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Discussions of Racial Difference and the Effect on Client Ratings of the Working Alliance and Counselor

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Client and Counselor Discussions of Racial and Ethnic Differences in Counseling: An Exploratory Investigation

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Fifty-one clients were surveyed to examine the effect of counselor discussion of racial and ethnic differences in counseling. Analyses revealed that White counselors who discussed these differences with their clients of color were rated as more credible and as having stronger working alliances than those who did not discuss such differences.

Se entrevistó a cincuenta y un clientes para examinar los efectos de la discusión por parte del consejero de las diferencias raciales y étnicas en consejería. Los análisis revelaron que los consejeros Blancos que discutieron estas diferencias con sus clientes de color fueron valorados como más fiables y con alianzas de trabajo más sólidas que aquellos que no discutieron tales diferencias.

Perhaps the most significant factor in determining whether a client engages in counseling is the counseling relationship, particularly when the client and the counselor are racially and ethnically different (D. W. Sue & Sue, 2003). This factor is especially salient in cross-cultural counseling because counselor insensitivity to clients of color has resulted in misdiagnosis (Garretson, 1993), client unwillingness to self-disclose (Thompson, Worthington, & Atkinson, 1994), increased racial and ethnic mistrust of the counselor by clients (Thompson & Jenal, 1994), and premature client termination of counseling (Terrell & Terrell, 1984). It appears, then, that cultural insensitivity is a significant factor that affects the delivery of appropriate mental health services to racially and ethnically diverse clients. Consequently, it is important that therapists identify how therapy can be modified and improved to meet the needs of racially and ethnically diverse clients (Arredondo, 1999).

To meet the treatment needs of racially and ethnically diverse clients, theorists (e.g., Arredondo, 1999; D. W. Sue & Sue, 2003) have encouraged clinicians to become more racially and ethnically responsive in cross-cultural counseling. Some theorists have suggested that one important cross-cultural counseling strategy is for counselors to acknowledge and address the racial and ethnic difference between a counselor and a client during cross-cultural counseling (Arredondo, 1999; Harley, Jolivet, McCormick, & Tice, 2002). Recently, Day-Vines et al. (2007) identified this counselor behavior as *broaching* and suggested that such an action by a counselor in cross-cultural counseling demonstrates

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a “genuine commitment” (p. 402) by the counselor to understand issues of cultural diversity in relation to the client. It is surprising that few empirical studies have examined client and counselor discussions of racial and ethnic differences and their effect on the counseling process.

In one of the first studies examining discussions of racial and ethnic concerns in counseling, Thompson et al. (1994) found that African American “pseudoclients” self-disclosed more intimately with either African American or White counselors who directly asked about the client’s experiences as a Black woman on a predominately White college campus. In a follow-up investigation of Thompson et al.’s work, Thompson and Jenal (1994) found that African American women became more frustrated and exasperated with counselors, regardless of their racial heritage, when counselors actively avoided racial and ethnic content in counseling. More recently, Fuertes, Mueller, Chauhan, Walker, and Ladany (2002) explored the experiences of counselors and clients in cross-racial counseling and found that counselors who directly addressed racial issues in the first two sessions of a 12-session counseling experience reported creating an environment conducive to building a strong therapeutic relationship with their clients. Relatedly, Knox, Burkard, Johnson, Suzuki, and Ponterotto (2003) also found that discussions of racial and ethnic issues in cross-cultural counseling had positive effects on the counseling relationship and client outcomes for clients of color but not for White clients.

These prior investigations draw attention to the importance of directly addressing racial and ethnic issues in counseling and suggest that sensitivity to racial and ethnic concerns in counseling may be predictive of a positive working alliance between racially and ethnically different clients and counselors. Additionally, these findings suggest that discussions of racial and ethnic concerns between the client and the counselor significantly and positively affected the therapeutic process. However, these studies focused on general discussions of racial and ethnic issues during counseling rather than the more specific intervention of the discussions of racial and ethnic differences between clients and counselors. Future research should focus on whether and how discussions of racial and ethnic differences between clients and counselors affect the counseling process and the counseling relationship.

For this study, we examined whether client and counselor discussions of racial and ethnic differences in cross-cultural counseling would affect client ratings of counselor credibility and the working alliance. More specifically, we hypothesized that an interaction effect would occur and that clients of color who affirmed that their White counselors discussed counselor and client racial and ethnic differences in counseling would rate counselor credibility and the working alliance higher than would (a) clients of color who indicated that their White counselors did not discuss racial and ethnic differences or (b) White clients working with counselors of color who either discussed or did not discuss racial and ethnic differences during counseling. The findings from this exploratory

investigation may have important implications for cross-cultural counseling and future research on process issues in cross-cultural counseling.

method

PARTICIPANTS

The study was conducted at a counseling center at a midwestern university and two community mental health agencies in the midwestern part of the United States. The sample consisted of volunteer clients seeking help from counselors who were racially or ethnically different. Of the initial sample of 66 clients to whom research packets were distributed, 51 returned their research packets, for a return rate of 77%. The 31 (61%) women and 20 (39%) men who participated in this study ranged in age from 15 to 42 years, with a mean age of 20.08 years ($SD = 6.26$ years). Regarding the racial background of participating clients, there were 12 (23.52%) African Americans, 2 (3.93%) Asian Americans, 30 (58.82%) White Americans, 2 (3.93%) Hispanics, 1 (1.96%) Native American, and 4 (7.84%) who self-identified as other (i.e., biracial or multiracial). Twenty-seven (53%) clients had no prior counseling experience, and 24 (47%) had prior counseling experience.

INSTRUMENTS

Counselor Rating Form–Short (CRF-S; Corrigan & Schmidt, 1983). Corrigan and Schmidt revised the original CRF, which was developed to assess counselor's attractiveness, expertness, and trustworthiness, to the CRF-S, a shorter 12-item scale that consists of three 4-item subscales. Corrigan and Schmidt provided support for construct validity of the CRF-S and reported reliability coefficients of .91, .90, and .87 for the Attractiveness, Expertness, and Trustworthiness subscales, respectively, using the split-half Spearman-Brown formula. Epperson and Pecnik (1985) reported that coefficient alphas for the three scales range from .76 to .89. Cronbach's alphas were calculated at .82, .79, and .76 for the Attractiveness, Expertness, and Trustworthiness subscales, respectively, for the present sample.

The Working Alliance Inventory–Short Form (WAI-S; Tracey & Kokotovic, 1989). The WAI-S is based on the original 36-item scale, the WAI (Horvath & Greenberg, 1986), and is composed of 12 items that are rated on a 7-point Likert-type scale. High scores reflect a positive working alliance between client and counselor, and low scores indicate poor alliance. The client form of the WAI-S has overall internal consistency reliability (.98) and good concurrent and predictive validity (Tracey & Kokotovic, 1989). A Cronbach's alpha of .92 was calculated for the current sample.

Demographic questionnaire. Items pertaining to the following information were included in the participant demographic questionnaire: age, gender, prior counseling experience, and number of counseling sessions. One ques-

tion was used to collect participants' race and ethnicity: "What is your race or ethnicity—African American, Asian American, Hispanic American, Native American, White American, or other (please specify)?"

Discussion of racial and ethnic differences. For this study, we defined a *cross-cultural counseling relationship* as a racial and ethnic difference between self-reported client and counselor racial and ethnic heritages. In the demographic questionnaire the question, "Did your counselor discuss the issue of racial and ethnic difference between you and him/her during counseling?" was included. Two choices were provided, *Yes* and *No*. Given that this study examined clients and counselors engaged in counseling, no modification to the counseling sessions were made. It is important to note that the content or the extent of these discussions of racial and ethnic difference between clients and counselors were not explored.

PROCEDURE

Before the study began, permission to recruit client participants was obtained from the university's institutional review board, the university counseling center's research committee, and the research committees of the two local community mental health agencies. Written informed consent for minors was obtained from parents-guardians, and the minor clients also signed assent forms indicating that they understood the study and agreed to participate. All university counseling center and community mental health agency clients were provided with a letter of consent form, explaining the general purpose of the study that requested their voluntary participation. All participants signed the forms and understood that they could withdraw at anytime during the study without any negative impact from the researchers or without negatively affecting their treatment. Although counselors were made aware of the cross-cultural counseling study, they did not know the specific purpose of the study because this investigation examined the outcome of counseling processes from clients' perspectives. The information about the study was distributed to clients who were assigned to counselors whose racial and ethnic background (i.e., an administrative assistant for the centers tracked the information of the counselors' race and ethnicity) differed from clients' racial and ethnic background as self-reported on their intake form. Clients who were willing to participate in the study signed their names on a list with a receptionist at the university's counseling center and the two community mental health agencies after they read the informed consent letter. After the third session of counseling was completed, all client participants received the research materials. Participants completed the demographic form first and then the two measures (i.e., the CRF-S and WAI-S), which were counterbalanced. All participants were given a \$5.00 gift certificate to a local bookstore at the time they returned the completed research materials in a sealed envelope to the receptionists at the front desk of the counseling center and the two community mental health agencies.

results

Before completing the main analyses, the independent and dependent variables were examined for violations of the assumptions of normality (Stevens, 2002). The covariance matrices for the dependent variables were examined for equality using Box's test of equality of covariance matrices (SPSS, Version 3.2), and the results were not significant, $F(9, 870.911) = 1.81, p < .063$. Additionally, Levene's test of homogeneity of variance was also not significant for both dependent variables: CRF-S, $F(3, 47) = 1.70, p < .18$; WAI-S, $F(3, 47) = 1.48, p < .23$. This combination of findings suggests that the assumptions for using analysis of variance (ANOVA) and multivariate analysis of covariance (MANCOVA) in the data analysis have not been violated.

Table 1 provides the means and standard deviations of the dependent variables. Pearson correlation coefficients were computed between participant age, the number of counseling sessions, and the two dependent variables to determine if any of the variables correlated. No statistical significance was reached for either of the variables (see Table 2). One-way ANOVAs were computed between gender and the two dependent variables to determine if gender needed to be included as an independent variable. Gender was found to be significantly associated with the two dependent variables: WAI-S, $F(1, 49) = 26.49, p < .001$, and CRF-S, $F(1, 49) = 11.63, p < .001$. This finding suggests that gender had a significant effect on the two dependent variables, with men rating both the WAI-S ($M = 74.10, SD = 6.36$) and the CRF-S ($M = 77.10, SD = 5.24$) higher than women rated the WAI-S ($M = 62.68, SD = 8.50$) and the CRF-S ($M = 70.61, SD = 7.38$). Given the small sample size, we decided to control for the effects of participant gender by using MANCOVA to analyze the data. We set the family-wise error rate at .01 per hypothesis.

TABLE 1

Means and Standard Deviations for the Working Alliance Inventory–Short Form (WAI-S) and the Counselor Rating Form–Short (CRF-S) by Client's Perception (N = 51)

Client's Perception	WAI-S		CRF-S		n
	M	SD	M	SD	
Discussion of racial and ethnic differences					
Clients of color ^a	73.76	9.36	76.94	7.16	17
White clients ^b	62.16	10.70	69.83	6.55	6
No discussion of racial and ethnic differences					
Clients of color ^a	55.50	3.31	63.25	7.89	4
White clients ^b	65.67	6.67	72.96	5.68	24

^aRated White counselors. ^bRated counselors of color.

TABLE 2

Pearson Correlation Coefficients for Age, Number of Counseling Sessions, and the Dependent Variables (N = 51)

Variable	1	2	3	4
1. Age	—	-.63*	-.25	-.28
2. Number of counseling sessions		—	.07	.18
3. Counselor Rating Form–Short			—	.65**
4. Working Alliance Inventory–Short Form				—

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

For the main hypothesis, we predicted that counselor discussion of client and counselor racial and ethnic differences would positively affect client ratings of counselor credibility and the working alliance. Counselor credibility and working alliance ratings were analyzed using a 2 (clients of color and White clients) \times 2 (discussed racial differences and did not discuss racial differences) MANCOVA, with the participant gender as the covariate. Gender did significantly contribute as a covariate to the multivariate model, $F(2, 45) = 7.44, p < .00, \eta^2 = .33$, suggesting that gender was an important influence on client ratings of counselor credibility and working alliance ratings. Using Hotelling’s trace, statistically significant main effects were not found for either client race, $F(2, 45) = .34, p < .34, \eta^2 = .02$, or client–counselor discussion of racial and ethnic differences, $F(2, 45) = 1.84, p < .17, \eta^2 = .08$, as presented in Table 3. However, a significant multivariate interaction effect was found for client race and client–counselor discussion of racial and ethnic differences, $F(2, 45) = 6.59, p < .00, \eta^2 = .23$. To further examine the nature of the interaction effects, we conducted univariate F tests to examine the Client Race \times Counselor Discussion of Racial and Ethnic Differences effect on the dependent variables. The univariate F tests revealed that client ratings were statistically significant for client ratings of counselor credibility, $F(1, 46) = 9.41, p < .004, \eta^2 = .17$, and for the working alliance, $F(1, 46) = 10.00, p < .003, \eta^2 = .18$. An examination of the means (see Table

TABLE 3

Results of Multivariate Analysis of Covariance for Associations Between Race and Ethnicity Discussed and the Counselor Rating Form–Short and the Working Alliance Inventory–Short Form (N = 51)

Source	df	F	η^2	p
Gender	2	7.44**	.25	.00
Race of client	2	0.34	.02	.34
Race discussed	2	1.84	.08	.17
Race of Client \times Race Discussed	2	6.59**	.23	.00

Note. Race discussed = client reported race and ethnicity discussed.

** $p < .01$.

1) revealed that clients of color rated White counselors who discussed racial and ethnic differences with them in counseling as significantly more credible than counselors who did not discuss such differences, and these clients also rated the working alliance as significantly stronger. A further inspection of the means showed that when the relationship was composed of counselors of color and White clients, client ratings of counselor credibility and of their working alliance were not significantly affected positively or negatively by counselors' discussion of the racial and ethnic differences between them.

discussion

The purpose of this study was to test the effect of counselor discussions of racial and ethnic differences between client and counselor on client ratings of counselor credibility and working alliance in cross-cultural counseling. Three important findings emerged from this study. First, as hypothesized, when clients of color reported that their White counselors discussed the racial and ethnic differences between them in counseling, ratings of counselor credibility were higher than when their White counselors did not address such discussions. This finding provides some preliminary support for White counselors who seek to acknowledge and discuss the racial and ethnic differences between themselves and their clients of color. Perhaps these findings suggest that clients of color need to know that their White counselors are aware of the differences and that such differences may affect their counseling relationship. Furthermore, the counselor's recognition and discussion of racial and ethnic differences may also be an indication of counselor sensitivity to the cultural, racial, and ethnic nuances of the client's life. Thus, clients of color may perceive White counselors who are able to openly discuss such differences as more credible, which may bode well for client treatment. These findings are consistent with prior theoretical assertions that such discussions positively affect the perceptions of clients of color regarding counselor credibility (D. W. Sue & Sue, 2003; S. Sue & Zane, 1987) and the belief that counselors who willingly open such discussions value the importance of establishing an open and genuine relationship that shares and values cultural understanding (Day-Vines et al., 2007).

In addition to the importance of counselor credibility perceptions, clients of color also indicated that they had a more positive and stronger working alliance with White counselors who discussed the racial and ethnic differences between them during counseling in comparison with counselors who did not discuss these differences. These findings also supported our hypothesis. Perhaps culturally diverse clients working with White counselors who address the racial and ethnic differences in counseling believe that these counselors will have a better understanding of goals and approaches to counseling that are sensitive to clients' cultural background. Clients may also have believed that

these counselors would be more emotionally available to them than would counselors who did not address racial and ethnic differences in counseling. Thus, discussing racial and ethnic differences with these counselors may have reduced any anxiety the client of color might have felt when these differences were not discussed or were avoided by the counselor. In addition, clients may also have seen counselors' willingness to broach the topic of racial/ethnic differences in their counseling relationship as an indication of the counselors' cultural sensitivity, and, conceivably, this willingness may have positively affected the level of trust these clients felt toward their counselor. Such an explanation is consistent with prior investigations indicating that clients of color feel higher levels of trust with White counselors whom they perceived as culturally sensitive and who were willing to discuss racial and ethnic concerns that are important to the client (Thompson & Jenal, 1994). Additionally, clients of color also increased their level of self-disclosure (Thompson et al., 1994), which may improve the effectiveness of counseling.

The third major finding indicated that there were no significant differences between counselor credibility and working alliance ratings when counselors of color discussed the racial and ethnic differences between themselves and their White clients in comparison to counselors who did not discuss such differences. Perhaps this finding is an indication that White clients place less emphasis on discussions of client and counselor racial and ethnic differences or they may believe that such discussion is of less importance. Such a belief is conceivable because White clients typically do not have to contend with the implications of their racial heritage (Helms, 1995). Also, many counselors seek to minimize the negative effects of power in the cross-cultural counseling relationship (Knox et al., 2003); therefore, White clients may still be capable of maintaining a reasonable sense of personal power in cross-racial and ethnic counseling relationships. In such circumstances, any anxiety a White client may feel when the racial and ethnic differences are addressed by a counselor of color is likely mitigated by the counselor's overall sensitivity to the client. Thus, the presence or absence of discussions of racial and ethnic differences with counselors of color may have little meaning for or effect on White clients.

Finally, the results also revealed that client ratings of counselor credibility and the working alliance were significantly related to client gender. In this study, men perceived counselor credibility and the working alliance with their counselors as more positive than did women, a finding that is inconsistent with prior research on counselor credibility (e.g., Henderson & Lyddon, 1997; Highlen & Russell, 1980) and the working alliance (Horvath & Greenberg, 1986). It is unclear why the men in this study perceived their counselors as more credible and their working alliance with their counselors as more positive than did the women. Perhaps the socialization experiences of the men in this study were different than they were for men in other investigations,

although the reasoning would be difficult to discern from this current study. Certainly, future research on this phenomenon would be of interest.

LIMITATIONS

Several limitations are evident in this study. One of the more significant limitations of this study is the decision to aggregate participants who represented a wide age range (i.e., adolescents and adults). It is certainly possible that adolescent clients' needs regarding discussions of client and counselor racial and ethnic differences may be significantly different than adult clients' needs, and these developmental differences among clients may have affected the results in unforeseen ways. The sample size for this study was small, and it may be that the findings were an artifact of the volunteerism of the client sample. In this sense, volunteerism could create a restriction of range that limits the generalizability of the findings. Another limitation with this study is the interpretation and the format of the questions related to discussions about racial and ethnic differences in counseling. Participating clients were not queried about the nature or depth of these discussions of racial and ethnic difference, and it is conceivable that the nature and quality of these discussions in counseling may have influenced the results. In addition, this study focused on the perception of racial and ethnic differences from the client's perspective, and this perception may not be reflective of the counselor's experience. Finally, gender was an important factor in this study, although because of the sample size, we were unable to fully explore the implications of this finding. Future research will need to address this potentially confounding variable.

IMPLICATIONS FOR PRACTICE AND TRAINING

The results of the study appear to have immediate clinical and training implications. First, the most important factor to ensure good treatment outcomes in cross-cultural counseling is using techniques that establish the counselor's credibility (S. Sue & Zane, 1987). Additionally, a strong working alliance has been robustly associated with positive counseling processes and appears to be directly related to positive short- and long-term therapy outcomes (Horvath & Symonds, 1991); that alliance also appears to be important in cross-cultural counseling (Burkard, Juarez-Huffaker, & Ajmere, 2003). Although the results of this investigation should be considered preliminary and need to be replicated, these initial findings suggest that in order for White counselors to increase the perceptions of clients of color regarding counselors' credibility and to build a strong working alliance, these counselors may need to at least acknowledge and perhaps discuss the issue of racial and ethnic differences between themselves and their clients of color during counseling.

Finally, supervisors and instructors may want to explore ways to help counselors, particularly White counselors, learn how to recognize and address client-counselor racial and ethnic differences in cross-racial and ethnic

counseling. It is interesting that a content analysis of graduate multicultural counseling courses indicated that little, if any, actual counseling skills training occurred in such classes (Priester, Jackson-Bailey, Jones, Jordan, & Metz, 2006). Given the context of these current findings, perhaps supervisors and instructors need to consider integrating teaching methods that help counselors develop the skills to discuss racial and ethnic differences with their racially and ethnically diverse clients.

IMPLICATIONS AND FUTURE RESEARCH

The results of the current study indicate the need for further research in the area of client and counselor discussions of racial and ethnic differences. Although clients of color reported that discussions of racial and ethnic differences were important, it was also clear that White clients did not find such discussions helpful in cross-cultural counseling. Future research might explore why (a) a counselor's acknowledgment and discussion of racial and ethnic differences were not significant for White clients in cross-cultural counseling and (b) what factors may mediate these findings. For example, White racial identity (Helms, 1995) may be an important mitigating factor and could help to explain the White client ratings in the current study. As a second area of exploration, researchers may want to examine, in greater depth, the phenomenon of discussions of racial and ethnic differences. For example, how can the construct be defined conceptually? Do the discussions or should the discussions vary on the basis of the racial and ethnic identity of the client or counselor? Also, are there counseling circumstances where such discussions are not helpful to the client? Clearly, this cross-cultural counseling intervention could be explored in more detail, and it may be important to use both quantitative and qualitative methods to understand this intervention. Finally, gender appears to have been an important factor that significantly affected client ratings of counselors' credibility and working alliance with their clients. Future research, therefore, should examine the effect and role of gender on counselor discussions of racial and ethnic differences between themselves and their racially and ethnically diverse clients.

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