\_\_ 19. I believe that most whites really do support the ideas and thoughts of racist political groups.
  - \_\_\_ 20. I have referred to a white person as a "honkey."

APPENDIX C  
THE WORKING ALLIANCE INVENTORY-SHORT FORM, CLIENT VERSION

**Instructions:** Below are 12 questions about your relationship with your counselor. Please rate on a scale from 1 (Not at all true) to 7 (Very true) the degree to which you agree with each statement.

1	2	3	4	5	6	7
Not at all true			Somewhat true			Very true

- \_\_\_ 1. My counselor and I agree about the things I will need to do in therapy to improve my situation.
- \_\_\_ 2. What I am doing in counseling gives me new ways of looking at my problem.
- \_\_\_ 3. I believe my counselor likes me.
- \_\_\_ 4. I feel that my counselor appreciates me.
- \_\_\_ 5. My counselor does not understand what I am trying to accomplish in counseling.
- \_\_\_ 6. I am confident in my counselor's ability to help me.
- \_\_\_ 7. My counselor and I are working toward mutually agreed upon goals.
- \_\_\_ 8. We agree on what is important for me to work on.
- \_\_\_ 9. My counselor and I trust one another.
- \_\_\_ 10. My counselor and I have different ideas on what my problems are.
- \_\_\_ 11. We have established a good understanding of the kind of changes that would be good for me.
- \_\_\_ 12. I believe that the way we are working with my problems is correct.

APPENDIX D  
EXPECTATIONS FOR COUNSELING SUCCESS SCALE

**Instructions:** Please fill in the blank beside each item with the number from 1 (strongly disagree) to 4 (strongly agree) that represents the degree to which each statement represents your expectations about counseling.

1  
Strongly  
Disagree

2  
Disagree

3  
Agree

4  
Strongly  
Agree

- \_\_\_\_\_ 1. I expect counseling will be helpful for me.
- \_\_\_\_\_ 2. I am not hopeful that counseling will be beneficial for me.
- \_\_\_\_\_ 3. I have faith that seeing a counselor will be helpful for me.
- \_\_\_\_\_ 4. I believe in the helpful nature of counseling.
- \_\_\_\_\_ 5. I do not expect my life to get better with counseling.

APPENDIX E  
CLIENT DEMOGRAPHIC QUESTIONNAIRE

Please provide the following information:

Age: \_\_\_\_\_

Gender:        Male            Female

Are you a student at USM?            Yes                    No

If yes, please circle your class rank.

Freshman                    Sophomore                    Junior                    Senior                    Graduate

Are you completing counseling for class credit?                    Yes                    No

APPENDIX F  
THE SYMBOLIC RACISM 2000 SCALE

**Instructions:** Please circle the number that reflects the degree to which each statement represents the way you feel about racial issues.

1. It's really a matter of some people not trying hard enough; if blacks would only try harder they could be just as well off as whites.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

2. Irish, Italian, Jewish, and many other minorities overcame prejudice and worked their way up. Blacks should do the same.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

3. Some say that black leaders have been trying to push too fast. Others feel that they haven't pushed fast enough. What do you think?

1	2	3
moving at about the right speed	going too slowly	trying to push too fast

8. Over the past few years, blacks have gotten more economically than they deserve.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

4. How much of the racial tension that exists in the United States today do you think blacks are responsible for creating?

1	2	3	4
not much at all	just a little	some	all of it

5. How much discrimination against blacks do you feel there is in the United States today, limiting their chances to get ahead?

1	2	3	4
none at all	just a little	some	a lot

6. Generations of slavery and discrimination have created conditions that make it difficult for blacks to work their way out of the lower class.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

7. Over the past few years, blacks have gotten less than they deserve.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

APPENDIX G  
THE COLOR-BLIND RACIAL ATTITUDES SCALE

**Instructions:** Please rate on a scale of 1 (strongly disagree) to 6 (strongly agree) the degree to which each item describes your attitudes and beliefs regarding racial and ethnic minorities

1	2	3	4	5	6
Strongly Disagree	Disagree			Agree	Strongly Agree

- \_\_\_ 1. Everyone who works hard, no matter what race they are, has an equal chance to become rich.
- \_\_\_ 2. Race plays a major role in the type of social services (such as type of health care or day care) that people receive in the U.S.
- \_\_\_ 3. It is important that people begin to think of themselves as American and not African American, Mexican American, or Italian American.
- \_\_\_ 4. Due to racial discrimination, programs such as affirmative action are necessary to help create equality.
- \_\_\_ 5. Racism is a major problem in the U.S.
- \_\_\_ 6. Race is very important in determining who is successful and who is not.
- \_\_\_ 7. Racism may have been a problem in the past, it is not an important problem today.
- \_\_\_ 8. Racial and ethnic minorities do not have the same opportunities as white people in the U.S.
- \_\_\_ 9. White people in the U.S. are discriminated against because of the color of their skin.
- \_\_\_ 10. Talking about racial issues causes unnecessary tension.
- \_\_\_ 11. It is important for political leaders to talk about racism to help work through or solve society's problems.
- \_\_\_ 12. White people in the U.S. have certain advantages because of the color of their skin.
- \_\_\_ 13. Immigrants should try to fit into the culture and values of the U.S.
- \_\_\_ 14. English should be the only official language in the U.S.
- \_\_\_ 15. White people are more to blame for racial discrimination than racial and ethnic minorities.
- \_\_\_ 16. Social policies, such as affirmative action, discriminate unfairly against white people.
- \_\_\_ 17. It is important for public schools to teach about the history and contributions of racial and ethnic minorities.
- \_\_\_ 18. Racial and ethnic minorities in the U.S. have certain advantages because of the color of their skin.
- \_\_\_ 19. Racial problems in the U.S. are rare, isolated situations.
- \_\_\_ 20. Race plays an important role in who gets sent to prison.

APPENDIX H  
THE WORKING ALLIANCE INVENTORY-SHORT FORM, THERAPIST VERSION

**Instructions:** Below are 12 questions about your relationship with your client. Please rate on a scale from 1 (Not at all true) to 7 (Very true) the degree to which you agree with each statement.

- | 1                  | 2 | 3 | 4                | 5 | 6 | 7            |   |
|--------------------|---|---|------------------|---|---|--------------|---|
| Not at all<br>true |   |   | Somewhat<br>true |   |   | Very<br>true |   |
| ___                |   |   |                  |   |   |              | 1. My client and I agree about the things we will need to do in therapy to improve his or her situation.      |
| ___                |   |   |                  |   |   |              | 2. What we are doing in counseling gives my client new ways of looking at the problem.                        |
| ___                |   |   |                  |   |   |              | 3. I believe my client likes me.  |
| ___                |   |   |                  |   |   |              | 4. I feel that my client appreciates me.  |
| ___                |   |   |                  |   |   |              | 5. My client does not understand what I am trying to accomplish in counseling.                                |
| ___                |   |   |                  |   |   |              | 6. I am confident in my ability to help my client.  |
| ___                |   |   |                  |   |   |              | 7. My client and I are working toward mutually agreed upon goals.   |
| ___                |   |   |                  |   |   |              | 8. We agree on what is important to work on.  |
| ___                |   |   |                  |   |   |              | 9. My client and I trust one another.   |
| ___                |   |   |                  |   |   |              | 10. My client and I have different ideas on what his or her problems are.                                     |
| ___                |   |   |                  |   |   |              | 11. We have established a good understanding of the kind of changes that would be good for my client to make. |
| ___                |   |   |                  |   |   |              | 12. I believe that the way we are working with my client's problems is correct.                               |

APPENDIX I  
COUNSELOR DEMOGRAPHIC QUESTIONNAIRE

Please provide the following information:

Age: \_\_\_\_\_

Gender:        Male                      Female

Are you currently a student at USM?        Yes                      No

If so, what degree are you currently pursuing?

---

What is your highest degree obtained so far?

---

How many years and/or months of experience do you have working with clients?

\_\_\_\_\_ years, \_\_\_\_\_ months



APPENDIX J  
IRB APPROVAL LETTER



The University of  
Southern Mississippi

Institutional Review Board

118 College Drive #5147  
Hattiesburg, MS 39406-0001  
Tel: 601.266.6820  
Fax: 601.266.5509  
www.usm.edu/irb

**HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE  
NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **26101605**

PROJECT TITLE: **The Role of Racial Factors in the Cross-Ethnic Alliance**

PROPOSED PROJECT DATES: **10/16/06 to 10/15/07**

PROJECT TYPE: **Dissertation or Thesis**

PRINCIPAL INVESTIGATORS: **Tara M. Ferguson**

COLLEGE/DIVISION: **College of Education & Psychology**

DEPARTMENT: **Psychology**

FUNDING AGENCY: **N/A**

HSPRC COMMITTEE ACTION: **Expedited Review Approval**

PERIOD OF APPROVAL: **10/31/06 to 10/30/07**

Lawrence A. Hosman  
Lawrence A. Hosman, Ph.D.  
HSPRC Chair

11-03-04  
Date

APPENDIX K  
COUNSELOR ORAL PRESENTATION

1. **Purpose:** The proposed study intends to investigate the relationship between racial attitudes and counseling processes. Information gained from this study will contribute to knowledge regarding factors that play a role in the success of multicultural counseling and will enable counselors to better understand and treat a diverse population.
2. **Description of Study:** Seventy White counselor-Black client counseling dyads at the Community Counseling and Assessment Clinic (CCAC) and the University Counseling Center (UCC) on the campus of The University of Southern Mississippi will be recruited for participation in the study. Clients and counselors will complete questionnaires regarding racial attitudes and perceptions of the therapeutic relationship. Completion of the questionnaires will require about 20-30 minutes.
3. **Benefits:** You are not expected to benefit directly from your participation in this study. However, it is hoped that information gained from this study will contribute to our understanding of racial factors in counseling.
4. **Risks:** The foreseeable risks to you for participating in this study are minimal. You will be asked to complete anonymous questionnaires that have been used many times with other individuals with no adverse effects. Any distress you experience from the completion of these instruments is expected to be short-term. If you feel distressed in any way, please let us know at once. You may be referred for counseling at that time.
5. **Confidentiality:** The data collected in this study will be treated with strict confidence. You will remain anonymous and your responses will in no way be used to evaluate your competence as a counselor. Do not put your name on any of the questionnaires. You will be asked to place a code number on all of your questionnaires and on a note card to be placed in a sealed envelope, but you will be the only person who knows this code. This consent form will be kept separate from the questionnaires and no attempt will be made to match the answers from your questionnaires with your name.
6. **Alternative Procedures:** There are not alternate procedures available to counselors who do not wish to participate in this study. However, if you do not wish to participate you will not be penalized in any way.
7. **Subject's Assurance:** This project has been reviewed by the Human Subjects Protection Review committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, Box 5147, Hattiesburg, MS 39406, (601) 266-6820. Participation in this project is completely voluntary, and subjects may withdraw from this study at any time without penalty, prejudice, or loss of benefits. Any questions about the research should be directed to Tara Ferguson at (601) 266-4601.

---

Signature of person giving oral presentation

---

Date

APPENDIX L  
CONSENT-SHORT FORM

**UNIVERSITY OF SOUTHERN MISSISSIPPI  
AUTHORIZATION TO PARTICIPATE IN RESEARCH PROJECT**

Subject's Name \_\_\_\_\_

Consent is hereby given to participate in the study entitled: The role of racial factors in the cross-ethnic alliance. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained by \_\_\_\_\_ . Information was given about all benefits, risks, inconveniences, or discomforts that might be expected.

The opportunity to ask questions regarding the research and procedures was given. Participation in the project is completely voluntary, and subjects may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.

This project is being conducted under the supervision of Dr. Mark Leach, who can be contacted at (601) 266-4601. Questions concerning the research, at any time during or after the project, should be directed to Tara Ferguson at (601) 266-4602. This project and this consent form have been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, Box 5147, Hattiesburg, MS 39406, (601) 266-6820.

The University of Southern Mississippi has no mechanism to provide compensation for subjects who may incur injuries as a result of participation in research projects. However, efforts will be made to make available the facilities and professional skills at the University. Information regarding treatment or the absence of treatment has been given. In the event of injury in this project, contact the Community Counseling and Assessment Clinic at (601) 266-4601.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person explaining the study

\_\_\_\_\_  
Date

APPENDIX M  
BLANKET CONSENT

Hi. I am a 4<sup>th</sup> year doctoral student in the Counseling Psychology program at USM who is conducting research on racial attitudes and counseling processes. You could be a participant in this study and could help to contribute to knowledge among counselors about factors that predict successful therapy with diverse individuals.

Your participation would only entail the completion of a few surveys ( $\approx$  20 minutes of your time). All responses will be **completely** anonymous, will NOT be shared with your counselor, and will be kept entirely separate from counseling. In return for your participation, you will be entered in a drawing for a \$50 gift certificate from a Hattiesburg vendor of your choice. In addition, if you are attending counseling to receive class credit you may be eligible to receive 2 Experimetrix points to complete the surveys if you are deemed appropriate for the study based on the information provided below. If you are attending counseling solely to receive Experimetrix credit, you will receive 2 credits for completion of this form and a questionnaire packet, and you may be eligible to receive 14 additional credits for participating in 1 intake session and 6 counseling sessions if you are deemed appropriate for the study based on the information provided below. Declining to participate will not affect your eligibility for counseling in any way. If you would be willing hear more about this study and possibly be a participant, please provide the following information:

Age: \_\_\_\_\_

Gender:        Male                  Female

Race/Ethnicity: \_\_\_\_\_

Are you a student at USM?                  Yes                          No

If yes, please circle your class rank.

Freshman                  Sophomore                  Junior                  Senior                  Graduate

Are you completing counseling for class credit?                  Yes                  No

Name: \_\_\_\_\_

(please print)

Best way to contact you: \_\_\_\_\_

(e.g., email and/or phone number)

Today's Date: \_\_\_\_\_

If you would like to contact me for more information about this study, please call Tara Ferguson at (601) 266-4601 or e-mail me at [tara.ferguson@usm.edu](mailto:tara.ferguson@usm.edu).

APPENDIX N  
CLIENT ORAL PRESENTATION

1. **Purpose:** The proposed study intends to investigate the relationship between racial attitudes and counseling processes. Information gained from this study will contribute to knowledge about factors that play a role in the success of counseling for people of color and will enable counselors to better understand and treat a diverse population.
2. **Description of Study:** Seventy White counselor-Black client counseling dyads at the Community Counseling and Assessment Clinic (CCAC) and the University Counseling Center (UCC) on the campus of The University of Southern Mississippi will be recruited for participation in the study. Clients and counselors will complete questionnaires regarding racial attitudes and perceptions of the therapeutic relationship. Completion of the questionnaires will require about 20-30 minutes.
3. **Benefits:** If you are attending counseling for class credit, you will be able to receive 2 additional Experimatrix credits for your participation. If you are participating solely for Experimatrix credit, you will receive 2 credits for the completion of a screening instrument and a packet of questionnaires. Based on the results of the screening, if you are found to be appropriate for the study, you will be eligible to receive 14 additional credits for completion of 1 intake session, 6 counseling sessions, and the completion of a final brief measure after the 3<sup>rd</sup> counseling session. However, please be aware that in order to qualify for counseling, you must present with something specific that you would like to work on in counseling during the initial intake session. Otherwise, you will not be allowed to complete the additional 6 counseling sessions. If you are not completing counseling for class credit of any kind, you are not expected to benefit directly from your participation in this study. However, it is hoped that information gained from this study will contribute to our understanding of racial factors in counseling.
4. **Risks:** The foreseeable risks to you for participating in this study are minimal. You will be asked to complete anonymous questionnaires that have been used many times with other individuals with no adverse effects. Any distress you experience from the completion of these instruments is expected to be short-term. If you feel distressed in any way, please let us know at once. You may be referred for counseling at that time.
5. **Confidentiality:** The data collected and the results of this study will be treated in strict confidence and you will remain anonymous. All information will be identified with a code number and you will be asked not to put your name on any of the questionnaires. This consent form will be kept separate from the questionnaires and no attempt will be made to match the answers from your questionnaires with your name. Before completion of the initial questionnaires, you will be asked to report the name of your counselor so that the appropriate counselor can be asked to participate. However, your responses will be kept **entirely** confidential from your counselor and will not affect the course of therapy in any way. In addition, you will be contacted to find out the time of your 4<sup>th</sup> counseling session (for administration of a final brief measure), but otherwise there will be no inquiry about your counseling experience.
6. **Alternative Procedures:** There are not alternate procedures available to clients who do not wish to participate in this study. However, if you do not wish to participate you will not be penalized in any way. Students who must complete class credit for a psychology course and choose not to participate in the present study will be given other options by their professor. If you do not qualify for participation in the study based on the results of the initial screening, you will be provided with a list of campus and community counseling resources.

7. **Subject's Assurance:** This project has been reviewed by the Human Subjects Protection Review committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, Box 5147, Hattiesburg, MS 39406, (601) 266-6820. Participation in this project is completely voluntary, and subjects may withdraw from this study at any time without penalty, prejudice, or loss of benefits. Any questions about the research should be directed to Tara Ferguson at (601) 266-4601.

---

Signature of person giving oral presentation

---

Date

APPENDIX O  
CAMPUS AND COMMUNITY COUNSELING RESOURCES

Should you not be selected for participation in the present study, please be aware of other campus and community counseling services:

- 1) The University of Southern Mississippi Counseling Center: (601) 266-4829
- 2) The University of Southern Mississippi Psychology Clinic: (601) 266-4588
- 3) Pine Belt Mental Healthcare Resources: (601) 544-4641
- 4) Pine Grove Psychological Services: (601) 288-2273

## REFERENCES

- Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy, 38*(2), 171-185.
- Akbar, N. (1989). Nigrescence and identity: Some limitations. *The Counseling Psychologist, 17*, 258-263.
- Al-Darmaki, F., & Kivlighan, D. M. (1993). Congruence in client-counselor expectations for relationship and the working alliance. *Journal of Counseling Psychology, 40* (4), 379-384.
- Anglin, D. M., & Wade, J. C. (2007). Racial socialization, racial identity, and Black students' adjustment to college. *Cultural Diversity and Ethnic Minority Psychology, 13*(3), 207-215.
- Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the depression anxiety stress scales in clinical groups and a community sample. *Psychological Assessment, 10*, 176-181.
- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58*, 377-402.
- Atkinson, D. R. (1983). Ethnic similarity in counseling psychology: A review of the research. *The Counseling Psychologist, 11*(3), 79-92.
- Atkinson, D. R. (1985). A meta-review of research on cross racial/ethnic counseling and



psychotherapy. *Journal of Multicultural Counseling and Development*, 13(4), 138-153.

Atkinson, D. R., Casas, A. M., & Abreu, J. (1992). Mexican-American acculturation, counselor ethnicity and cultural sensitivity, and perceived counselor competence. *Journal of Counseling Psychology*, 39, 515-520.

Atkinson, D. R., & Lowe, S.M. (1995). The role of ethnicity, cultural knowledge, and conventional techniques in counseling and psychotherapy. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 387-414). Thousand Oaks, CA: Sage.

Atkinson, D. R., Morten, G., & Sue, D. W. (1998). *Counseling American minorities: A cross-ethnic perspective*. Debuque, IA: Brown.

Atkinson, D. R., & Wampold, B. E. (1993). Mexican American's initial preferences for counselors: Simple choice can be misleading – Comment on Lopez, Lopez, and Fong (1991). *Journal of Counseling Psychology*, 40, 245-248.

Austin, N. L., Carter, R. T., & Vaux, A. (1990). The role of racial identity in Black students' attitudes toward counseling and counseling centers, *Journal of College Student Development*, 31, 237-244.

Babin, R. J. (1991). *Basic counselor skills scoring method as a predictor of the counselor trainee's effectiveness in establishing a working alliance*. Unpublished master's thesis, Nicholls State University, Thibodaux, LA.

Bachelor, A. (1995). Clients' perception of the therapeutic alliance: A qualitative analysis. *Journal of Counseling Psychology*, 42(3), 323-337.

- Banks, W. M. (1970). The changing attitudes of black students. *Personnel and Guidance Journal, 48*(9), 739-745.
- Barrett-Lennard, G. T. (1962). Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs, 76*(42, Whole No. 562).
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment style among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61*(2), 226-244.
- Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology, 56*, 893-897.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.
- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: The Guilford Press.
- Bennett, S. K., & BigFoot-Sipes, D. S. (1991). American Indian and White college students preferences for counselor characteristics. *Journal of Counseling Psychology, 38*(4), 440-445.
- Biafora, F. A., Jr., Warheit, G. J., Zimmerman, R. S., Gil, A. G., Apospori, E., Taylor, D., & Vega, W. A. (1993). Racial mistrust and deviant behaviors among ethnically diverse black adolescent boys. *Journal of Applied Social Psychology, 23*, 891-910.
- Binder, J. L., & Strupp, H. H. (1997). "Negative process": A recurrently discovered

- and underestimated facet of therapeutic process and outcome in the individual psychotherapy of adults. *Clinical Psychology-Science and Practice*, 4(2), 121-139.
- Bland, I. J., & Kraft, I. (1998). The therapeutic alliance across cultures. In S.O Okpaku (ed.), *Clinical methods in Transcultural Psychiatry* (pp. 266-278). Washington, DC: American Psychiatric Press, Inc.
- Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, research, and practice*, 16, 252-260.
- Bordin, E. S. (1980). *Of human bonds that bind or free*. Presidential address delivered at the meeting of the Society for Psychotherapy Research, Pacific Grove, CA.
- Bordin, E. (1994). Theory and research on the therapeutic working alliance: New directions. In A. Horvath & L. S. Greenberg (Eds.), *The working alliance: theory, research, and practice* (pp. 13-37). New York: Wiley.
- Brammer, R. (2004). *Diversity in counseling*. Belmont, CA: Thompson.
- Brancombe, N. R., Schmitt, M. T., & Harvey, R. D. (1999). Perceiving pervasive discrimination among Black Americans: Implications for group identification and well being. *Journal of Personality and Social Psychology*, 77(1), 135-149.
- Brigham, J. C. (1993). College students' racial attitudes. *Journal of Applied Social Psychology*, 23(23), 1933-1967.
- Brinson, J. A., & Kottler, J. A. (1995). Minorities' underuse of counseling centers' mental health services: A case for outreach and consultation. *Journal of Mental Health Counseling*, 17(4), 371-385.

- Brooks, S. M., Conn, S. A., & Ellis, P. (1992). Women and peacemaking: the importance of relationships. In S. Staub & P. Green (Eds.), *Psychology and Social Responsibility: Facing Global Challenges* (pp.271-289). New York: New York University Press.
- Brown, T. A., Chorpita, B. F., Korotitsch, W., & Barlow, D. H. (1997). Psychometric properties of the depression anxiety stress scales (DASS) in clinical samples. *Behaviour Research and Therapy*, *35*, 79-89.
- Burkard, A. W., Juarez-Huffaker, M., & Ajmere, K. (2003). White racial identity attitudes as a predictor of client perceptions of cross-ethnic working alliances. *Journal of Multicultural Counseling and Development*, *31*(4), 226-244.
- Burkard, A. W., & Knox, S. (2004). Effect of therapist color-blindness on empathy in cross-ethnic counseling. *Journal of Counseling Psychology*, *51*(4), 387-397.
- Busseri, M. A., & Tyler, J. D. (2003). Interchangeability of the Working Alliance Inventory and Working Alliance Inventory, Short Form. *Psychological Assessment*, *15*(2), 193-107.
- Carter, R. T. (1995). Psychotherapy with visible racial/ethnic groups: The cultural difference paradigm. In *The influence of race and racial identity in psychotherapy: Toward a racially inclusive model*. New York: Wiley.
- Carter, R. T., & Helms, J. E. (1992). The counseling process as defined by relationship types: A test of Helms' interactional model. *Journal of Multicultural Counseling and Development*, *20*(4), 181-201.
- Catty, J. (2004). 'The vehicle of success': Theoretical and empirical perspectives on the

- therapeutic alliance in psychotherapy and psychiatry. *Psychology and Psychotherapy: Theory, Research, and Practice*, 77(2), 255-272.
- Chiu, T. L. (1996). Problems caused for mental health professionals worldwide by increasing multicultural populations and proposed solutions. *Journal of Multicultural Counseling and Development*, 24(2), 129-140.
- Clara, I. P., Cox, B. J., & Enns, M. W. (2001). Confirmatory factor analysis of the depression-anxiety-stress scales in depressed and anxious patients. *Journal of Psychopathology and Behavioral Assessment*, 23, 61-67.
- Cokely, K. O. (2005). Racial(ized) identity, ethnic identity, and Afrocentric values: conceptual and methodological challenges in understanding African American identity. *Journal of Counseling Psychology*, 52(4), 517-526.
- Coleman, H. L. K. (1997). Conflict in multicultural counseling relationships: Source and resolution. *Journal of Multicultural Counseling and Development*, 25(3), 195-200.
- Coleman, H. L. K., Wampold, B. E., & Casali, S. L. (1995). Ethnic minorities ratings of ethnically similar and European American counselors: A meta-analysis. *Journal of Counseling Psychology*, 42, 55-64.
- Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, 58(4), 644-663.
- Connolly, M. G., Crits-Christoph, P., Barber, J. P., Siqueland, L., & Gladis, M. (2003). Pretreatment expectations, interpersonal functioning, and symptoms in the

- prediction of the therapeutic alliance across supportive-expressive psychotherapy and cognitive therapy. *Psychotherapy Research*, 13(1), 59-76.
- Constantine, M. G. (2002). Racism attitudes, White racial identity attitudes, and multicultural counseling competence in school counselor trainees. *Counselor Education and Supervision*, 41(3), 162-174.
- Constantine, M. G., Chen, E. C., & Ceesay, P. (1997). Intake concerns of racial and ethnic minority students at a university counseling center: Implications for developmental programming and outreach. *Journal of Multicultural Counseling and Development*, 25, 210-218.
- Constantino, M. J., Arnow, B. A., Blasey, C., & Agras, W. S. (2005). The association between patient characteristics and the therapeutic alliance in cognitive-behavioral and interpersonal therapy for bulimia nervosa. *Journal of Consulting and Clinical Psychology*, 73(2), 203-211.
- Cosby, S. G. (1992). Factors influencing self-disclosure patterns of Black college students. *Dissertation Abstracts International*, 52(9-B), 4970.
- Crawford, J. R., & Henry, J. D. (2003). The depression anxiety stress scales (DASS): Normative data and latent structure in a large non-clinical sample. *British Journal of Clinical Psychology*, 42, 111-131.
- Crocker, J., Luhtanen, R., Broadnax, S., & Blaine, B. E. (1999). Belief in U.S. government conspiracies against Blacks among Black and White college students: Powerlessness or system blame? *Personality and Social Psychology Bulletin*, 25(8), 941-953.

- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, *96*(4), 608-630.
- Crocker, J., Voelkl, K., Testa, M., & Major, B. (1991). Social stigma: The affective consequences of attributional ambiguity. *Journal of Personality and Social Psychology*, *60*(2), 218-238.
- Cross, W. E. (1971). The Negro-to-Black conversion experience: Towards a psychology of black liberation. *Black World*, *20*, 13-27.
- Cross, W. E. (1991). *Shades of Black: Diversity in Black American identity*. Philadelphia: Temple University Press.
- Cross, W. E. (1995). The psychology of nigrescence: Revising the Cross model. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of Multicultural counseling* (pp. 93-122). Thousand Oaks, CA: Sage.
- Cross, W. E., Jr., & Vandiver, B. J. (2001). Nigrescence theory and measurement: Introducing the Cross Racial Identity Scale (CRIS). In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2<sup>nd</sup> ed., pp. 371-393). Thousand Oaks, CA: Sage.
- D'Andrea, M. D., & Daniels, J. (2001) Expanding our thinking about White racism: Facing the challenge of multicultural counseling in the 21<sup>st</sup> century. In J. G. Ponterotto, J. M. Casas, Suzuki, L. A., & Alexander, C. M. (Eds.), *Handbook of Multicultural Counseling* (2<sup>nd</sup> ed., pp. 289-310). Thousand Oaks, CA: Sage.
- Delphin, M. E., & Rollock, D. (1995). University alienation and Black American ethnic identity as predictors of attitudes toward, knowledge about, and likely

- use of psychological services. *Journal of College Student Development*, 36(4), 337-346.
- Derogatis, L. (1994). *Symptom Checklist 90-R: Administration, scoring, and procedures manual*. Minneapolis, MN: National Computing Services.
- Despland, J-N., de Roten, Y., Despars, J., Stigler, M., & Perry, J. C. (2001). Contribution of patient defense mechanisms and therapist interventions to the development of early therapeutic alliances in a brief psychodynamic investigation. *Journal of Psychotherapy Practice & Research*, 10(3), 155-164.
- De Vaus, D. (2002). *Analyzing Social Science Data: 50 Key Problems in Data Analysis*. Australia: Sage Publications.
- Diala, C., Munateer, C., Walrath, C., Nickerson, K. J., LaVeist, T. A., & Leaf, C. W. (2000). Racial differences in attitudes toward professional mental health care in the use of services. *American Journal of Orthopsychiatry*, 70(4), 455-464.
- Dunkle, J. H. (1996). Contribution of therapist experience and personal characteristics to the working alliance. *Journal of Counseling Psychology*, 43(4), 456-460.
- Dunkle, J., & Friedlander, M. (1996). Contribution of therapist experience and personal characteristics to the working alliance. *Journal of Counseling Psychology*, 43(4), 456-460.
- Dykeman, C., & LaFleur, N. K. (1996). Counselors' adjective correlates of working alliance. *Psychological Reports*, 78(2), 563-570.
- Eames, V., & Roth, A. (2000). Patient attachment orientation and the early working alliance: A study of patient and therapist reports of alliance quality and ruptures.



*Psychotherapy Research*, 10(4), 421-434.

Eaton, T. T., Abeles, N., & Gutfreund, J. M. (1988). Therapeutic alliance and outcome:

Impact of treatment length and pretreatment symptomatology. *Psychotherapy: Theory, Research, Practice, Training*, 25(4), 536-542.

Elkin, I. (1994). The NIMH treatment of depression collaborative research program:

where we began and where we are. In A. Bergin & S. Garfield (eds.), *Handbook of psychotherapy and behavior change* (4<sup>th</sup> ed., pp. 114 – 139). Oxford, England: Wiley.

Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.

Ferguson, T. M., Leach, M. M., Nicholson, B. C., Levy, J. M., & Johnson, J. D. (2008).

Influences on counselor race preferences: Distinguishing racial identity from racial attitudes. *Journal of Multicultural Counseling and Development*, 36, 70-82

Frank, J. D. (1961). *Persuasion and healing*. Baltimore: John Hopkins.

Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3<sup>rd</sup> ed.). Baltimore: Johns Hopkins University Press.

Freud, S. (1912). *The dynamics of transference*. *Standard edition*, 12. London: Hogarth Press (rpr. 1958).

Freud, S. (1937). *Analysis terminable and interminable*. *Standard edition*, 23. London: Hogarth Press (rpr. 1964).

Fuertes, J. N., Stracuzzi, T. I., & Bennett, J. (2006). Therapist multicultural competency:

- A study of therapy dyads. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 480-490.
- Furnham, A., & Procter, E. (1988). *The multi-dimensional just world belief scale*. [Mimeograph] London: London University.
- Garretson, D. J. (1993). Psychological misdiagnosis of Black Americans. *Journal of Multicultural Counseling and Development*, 21, 119-126.
- Gaston, L. (1991). Reliability and criterion-related validity of the California Psychotherapy Alliance Scales-patient version. *Psychological Assessment*, 3(1), 68-74.
- Gelso, C. J., & Mohr, J. J. (2001). The working alliance and the transference/countertransference relationship: Their manifestation with racial/ethnic and sexual orientation minority clients and therapists. *Applied and Preventative Psychology*, 10, 51-68.
- Goldberg, B., & Tidwell, R. (1990). Ethnicity and gender similarity: The effectiveness of counseling for adolescents. *Journal of Youth and Adolescence*, 19, 589-593.
- Gomes-Schwartz, B. (1978). Effective ingredients in psychotherapy: Prediction of outcome from process variables. *Journal of Consulting and Clinical Psychology*, 46, 1023-1035.
- Grant-Thompson, S. K., & Atkinson, D. R. (1997). Cross-ethnic mentor effectiveness and Black American male students. *Journal of Black Psychology*, 23, 120-134.
- Greenson, R. R. (1967). *The technique and practice of psychoanalysis*. New York: International Universities Press.
- Grieger, I., & Ponterotto, J. G. (1995). A framework for assessment in multicultural

- counseling. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 357-374). Thousand Oaks: CA: Sage.
- Griffin, D. W., & Bartholomew, K. (1994). Models of the self and other: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology*, *67*(3), 430-445.
- Gushue, G. V. (2004). Race, color-blind racial attitudes, and judgments about mental health: A shifting standards perspective. *Journal of Counseling Psychology*, *51*(4), 398-407.
- Harrison, D. K. (1975). Race as a counselor-client variable in counseling and psychotherapy: A review of the research. *The Counseling Psychologist*, *5*(1), 124-133.
- Hartley, D., & Strupp, H. (1983). The therapeutic alliance: Its relationship to outcome in brief psychotherapy. In J. Masling (Ed.), *Empirical studies of psychoanalytic theories* (pp. 1-27). Hillsdale, NJ: Erlbaum.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, *52*(3), 511-524.
- Helms, J. E. (1984). Toward a theoretical explanation of the effects of race on counseling: A Black and White model. *Counseling Psychologist*, *12*(3-4), 153-165.
- Helms, J. E. (1995). An update on Helm's white and people of color racial identity models. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.),

- Handbook of multicultural counseling* (p.181-198). Thousand Oaks, CA: Sage.
- Helms, J. E., & Carter, R. T. (1991). Relationships of White and Black racial identity attitudes and demographic similarity to counselor preferences. *Journal of Counseling Psychology, 38*, 446-457.
- Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Boston: Allyn & Bacon.
- Henry, P. J., & Sears, D. O. (2002). The Symbiotic Racism 2000 Scale. *Political Psychology, 23*(2), 253-283.
- Henry, W. P., & Strupp, H. H. (1994). The therapeutic alliance as an interpersonal process. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice*. New York: Wiley.
- Heppner, P. P., & Heppner, M. J. (2004). *Writing and publishing your thesis, dissertation & research: A guide for students in the helping professions*. Belmont, CA: Brooks/Cole.
- Herman, S. M. (1997). Therapist-client similarity on the multimodal structural profile inventory as a predictor of early session impact. *Journal of Psychotherapy Practice and Research, 6*, 139-144.
- Hersoug, A. G., Hoglend, P. H., Monsen, J. T., & Havik, O. E. (2001). Quality of working alliance in psychotherapy: Therapist variables and patient/therapist similarity as predictors. *Journal of Psychotherapy Practice and Research, 10*(4), 205-216.
- Hersoug, A. G., Monson, J. T., Havik, O. E., & Hogland, P. (2002). Quality of early

- working alliance in psychotherapy: Diagnosis, relationship and intrapsychic variables as predictors. *Psychotherapy and Psychosomatics*, 71(1), 18-27.
- Hess, R. S., & Street, E. M. (1991). The effect of acculturation on the relationship of counselor ethnicity and client ratings. *Journal of Counseling Psychology*, 38, 71-75.
- Hill, C. E., & Williams, E. N. (2000). The process of individual therapy. In S. D. Brown & R. W. Lent (Eds.), *The Handbook of Counseling Psychology*. New York: Wiley.
- Horvath, A. O. (1994). Research on the alliance. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 259-286). New York: John Wiley.
- Horvath, A. O. (2001). The therapeutic alliance: Concepts, research, and training. *Australian Psychologist*, 36(2), 170-176.
- Horvath, A. O., Gaston, L., & Luborsky, L. (1993). The therapeutic alliance and its measures. In N.E. Miller, L.L. Luborsky, J.P. Barber, & J.P. Docherty (Eds.), *Psychodynamic treatment research: A handbook for clinical practice* (pp. 247-273). New York, NY: Basic Books.
- Horvath, A. O., & Greenberg, L. S. (1986). The development of the Working Alliance Inventory. In L. S. Greenberg & W. M. Pinsof (Eds.), *The Psychotherapeutic Process: A research handbook* (pp.529-556). New York: Guilford Press.
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Consulting and Clinical Psychology*, 61, 561-573.

- Horvath, A. O., & Greenberg, L. S. (Eds.) (1994). *The working alliance: Theory, research, and practice*. New York: John Wiley & Sons.
- Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology, 61*(4), 561-573.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*(2), 139-149.
- John, O. P., Donahue, E. M., & Kentle, R. L. (1991). *The Big Five Inventory: Versions 4a and 54*. Berkeley: University of California, Berkeley, Institute of Personality and Social Research.
- Johnson, J. D., & Lecci, L. (2003). Assessing anti-White attitudes held among Blacks and predicting perceived racism. *Personality and Social Psychology Bulletin, 29*, 299-312.
- Johnson, N. G. (2001). Women helping men: Strengths of and barriers to women therapists working with men clients. In G.R. Brooks & G.E. Good (Eds.), *The New Handbook of Psychotherapy and Counseling with Men: A Comprehensive Guide to Settings, Problems, and Treatment Approaches*. San Francisco, CA: Jossey-Bass.
- Joyce, A. S., & Piper, W. E. (1998). Expectancy, the therapeutic alliance, and treatment outcome in short-term individual psychotherapy. *Journal of Psychotherapy Research and Practice, 7*(3), 236-248.
- Kahn, J. H., Achter, J. A., & Shambaugh, E. J. (2001). Client distress disclosure,

- characteristics at intake, and outcome in brief counseling. *Journal of Counseling Psychology, 48*, 203-211.
- Kahn, J. H., & Hessling, R. M. (2001). Measuring the tendency to conceal versus disclose psychological distress. *Journal of Social and Clinical Psychology, 20*, 41-65.
- Kim, B. S., & Abreu, J. M. (2001). Acculturation measurement: Theory, current instruments, and future directions. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Kim, B. S. K., Ng, G. F., & Ahn, A. J. (2005). Effects of client expectations for counseling success, client-counselor worldview match, and client adherence to Asian and European American cultural values on counseling processes with Asian Americans. *Journal of Counseling Psychology, 52*(1), 67-76.
- Kinder, D. R., & Sanders, L. M. (1996). *Divided by color: Racial politics and democratic ideals*. Chicago: University of Chicago Press.
- Kivlighan, D. M., Patton, M. J., & Foote, D. (1998). Moderating effects of client attachment on the counselor experience-working alliance relationship.
- Kivlighan, D. M., & Schmitz, P. J. (1992). Counselor technical activity in cases with improving working alliances and continuing poor working alliances. *Journal of Consulting and Clinical Psychology, 39*, 32-38.
- Klee, M. R., Abeles, N., Muller, R. T. (1990). Therapeutic alliance: Early indicators, course, and outcome. *Psychotherapy: Theory, Research, Practice, Training, 27*(2), 166-174

- Kokotovic, A. M., & Tracey, T. J. (1990). Working alliance in the early phases of counseling. *Journal of Counseling Psychology, 37*(1), 16-21.
- Krupinski, M., Schochlin, C., Fischer, A., & Nedopil, N. (1997). Therapeutic alliance in forensic psychiatric hospitals: An empirical study. *The Journal of Forensic Psychiatry, 8*(3), 528-545.
- Kuentzel, J. G. (2001). Perceived support and the therapeutic alliance. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 61*(10-B), 5568.
- LaCrosse, M. B., & Barak, A. (1976). Differential perception of counselor behavior. *Journal of Counseling Psychology, 23*, 170-172.
- Ladany, N., Brittan-Powell, C. S., & Pannu, R. K. (1997). The influence of supervisory racial identity interaction and racial matching on the supervisory working alliance and supervisee multicultural competence. *Counselor Education and Supervision, 36*(4), 1-13.
- LaFleur, N. K., Rowe, W., & Leach, M. M. (2002). Reconceptualizing White racial consciousness. *Journal of Multicultural Counseling and Development, 30*, 148-152.
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4<sup>th</sup> ed., pp. 143-189). New York: Wiley.
- Lambert, M. J., & Finch, A. E. (1999). The outcome questionnaire. In M. E. Maruish (Ed.), *The Use of Psychological Testing for Treatment Planning and Outcome*



- Assessment* (2<sup>nd</sup> edition) (pp. 831-869). Mahwah, NJ: Erlbaum.
- Leach, M. M., Behrens, J. T., & LaFleur, N. K. (2002). White racial identity and White racial consciousness: Similarities, differences, recommendations. *Journal of Multicultural Counseling and Development, 30*, 67-80.
- Leong, F. T. L., Wagner, N. S., & Tata, S. P. (1995). Racial and ethnic variations in help-seeking attitudes. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 415-438). Thousand Oaks, CA: Sage.
- Levy, E. G. (1999). Therapeutic process in a managed care type setting: The working alliance, pretreatment characteristics and outcome. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 59*(9-B), 5094.
- Liddle, B. J. (1996). Therapist sexual orientation, gender, and counseling practices as they relate to ratings on helpfulness on gay and lesbian clients. *Journal of Counseling Psychology, 43*(4), 394-401.
- Lipkus, I. (1991). The construction and preliminary validation of a Global Belief in a Just World Scale and the exploratory analysis of the Multidimensional Belief in a Just World Scale. *Personality and Individual Difference, 12*, 1171-1178.
- Lovibond, S. H., & Lovibond, P.F. (1995). Manual for the depression anxiety stress scales. Sydney, Australia: Psychology Foundation Monograph.
- Luborsky, L. (1976). Helping alliances in psychotherapy. In J. L. Cleghorn (Ed.), *Successful psychotherapy* (pp.92-116). New York: Brunner/Mazel.
- Luborsky, L. (1984). *Principles of psychodynamic psychotherapy*. New York: Basic

## Books.

- Luborsky, L. (1994). Therapeutic alliances as predictors of psychotherapy outcomes: Factors explaining the predictive success. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 38-50). New York: John Wiley.
- Luborsky, L., Crits-Cristoph, P., Alexander, L., Margolis, M., & Cohen, M. (1983). Two helping alliance methods for predicting outcomes of psychotherapy: A counting signs vs. global rating method. *Journal of Nervous and Mental Disease, 171*, 480-490.
- Luborsky, L., McLellan, A. T., Woody, G. E., O'Brien, C. P., & Auerbach, A. (1985). Therapist success and its determinants. *Archives of General Psychiatry, 42*, 602-611.
- Lupini, L. N. (2001). Counselor-client value similarity and dissimilarity, the working alliance, and counseling outcome. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 61*(8-B), 4415.
- MacDougall, C., & Arthur, N. (2001). Applying racial identity models in multicultural counseling. *Canadian Journal of Counselling, 35*(2), 122-136.
- Mallinckrodt, B. (1991). Clients' representations of childhood emotional bonds with parents, social support, and formation of the working alliance. *Journal of Counseling Psychology, 38*, 401-409.
- Mallinckrodt, B., Gantt, D. L., & Coble, H. M. (1995). Attachment patterns in the psychotherapy relationship: Development of the Client Attachment to Therapist

- Scale. *Journal of Counseling Psychology*, 42(3), 307-317.
- Mallinckrodt, B., & Nelson, M. L. (1991). Counselor training level and the formation of the psychotherapeutic working alliance. *Journal of Counseling Psychology*, 38, 133-138.
- Marmar, C. R., Gaston, L, Galligher, D., & Thompson, L. W. (1989). Alliance and outcome in late-life depression. *Journal of Nervous and Mental Disease*, 177, 464-472.
- Marmar, C. R., Weiss, D. S., & Gaston, L. (1989). Toward the validation of the California Therapeutic Alliance Rating System. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 1, 46-52.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68, 438-450.
- Marziali, E. (1984). Three viewpoints on the therapeutic alliance scales: similarities, differences and associations with psychotherapy outcome. *Journal of Nervous and Mental Disease*, 172, 417-423.
- Mason, J. (1997). Cultural diversity in the treatment alliance. In B. Blackwell (Ed.), *Treatment compliance and the therapeutic alliance*. Netherlands: Harwood.
- Matthews, A. K., & Hughes, T. L. (2001). Mental health service use by Black American women: Exploration of subpopulation differences. *Research Report*, 7(1), 75-87.

- McConahay, J. B. (1982). Self-interest versus racial attitudes as correlates of anti-bussing attitudes in Louisville: Is it the buses or the blacks: *Journal of Politics*, 44, 692-720.
- McConahay, J. B. (1986). Modern racism, ambivalence, and the Modern Racism Scale. In J. F. Dovidio & S. L. Gaertner (Eds.), *Prejudice, racism, and discrimination*. San Diego, CA: Academic Press.
- Meier, P. S., Donmall, M. C., Barrowclough, C., McElduff, P., & Heller, R. F. (2005). Predicting the early alliance in the treatment of drug misuse. *Addiction*, 100(4), 500-511.
- Meissner, W. W. (1996). Empathy in the therapeutic alliance. *Psychoanalytic Inquiry*, 16(1), 39-53.
- Middleton, R. A., Stadler, H. A., Simpson, C., Guo, Y., Brown, M. J., Crow, G., Schuck, K., Alemu, Y., & Lazarte, A. A. (2005). Mental health practitioners: The relationship between White racial identity attitudes and self-reported multicultural competencies. *Journal of Counseling and Development*, 83(4), 444-456.
- Monteith, M. J., & Spicer, V. C. (2000). Contents and correlates of Whites' and Blacks' racial attitudes. *Journal of Experimental Social Psychology*, 36, 125-154.
- Morrison, L. L., & Downey, D. L. (2000). Racial differences in self-disclosure of suicidal ideation and reasons for living: Implications for training. *Cultural Diversity & Ethnic Minority Psychology*, 6(4), 374-386.
- Morten, G. H., & Atkinson, D. R. (1983). Minority identity development and preference for counselor race. *Journal of Negro Education*, 52(2), 156-161.

- Muran, J. C., Segal, Z. V., Samstag, L. W., & Crawford, C. E. (1994). Patient pretreatment interpersonal problems and therapeutic alliance in short-term cognitive therapy. *Journal of Consulting and Clinical Psychology, 62*(1), 185-190.
- Neville, H. A., Lilly, R. L., Duran, G., Lee, R. M., & Browne, L. (2000). Construction and initial validation of the Color-Blind Racial Attitudes Scale (CoBRAS). *Journal of Counseling Psychology, 47*, 59-70.
- Neville, H., Spanierman, L., & Doan, B. (2006). Exploring the association between color-blind racial ideology and multicultural counseling competencies. *USEducational Publishing Foundation, 12*(2).
- Neville, H. A., Worthington, R. L., & Spanierman, L. B. (2001). Race, power, and multicultural counseling psychology: Understanding White privilege and color-blind racial attitudes. In J. G. Ponterotto, J. M. Casas, Suzuki, L. A., & Alexander, C. M. (Eds.), *Handbook of Multicultural Counseling* (2<sup>nd</sup> ed., pp. 289-310). Thousand Oaks, CA: Sage.
- Nickerson, K. J., Helms, J. E., & Terrell, F. (1994). Cultural mistrust, opinions about mental illness, and Black students' attitudes toward seeking psychological help from White counselors. *Journal of Counseling Psychology, 41*, 378-385.
- Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4<sup>th</sup> ed., pp. 270-376). New York: Wiley.
- Ottavi, T. M., Pope-Davis, D. B., & Dings, J. G. (1994). Relationship between White

racial identity attitudes and self-reported multicultural counseling competencies.

*Journal of Counseling Psychology, 41(2), 149-154.*

Panganamala, N. R., & Plummer, D. L. (1998). Attitudes toward counseling among Asian Indians in the United States. *Cultural Diversity and Mental Health, 4(1), 55-63.*

Paniagua, F. A. (1998). *Assessing and treating culturally diverse clients: A practical guide* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Parham, T. A., & Helms, J. E. (1981). The influence of Black students' racial identity attitudes on preferences for counselor race. *Journal of Counseling Psychology, 28(3), 250-257.*

Paulhus, D. L. (1991). Measurement and control of response bias. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (pp. 17-59). San Diego, CA: Academic Press.

Pettigrew, G. F., & Meertens, R. W. (1995). Subtle and blatant prejudice in western Europe. *European Journal of Social Psychology, 25, 57-75.*

Pinel, E. C. (1999). Stigma consciousness: The psychological legacy of social stereotypes. *Journal of Personality and Social Psychology, 76(1), 114-128.*

Piper, W. E., Azim, H. R. A., Joyce, A. S., McCallum, M., Nixon, G. W. H., & Segal, P. S. (1991). Quality of object relations vs. interpersonal functioning as predictors of therapeutic alliance and psychotherapy outcome. *Journal of Nervous and Mental Disease, 179, 432-438.*

Piper, W. E., Joyce, A. S., McCallum, M., & Azim, H. F. A. (1993). Concentration and correspondence of transference interpretations in short-term psychotherapy.

*Journal of Clinical and Consulting Psychology*, 61(4), 586-595.

Pomales, J., Claiborn, C. D., & LaFromboise, T. D. (1986). Effects of Black students' racial identity on perceptions of White counselors varying in cultural sensitivity.

*Journal of Counseling Psychology*, 33(1), 57-61.

Ponterotto, J. G., Anderson, W. H., & Grieger, I. Z. (1986). Black students' attitudes toward counseling as a function of racial identity. *Journal of Multicultural Counseling and Development*, 14(2), 50-59.

Ponterotto, J. G., Burkard, A., Rieger, B. P., Grieger, I., D'Onofrio, A., Dubuisson, A., Heeneham, M., Millstein, B., Parisi, M., Rath, J. F., & Sax, G. (1995).

Development and initial validation of the Quick Discrimination Index (QDI). *Educational and Psychological Measurement*, 55, 1016-1031.

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of the Multicultural Counseling Awareness Scale. *Journal of Multicultural Counseling and Development*, 30(3), 153-180.

Ponterotto, J. G., & Wise, S. L. (1987). Construct validity of the Racial Identity Attitudes Scale. *Journal of Counseling Psychology*, 34, 218-223.

Pope-Davis, D. B., Toporek, R. L., Ligiero, D. P., Brittan-Powell, C. S., Liu, W. M., Bashshur, M. R., Codrington, J. N., & Liang, C. T. H. (2002). Client perspectives of multicultural counseling competence: A qualitative examination. *The Counseling Psychologist*, 30(3), 355-393.

Porche, L. M., & Bankitos, P. G. (1982). Racial and attitudinal factors affecting the perceptions of counselors by Black adolescents. *Journal of Counseling*

*Psychology, 29(2), 169-174.*

- Poston, C. W., Craine, M., & Atkinson, D. R. (1991). Counselor dissimilarity confrontation, client cultural mistrust, and willingness to self-disclose. *Journal of Multicultural Counseling and Development, 19, 65-73.*
- Priebe, S., & Gruyters, T. (1993). The role of helping alliance in psychiatric community care: A prospective study. *Journal of Nervous and Mental Disease, 181, 552-557.*
- Ramos-Sanchez, L., Atkinson, D. R., & Fraga, E. D. (1999). Mexican Americans' bilingualism cues, counselor ethnicity, and perceived counselor credibility. *Journal of Counseling Psychology, 46, 125-131.*
- Rector, N. A., Zuroff, D. C., & Segal, Z. V. (1999). Cognitive change and the therapeutic alliance: The role of technical and nontechnical factors in cognitive therapy. *Psychotherapy: Theory, Research, Practice, Training, 36(4), 320-328.*
- Reed, K. L. (1988). *The relationship of Black students' racial identity to counselor race preference and premature termination from counseling.* Unpublished doctoral dissertation, University of Wisconsin, Madison.
- Reynolds, W. M. (1982). Development of a reliable and valid short forms of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology, 38, 119-125.*
- Richardson, T. Q., & Helms, J. E. (1994). The relationship of the racial identity attitudes of Black men to perceptions of "parallel" counseling dyads. *Journal of Counseling & Development, 73, 172-177.*
- Ricker, M., Nystul, M., & Waldo, M. (1999). Counselors' and clients' ethnic similarity



- and therapeutic alliance in time-limited outcomes of counseling. *Psychological Reports*, 84, 674-676.
- Ridley, C. R. (1984). Clinical treatment of the nondisclosing Black client. *American Psychologist*, 39, 1234-1244.
- Rogers, C. R. (1951). *Client-centered therapy*. Cambridge, MA: Riverside Press.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95-103.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Rosenberg, R. C., & Kesselman, M. (1993). The therapeutic alliance and the psychiatric emergency room. *Hospital & Community Psychiatry*, 44(1), 78-80.
- Rowe, W., Bennett, S. K., & Atkinson, D. R. (1994). White racial identity models: A critique and alternative proposal. *Counseling Psychologist*, 22(1), 129-146.
- Rozov, E. J. (2002). Therapist attachment style and emotional trait biases: A study of therapist contribution to the working alliance. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 62(9-B), 4235.
- Ryan, E. R., & Cicchetti, D. V. (1985). Predicting quality of alliance in the initial psychotherapy interview. *Journal of Nervous and Mental Disease*, 717-725.
- Saizman, M. (1995). Attributional discrepancies and bias in cross-ethnic interactions. *Journal of Multicultural Counseling and Development*, 23, 181-193.
- Saketopoulou, A. (1999). The therapeutic alliance in psychodynamic psychotherapy: Theoretical conceptualizations and research findings. *Psychotherapy: Theory*,

*Research, Practice, Training*, 36(4), 329-342.

Sample Power 1.0 (1997). Chicago, IL: SPSS Inc.

Satterfield, W. A., & Lyddon, W. J. (1995). Client attachment and perceptions of the working alliance with counselor trainees. *Journal of Counseling Psychology*, 42(2), 187-189.

Satterfield, W. A., & Lyddon, W. J. (1998). Client attachment and the working alliance. *Counseling Psychology Quarterly*, 11(4), 407-415.

Sauer, E. M., Lopez, F. G., & Gormley, B. (2003). Respective contributions of therapist and client adult attachment orientations to the development of the working alliance: A preliminary growth modeling study. *Psychotherapy Research*, 13(3), 371-382.

Sears, D. O., & Kinder, D. R. (1971). Racial tensions and voting in Los Angeles. In W. Z. Hirsch (Ed.), *Los Angeles: Viability and prospects for metropolitan leadership* (pp. 51-88). New York: Praeger.

Sellers, R. M., Smith, M. A., Shelton, J. N., Rowley, S. A., & Chavous, T. M. (1998). Multidimensional model of racial identity: A reconceptualization of African American Racial Identity. *Personality and Social Psychology Review*, 2(1), 18-39.

Shechter, R. A. (1992). Voice of a hidden minority: Identification and countertransference in the cross-ethnic working alliance. *The American Journal of Psychoanalysis*, 52(4), 339-349.

Shonfeld-Ringel, S. (2001). A re-conceptualization of the working alliance in cross-

- cultural practice with non-western clients: Integrating relational perspectives and multicultural theories. *Clinical Social Work Journal*, 29(1), 53-63.
- Sladen, B. J. (1982). Effects of race and socioeconomic status on the perceptions of process variables in counseling. *Journal of Counseling Psychology*, 29(6), 560-566.
- Slattery, J. M. (2004). *Counseling diverse clients: Bringing context into therapy*. Belmont, CA: Thompson.
- Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32(9), 752-760.
- Smith, M. L., Glass, G. V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore: The Johns Hopkins University Press.
- Speight, W. L., & Vera, E. M. (1997). Similarity and difference in multicultural counseling: Considering the attraction and repulsion hypothesis. *The Counseling Psychologist*, 25(2), 280-298.
- Sniderman, P. M., Crosby, G. C., & Howell, W. G. (2000). The politics of race. In D. O. Sears, J. Sinanius, & L. Bobo (Eds.), *Realized politics: The debate about racism in America* (pp.236-279). Chicago: University of Chicago Press.
- Sniderman, P. M., & Tetlock, P. E. (1986). Symbolic racism: Problems of motive attribution in political analysis. *Journal of Social Issues*, 42(2), 129-150.
- Spielberger, C. D. (1983). *Manual for the state-trait anxiety inventory (STAI)*. Palo Alto: Consulting Psychologists Press.
- Stapor, B. (1999). The effect of working alliance on termination status at a college

- counseling center. *Dissertation Abstracts International: Section A: The Humanities and Social Sciences*, 59(11-A), 4071.
- Stone, R.G. (2001). *Student utilization of a college counseling center: A comparison of African Americans and European Americans*. Unpublished doctoral dissertation, University of Tennessee, Knoxville.
- Strupp, H. H., Wallach, M. S., & Wogan, M. (1964). Psychotherapy experience in retrospect: Questionnaire survey of former patients and their therapists. *Psychological Monographs*, 78(11, Whole No. 588).
- Sue, D. W., & Sue, S. (2003). *Counseling the culturally diverse: Theory and practice* (4<sup>th</sup> ed.). New York: Wiley.
- Sue, S. (1988). Psychotherapeutic services for ethnic minorities: Two decades of research findings. *American Psychologist*, 43(4), 301-308.
- Sue, S., Zane, N., & Young, K. (1993). Research on psychotherapy with culturally diverse populations. In A. Bergin & S. Garfield (eds.), *Handbook of psychotherapy and behavior change* (4<sup>th</sup> ed., pp. 783-817). New York: Wiley.
- Svartberg, M. (1993). Characteristics, outcome, and process of short-term psychodynamic psychotherapy: An updated overview. *Nordic Journal of Psychiatry*, 47(3), 161-167.
- Svartberg, M., & Stiles, T. C. (1994). Therapeutic alliance, therapist competence, and client change in short-term, anxiety-provoking psychotherapy. *Psychotherapy Research*, 4(1), 20-33.
- Terrell, F., & Terrell, S. (1981). An inventory to measure cultural mistrust among Blacks.

*The Western Journal of Black Studies*, 5(3), 180-185.

- Terrell, F., & Terrell, S. L. (1984). Race of counselor, client sex, cultural mistrust level, and premature termination from counseling among Black clients. *Journal of Counseling Psychology*, 31, 371-375.
- Thompson, C., Neville, N., Weather, P., Poston, C., & Atkinson, D. (1990). Cultural mistrust and racism reaction among Black-American students. *Journal of College Student Development*, 31, 162-168.
- Thompson, C. E., Worthington, R., & Atkinson, D. R. (1994). Counselor content orientation, counselor race, and Black women's cultural mistrust and self-disclosures. *Journal of Counseling Psychology*, 41(2), 155-161.
- Todisco, M., & Salomone, P. R. (1991). Facilitating effective cross-ethnic relationships: The White counselor and the Black client. *Journal of Multicultural Counseling and Development*, 19, 146-157.
- Tokar, D. M., Hardin, S. I., Adams, E. M., & Brandel, I. W. (1996). Client expectations about counseling and perceptions of the working alliance. *Journal of College Student Psychotherapy*, 11(2), 9-26.
- Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment*, 1(3), 207-210.
- Utsey, S. O., & Gernat, C. A. (2002). White racial identity attitudes and the ego defense mechanisms used by White counselor trainees in racially provocative counseling situations. *Journal of Counseling and Development*, 80(4), 475-483.
- Vandiver, B. J., Cross, W. E., Worrell, F. C., & Fhagen-Smith, P. E. (2002). Validating

- the Cross Racial Identity Scale. *Journal of Counseling Psychology*, 49(1), 71-85.
- Vandiver, B. J., Fhagen-Smith, P. E., Cokley, K. O., Cross, W. E., & Worrell, F. C. (2001). Cross's nigrescence model: From theory to scale to theory. *Journal of Multicultural Counseling and Development*, 29(3), 174-200.
- Vontress, C. E. (1995). The breakdown of authority: Implications for counseling young Black American males. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 457-473). Thousand Oaks, CA: Sage.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. New Jersey: Lawrence Erlbaum Associates.
- Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., & Ahn, H. (1997). A meta-analysis of outcome studies comparing bona-fide psychotherapies: Empirically, "All must have prizes." *Psychological Bulletin*, 122, 203-215.
- Waters, H. (1994). Decision making and race. *International Journal of Intercultural Relations*, 18(4), 449-467.
- Waters, A. M. (1997). Conspiracy theories as ethnisociologies: Explanation and intention in Black American political culture. *Journal of Black Studies*, 28(1), 112-125.
- Watkins, C. E., & Terrell, F. (1988). Mistrust level and its effects on counseling expectations in Black client-White counselor relationships: An analogue study. *Journal of Counseling Psychology*, 35(2), 194-197.
- Watkins, C. E., Terrell, F., Miller, F. S., & Terrell, S. L. (1989). Cultural mistrust and its effects on expectational variables in Black client-White counselor relationships.

*Journal of Counseling Psychology, 36, 447-450.*

Wetzel, C. G., & Wright-Buckley, C. W. (1988). Reciprocity of self-disclosure: Breakdown of trust in cross-ethnic dyads. *Basic and Applied Social Psychology, 9(4), 277-288.*

Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for diagnosis and treatment of Black Americans. *Professional Psychology: Research and Practice, 32(6), 555-562.*

Wilson, L. L., & Stith, S. M. (1991). Culturally sensitive therapy with Black clients. *Journal of Multicultural Counseling and Development, 19, 32-43.*

Zetzel, E. R. (1956). Current concepts of transference. *International Journal of Psychoanalysis, 37, 369-376.*