

Experimental Analogue Study of White Students' Evaluations of Psychotherapists of
Color

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Abstract

The present study used an experimental analog design to assess White clients' reactions to providers of color. Specifically, the study examined (1) the preferences and perceptions of White college students toward analog East Asian counselors (vs. White counselors) and foreign counselors (vs. American counselors) and (2) whether negative implicit attitudes toward Asians moderated the relationships between counselor's out-group membership (Asian or foreign) and participants' perceptions and preferences of the counselor. Perceptions of counselors were evaluated using the Counselor Rating Form – Short (CRF-S), preferences were assessed directly through questions regarding likelihood of accessing services from the analog provider, and implicit attitudes were assessed using the Implicit Association Test (IAT). The results showed that foreignness significantly predicted perceptions of counselors (specifically, attractiveness and expertness) and preferences for service use, with foreign providers receiving less favorable evaluations and being preferred for services less. Implicit negative attitudes toward out-group members did not moderate the relationships between counselor cultural variables and outcomes. Future research directions and implications are discussed.

Keywords: foreignness, race, providers of color

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Experimental Analogue Study of White Students' Evaluations of Psychotherapists of Color

Psychotherapists of color have unique professional experiences (Rastogi & Wieling, 2005). The limited available research on the experiences of psychotherapists of color has shown that minority mental health providers report a greater frequency of racism during their cross-racial counseling experiences than do White therapists (Davis & Gelsomino, 1994) and that they report experiencing racism and discrimination outside of psychotherapy from their colleagues as well (Tinsley-Jones, 2001). A number of personal accounts of therapists of color from diverse cultural backgrounds also echo these concerns of being subjected to racial prejudice and discrimination in their interracial clinical work (e.g., Maki, 1990, Munoz, 1981, Thornton & Carter, 1988). Because the number of psychologists of color continues to increase as minority populations in the United States grow in number (Davis & Gelsomino, 1994), understanding how they are perceived by culturally different individuals is important and timely.

In addition, given efforts within psychology to recruit students of color in graduate programs (Ponterotto, 1998), the lack of understanding about the racism and discrimination faced by providers of color in their professional experiences is problematic. Developing a better understanding of how providers of color are perceived by culturally different individuals is essential to ensure that they have appropriate outlets to process their experiences and receive adequate training in effectively navigating challenging intercultural interactions.

Understanding how White clients respond to minority providers is one potential avenue for understanding the experiences of therapists of color (Helms & Carter, 1991).

Given that the majority of mental health service users are White (Cheung & Snowden, 1990), examining the differential perception of and preferences for psychotherapists of color and White psychotherapists by White individuals is a good starting point. Thus, the present study focuses on White clients' reactions as a function of counselor cultural variables (race and foreignness¹).

White participants' reactions to providers of color

Research on interracial counseling dyads has often focused on reactions of minority service utilizers and White providers. Similar research on White participants' attitudes toward providers of color is limited and has not been carried out in recent years. Results of the existing studies are mixed. For example, in one study White college students reported similarity in values as being more important than similarity based on ethnicity when evaluating a hypothetical counselor (Bennett & Big Foot-Sipes, 1991) whereas in another study White students more often preferred a counselor similar to them with respect to race and ethnicity in a hypothetical service seeking situation (i.e., White male students preferred a White male counselor and White female students preferred a White female counselor; Helms & Carter, 1991). In the later study, participants' racial identity attitudes also predicted their preference for a counselor, illustrating that White clients' responses to providers of color may also depend on their stage of racial identity development.

Studies examining the perceptions of and preferences for a specific counselor are even fewer in number. In one study that examined White and Black college students' perceptions of a specific analog counselor, attractive counselors received more favorable

¹ Foreignness refers to characteristics indicative of foreigner status in comparison to American majority identity (e.g., accent, foreign name, being born in a foreign country).

overall impressions regardless of their race or participants' race and both Black and White participants considered Black counselors more helpful than White counselors (Green, Cunningham, & Yanico, 1986). However, as the authors noted, these results must be interpreted with caution because race and attractiveness were confounded in this study (i.e., the unattractive Black counselors were seen as significantly more attractive than the unattractive Caucasian counselors by both Caucasian and Black participants) and past research has shown that attractive counselors receive more favorable evaluations (Cash, Begley, McCown, & Weise, 1975).

The preferences of White clients regarding counselors of color have been examined in clinical samples and these studies have also generated mixed results. For example, a sample of White delinquent young female participants tended to prefer a Black counselor to a White counselor (Gamboa, Tosi, & Riccio, 1976). However, in a community sample of White adults, 50% of the sample reported having no preference and almost everyone with a preference preferred a White therapist (Proctor & Rosen, 1981).

Limitations of Existing Research

There are several methodological limitations of the studies reviewed above. First, some studies asked participants about their preferences for a hypothetical counselor (e.g., Bennett & Big Foot-Sipes, 1991). It is possible that in a more realistic situation where the clients were expected to report preferences regarding a specific counselor, visual characteristics such as race would be more salient. In fact, it has been suggested that the most important determinants of a first impression of a stranger are that strangers' overt characteristics (e.g., race) and perceivers' expectancies concerning these overt characteristics (Boulware & Holmes, 1970). Second, in some studies (e.g., Bennett & Big

Foot-Sipes, 1991) “similar values” was an option from which participants could choose. In a real life situation, clients have no way of knowing if the counselor shares their values until after they have worked with the counselor for some time. Thus, clients are expected to choose a counselor based on other available information, including racial background. If in fact similarity in values is the most important variable in choosing a counselor, in the absence of specific information about a counselor’s particular value structure, it is possible that race could act as a proxy for similarities in values. Third, because participants in some studies (e.g., Bennett and Big Foot-Sipes, 1991; Proctor & Rosen, 1998) were merely asked what characteristics they preferred and no behavioral or attitudinal reactions were evaluated, we cannot know if in fact participants would choose someone that shared their values. Although two studies assessed preferences and perceptions for a specific analog counselor (Gamboa et al., 1976), one of them had significant methodological limitations while the other was conducted with a unique population (i.e., young delinquent females) and is in need of replication in a more representative sample of White potential therapy candidates.

Another limitation is that research tends to categorize all minority providers into one homogeneous category, although therapists of color are not a monolithic group. Previous research has almost exclusively focused on Black counselors and providers of other racial backgrounds are largely missing from this literature. Consequently, there is a limited understanding of client perceptions and preferences for non-Black minority counselors, including Asian counselors. Neglecting to understand how Asian counselors are evaluated by their White clients is problematic given that personal accounts of Asian American counselors suggest that, in addition to the common experiences of racism, they

experience unique race-related concerns due to their status as model minorities. The model minority stereotype suggests that Asians are successful in the US because of positive characteristics such as having a strong work ethic and high academic achievement (Wing, 2007). This positive stereotype could influence participants' evaluations of the Asian counselors. For example, in one study a counselor described how she was perceived by her clients saying, "They view me as part of a group known to be serious, hard-working, and dedicated to their profession" (Iwamasa, 1996, p. 245). Although positive, broad application of such stereotypes is problematic and can contribute to overlooking racial prejudice and discrimination faced by Asians (Sue, Bucceri, Lin, Nadal, & Torino, 2009). Given that providers of diverse racial minority backgrounds can experience divergent responses based on stereotypes and biases unique to their cultural background, expanding the literature on perceptions and preferences of providers of color to include racial groups underrepresented in the literature (e.g., Asian providers) is important.

In addition to the obvious racial and ethnic differences between therapists of color from diverse backgrounds, some providers of color are foreign-born whereas others are American. To my knowledge, research specifically focusing on White individuals' evaluations of foreign-born counselors is non-existent. However, research regarding evaluations of speech accents can provide useful background on potential reactions to foreign-born providers. Language generally and accent more specifically can denote membership in particular groups and differentiate one from relevant out-groups (Kinzler, Shutts, Dejesus, & Spelke, 2009; Kinzler, Dupoux, & Spelke, 2007). In other words, accent is a social category marker that denotes out-group membership. Also, because

verbal communication is the primary tool used in psychotherapy and because the nature of that communication can signal power, familiarity, and understanding, investigations focusing on the role of providers' accents have been encouraged in the literature (Fuertes, 1999).

Extant research on the topic shows that social preferences based on language start early in life. In a series of studies, young infants preferred to look at a person who previously spoke their native language, older infants preferentially accepted toys from native language speakers, and preschool-children preferred to make friends with native speakers of their native language (i.e., American-accented English; Kinzler et al., 2007). These results illustrate that native language and native accent are preferred in the context of choosing same and different race social partners in children. Additionally, when race and language were pitted against each other, racial differences were preferred over language differences by children (Kinzler et al., 2009). Thus, accents seem to be a more potent cue of out-group membership than race. Although it is unclear how these results would apply in a psychotherapy context with adults, they have potential relevance for the way in which foreign-born providers will be evaluated in culturally different clinical interactions.

Accent-based preferential evaluations have been documented in adult samples as well. For example, Chinese American students who rated their Chinese accent as more noticeable reported more frequent discrimination than Chinese Americans who rated their accent as less noticeable (Kim, Wang, Deng, Alvarez, & Li, 2011), teachers with foreign accents were rated as less attractive than teachers with native accents (Gill, 1994), and Anglo-accented speakers were evaluated more favorably on seven character attributions

(e.g., competence, attractiveness) compared to Spanish-accented speakers (Daily et al., 2005). It has also been noted that perceptions of foreign accentedness rather than objective ratings of foreign accentedness are related to accent-based evaluations (Rubin & Smith, 1990).

As evident from the aforementioned research, perceptions of speech accent influence evaluations of individuals and these evaluations are less favorable with respect to individuals with accented speech. Given that accents appear to be a compelling indicator of out-group membership, even White providers who have a foreign accent may not be immune from prejudice and discrimination because accent denotes foreignness. Providers of color with foreign accents may be at increased risk of discrimination. In light of this research highlighting differential reactions to individuals based on foreign accents, research examining how American clients evaluate foreign providers is needed.

A final limitation of existing research is that it has not taken racial prejudice into account when assessing Whites' reactions to counselors of color. Intergroup bias is a well-documented phenomenon in the psychological literature that provides a framework for understanding racial prejudice. Intergroup bias refers to the "systematic tendency to evaluate one's own membership group or its members more favorably than non-membership group or its members" (Hewstone, Rubin, & Willis, 2002, pp. 576). Bias can encompass behavior (discrimination), attitudes (prejudice), or cognition (stereotypes) (Hewstone et al., 2002).

Recent research on cultural bias suggests that the nature of bias has changed over time. Although explicit forms of racism (i.e., "old fashioned racism") have decreased over the years, a subtle and covert (as opposed to overt) form of racial prejudice

continues to exist (Dovidio, 2001). These implicit attitudes are best measured using implicit measures such as the Implicit Association Test (IAT). The IAT is a response latency task developed to assess implicit attitudes and is based on the idea that people perform well on tasks that use well-practiced associations between objects and attributes (Rudman & Ashmore, 2007). In an IAT, participants categorize two classes of objects (e.g., dogs and cats) with indicators of good and bad attributes (e.g., vacation and poison) and an automatic preference for dogs is shown if the pro-dog task (dog + good and cats + bad) is performed faster and more accurately than the pro-cat task (cat + good and dog + bad).

Research has shown that college students who score low on traditional explicit measures of racism nonetheless show racial prejudice when assessed using implicit measures such as the IAT (e.g., Dovidio, Kawakami, Johnson, Johnson, & Howard, 1997). Implicit association tests also have been successfully used to predict race related behaviors. For example, automatic biases were related to negative evaluations of Black individuals (Rudman & Lee, 2002) and budget cuts for Black, Jewish, and Asian student organizations (Rudman & Ashmore, 2007). According to a recent meta-analysis, IATs are better predictors of interracial behaviors than are self-report measures of prejudice (Greenwald, Poehlman, Uhlmann, & Banaji, 2009).

Other Methodological Considerations and Theoretical Perspectives

There is a significant body of literature on ethnic matching between therapists of color and clients of color that has examined preferences of racial and ethnic minority clients toward same or different race counselors, where the same-race counselor was from a minority background (Coleman, Wampold, & Casali, 1995; Karlsson, 2005).

Although ethnic matching research does not provide information about White clients' preferences and perceptions of therapists of color, they provide helpful methodological perspectives.

Ethnic matching research has primarily focused on assessing minority clients' preferences for an ethnically similar or different counselor. Preference for counselors was assessed using two specific paradigms: the perception paradigm and the preference paradigm. Research using the perception paradigm requires participants to make a judgment about counselors' characteristics such as attractiveness, expertness, and trustworthiness based on the information provided about a particular set of counselors (Coleman et al., 1995). The perception paradigm is based on the assumption that, if clients evaluate a counselor positively, then they are likely to seek services from that counselor if given the opportunity. Thus, positive evaluations of a counselor were regarded as a preference for a counselor. The preference paradigm assessed preference more directly by asking participants to state their preference for a counselor solely on the basis of that counselor's ethnicity (Coleman et al., 1995).

Several limitations of the preference and perception paradigms used in ethnic-matching research have been identified. One major criticism of the preference paradigm is that it creates a forced-choice situation in which ethnic minority clients are forced to choose between a same race counselor or a White counselor based solely on counselor's race without any other relevant information (Coleman et al., 1995). It has been suggested that, if participants are given relevant information about the characteristics of the counselor other than race, they may not show a preference for a same race counselor (Karlsson, 2005). Therefore, when assessing clients' preferences for counselors of color it

is important to provide information on more than counselors' race. The practice of using the perception paradigm to infer preference for counselors has also been criticized (Lopez, Lopez, & Fong, 1991). Specifically, research has shown that perception and preference are two distinct constructs that provide different information (Coleman et al., 1995) and one should not be used to infer the other.

This research on client perceptions and preferences draws on social influence theory, which describes psychotherapy as a social influence process. Social influence theory put forth a two-stage model where counselors need to first establish themselves as a useful resource in stage one to be able to influence clients within the therapeutic context in stage two (Strong, 1968). Social influence theory identified three attributes that establish a provider as a useful resource in stage one, namely attractiveness, expertness, and trustworthiness. The Counselor Rating Form was developed to assess these three attributes (Corrigan & Schmidt, 1983). Research using the perception paradigm assesses stage one of the social influence theory whereas research using the preference paradigm assesses stage two, although assessing preferences is seen as a weak test of the influence process (Heppner & Claiborn, 1989).

Present Study

Drawing on the social influence theory and the methodological considerations recommended in the ethnic matching research, the present study examines White college students' perceptions of and preferences for Asian (vs. White) and foreign (vs. American) analog counselors. The present study directly addresses a number of limitations mentioned above and advances the current literature on reactions of White clients to psychotherapists of color in several regards: It provides a more recent examination of

White individuals' perceptions of and preferences for racially different counselors, a first look at White American clients' perceptions and preferences toward Asian and foreign counselors, an examination of the relative importance of race and foreignness in White Americans' perceptions and preferences of providers of color, and an analysis of the role of implicit prejudice in clients' reactions to providers of color. Specifically, the proposed study examined (1) the preferences and perceptions of White college students toward analog East Asian counselors (vs. White counselors) and foreign counselors (vs. American counselors) and (2) whether negative implicit attitudes toward Asians and foreigners moderate the relationships between counselor's out-group membership (Asian and foreign) and participants' perceptions and preferences of the counselor. Because general attitudes toward seeking mental health services have been related to provider evaluations (Cash, Kehr, & Salzbach, 1978), it will be included in analyses as a covariate.

Study Hypotheses. Although findings from research on reactions to providers of color are inconsistent, personal accounts by providers of color suggest that racial minority providers will be evaluated less favorably and preferred less for services than White providers. Given past research on accent-based evaluations, we also expected to find significant differences in perceptions and preferences of counselors as a function of counselor foreignness, with foreign counselors being rated less favorably. This study also tested implicit negative attitudes toward out-group members as a potential moderator of the relations between counselor race/foreignness and perceptions/preferences. I hypothesized that negative implicit attitudes would moderate the relationship between counselor out-group membership and participants evaluations, such that (a) individuals with more negative implicit attitudes toward Asians would evaluate the Asian counselors

less favorably and prefer them less for services than individuals with less negative implicit attitudes and that (b) individuals with more negative implicit attitudes toward foreigners would evaluate the foreign counselors less favorably and prefer them less than would other individuals.

Methods

Overview and Procedure

The study used an analogue between-subject experimental design comprised of four conditions, each representing a different combination of counselor race and foreignness: White American, White foreign (Eastern European), Asian American, and Asian foreign (Japanese). Participants were randomly assigned to one of the four conditions. Participants were asked to indicate their perceptions of and preference for one of the four counselors (depending on the condition). Participants inferred counselor race using physical markers such as skin color and facial features of the actors in the pictures provided. A specific statement about the race of the counselor was not included to avoid calling additional attention to counselor race. This procedure was consistent with the procedures followed in the ethnic-matching literature (Coleman et al., 1995). Presence and absence of accented-speech and specific information about the country of origin of the counselor were used as proxies for nationalities of the counselors. Specifically, foreign counselors had accented-speech, identified themselves as being from a country other than the US, and had names indicative of their country of origin. For example, the foreign Asian counselor reported that she was originally from Tokyo, Japan whereas the American Asian counselor reported that she was originally from Princeton, New Jersey. Participants completed the study online at their convenience.

The study involved a cover story aimed at creating a situation (to the extent possible) that would allow participants to respond in a manner consistent with how they would behave in a real-life situation (Appendix A). Participants were told that the counselors represented in the study were candidates for counseling positions at the university counseling center and that the university was interested in receiving their feedback about the counselors because students like themselves will be the potential clients. At the end of the study, participants were informed of the true purpose of the study and given the option to withdraw their data from the study (Appendix B). Because the participants for the study were undergraduate students, feedback regarding the cover story was first elicited from three undergraduate students and then revised to increase believability.

Participants

Students in undergraduate psychology classes at a large Midwestern university participated in the study for extra credit points. Because the study focused on White individuals' responses to providers of color, ethnic/racial minority participants and those without race identifications ($n = 94$) were excluded from the analyses. In addition, participants who did not consent to having their data used in the study when consent was elicited for the second time after they were informed of the purpose of the study ($n = 8$) and those who were unable to reach the second consent page due to technical difficulties ($n = 92$) were also eliminated from the study. The final sample consisted of 286 White college students. Based on a power analysis conducted using the G*Power program, the final sample had enough power to detect a small effect of $f^2 = .05$ (alpha = .05 and power = 0.8) in multiple linear regression analyses. The majority of the sample consisted of

females (65%) within the age range of 18-21 (79%). The majority (59%) of the sample did not report a history of having used mental health services.

Stimulus Material

Two images of women (a White woman and an East Asian women) were chosen for the study from the istock website. These two images were chosen because they were rated on average as being similar on a number of variables such as age, physical attractiveness, and professionalism by a sample of 10 undergraduate research assistants in the psychology department who evaluated images of five Asian and five White women. The two images were paired with voice recordings of self-descriptions with two American accented voices for American conditions and Eastern European and Asian accented voices for the foreign conditions. The self-description included the provider's name, hometown, state or country as appropriate, educational background, theoretical orientation, and a brief statement of her interest in a counseling position at the University of Minnesota (Appendix C). The audio clips were approximately 31-40 seconds in length.

Ten undergraduate students rated each audio clip on three specific questions. The rating questions were as follows: 1) to what extent does this person have a foreign accent, 2) can you understand what this person is saying, and 3) how difficult is to understand what this person is saying. For question 1 and 3, a four-point rating scale was used. For question one, 4 represented "very strong accent" and 1 represented "no accent" while for question three, 4 represented "very difficult" and 1 represented "not at all." The second question consisted of yes and no answer options. The responses for each question were averaged across raters. Both American accented voices were rated as having no foreign accent (White American: $M = 1$; Asian American: $M = 1.1$) and posing no difficulty for

comprehension (White American: $M = 1$; Asian American: $M = 1.1$). The Eastern European accented voice was rated as having a slight accent ($M = 2.3$) and posing no difficulty for comprehension ($M = 1.3$). Finally, the East Asian accented voice was rated as having a moderate accent ($M = 3.1$) and posing a “little bit” of difficulty for understanding the content ($M = 2.2$). As evident from the ratings, the foreign accents were not very strong and only the Asian accented voice was considered posing even a mild difficulty in being able to understand the content. However, across the board, raters reported being able to understand the content of all four recordings, even the Asian accented audio recording.

Measures

Demographic characteristics. Demographic variables assessed included age, race, sex, and prior counseling experience. For age, race, and sex, participants checked the appropriate category from a number of options. Prior counseling experience was assessed by asking participants the following question to which they answered yes or no: “Have you ever seen a counselor for personal counseling?”

Evaluations of counselor. The Counselor Rating Form-Short (CRF-S) was used to assess participants’ perceptions of the counselors (Corrigan & Schmidt, 1983). The CRF-S is a 12-item scale that measures three counselor dimensions: expertness (e.g., Experienced, Expert, Prepared, Skillful), attractiveness (e.g., Friendly, Likeable, Sociable, Warm), and trustworthiness (e.g., Honest, Reliable, Sincere, Trustworthy). Participants rated their perceptions of the counselor on 12 adjectives using a 7-point scale (1 = *not very* and 7 = *very*). For example, participants would rate the adjective “Skillful” on a scale of not very skillful to very skillful. Adequate predictive validity of the scale

scores have been established both in college and clinical samples (Corrigan & Schmidt, 1983). Internal consistency of scores on the three subscales has been found to range from .88 to .89 and the total scale alpha was .92 in an undergraduate student sample (Fuentes, 1999). The reliability coefficients (Cronbach's Alpha) of the three subscales and the total scale in the present study were as follows: .87 (Attractiveness), .85 (Trust), .83 (Expertness), and .92 (Total Scale).

Preferences for counselor. Participants were asked to rate their agreement with 5 statements regarding the likelihood that they would access services from the counselor and recommend the counselor to their peers. Items were rated on a likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Examples of items include, "I would choose to go to this counselor; I would recommend this counselor to a friend; I would recommend hiring this counselor." Participants' scores on the five items were combined to create a composite score that was reflective of their overall preference for the counselor, with higher scores representing greater preference for the counselor. The reliability of scores on the five-item scale in this study was .93.

Attitudes Toward Seeking Professional Psychological Help. The Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH; Fischer & Turner, 1970) is a 29-item measure of attitudes about counseling. Participants indicated their agreement with each item on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*), with higher scores reflecting more positive attitudes towards help seeking. Examples of items included, "I would feel uneasy going to a psychiatrist because of what some people would think" and "If I believed I was having a mental breakdown, my first inclination would be to get professional attention." Although the scale was originally

developed to have four subscales (i.e., Need, Stigma, Openness, and Confidence) the use of the total ATSPPH scale scores has been encouraged because the total scale is a better overall assessment of the construct of attitudes towards seeking professional help and because the subscales has lower scale reliability (Fischer & Farina, 1995). Scores on the scale has been shown to have adequate construct validity. The internal consistency estimates ranges from .83-.86 (α) and test-retest reliability is $r = .86$ (five days) and $r = .84$ (two months). The reliability of scores on the full scale in this study was $\alpha = .90$.

Implicit Associations Test (IAT). The Asian/White IAT in the present study was created based on the Black/White IAT available through the Project Implicit (Project Implicit, 2010) and the Millisecond website (Millisecond Software, 2010). The stimulus material was obtained from the online resource library of Project Implicit and the script was obtained from the online Millisecond library.

Race IAT. The race IAT required participants to categorize faces of Caucasian individuals, Asian individuals, positive words and negative words as quickly as possible by pressing one of two marked response keys. Participants first completed 10 trials where Caucasian faces and positive words shared a key and racial minority faces and negative words (White+/race minority-) shared a key. They then completed 10 more trials where the order was reversed (White-/race minority+). The reaction time was measured during both sets of the trial. The mean reaction time for (White+/race minority-) was subtracted from the mean reaction time for (White-/race minority+) and the resulting reaction time was considered the differential ease with which participants were able to associate each race with positive evaluations (e.g., Greenwald, Nosek, & Banaji, 2003; Richeson et al., 2003). The White faces and the positive and negative words were drawn from the Black

vs. White race IAT available through Project Implicit. The Asian faces came from the stimuli used in a nationality related IAT also available through Project Implicit. The faces are not pictures of real individuals but rather Black and White sketches of faces with stereotypical physical markers of race. Both Asian and White faces used this study have been used in past studies.

Foreign IAT. The foreign IAT was identical to the race IAT, with one exception. In place of White and Asian faces, participants categorized American and foreign monuments. Pictures of both foreign and American monuments were available through Project Implicit and have been used in the past for a nationality based IAT. The negative and positive words used in this IAT were the same ones discussed above that were used for the race IAT. The foreign IAT was created using stimulus material from a previous Nationality IAT available through Project Implicit and the exact script from the Race IAT.

The original race IAT (Black vs. White) on which the two IATs discussed above are based has been shown to have good predictive (e.g., Greenwald, Poehlman, Uhlmann, & Banaji, 2009) and concurrent validity (e.g., McConnell & Leibold 2001). Examples of criterion behaviors used in assessing the validity of the Black vs. White IAT include frequency of negative social interactions with Black individuals (e.g., McConnell & Leibold 2001), budget cut recommendations for Black organizations (e.g., Rudman & Ashmore, 2007), and negative evaluations of Black individuals (e.g., Rudman & Lee, 2002).

IAT Data Scoring: The IAT data for the present study were processed using the same millisecond scripts that were used to administer the tool. The IAT data were scored

according to the scoring algorithm developed by Greenwald, Nosek, and Banaji (2003) because this approach takes into account each respondent's latency variability and thereby improves the psychometric properties of the tool.

Results

Preliminary Analyses

All data were checked for outliers and deviations from normality. One score on the preference scale was more than three standard deviations higher than the mean. This score was winsorized (i.e., changed to the next closest score). No deviations from normality or outliers were found in any other measures. Participants' scores on the ATSPPH scale was entered as a covariate in the first block because attitudes regarding accessing mental health services have been reported to be related to counselor evaluations in previous research (Cash, Kehr, & Salzbach, 1978). Means and intercorrelations for all variables are in Table 1. Note that IAT scores may range from -2 to 2, with a score of 0 representing no preference. In the Race IAT, positive scores reflect a pro White bias and in the foreign IAT positive scores represent a pro American bias.

Effect of Counselor Race and Foreignness on Perceptions of and Preference for Providers and Implicit Attitudes as Moderators

Four separate multiple regression analyses were conducted with the three CRF subscales and the preference scale as the dependent variables and counselor race and counselor foreignness as independent variables to examine the effect of counselor variables on perceptions of and preferences for the analog providers (see Table 2). Implicit attitudes (toward Asians and the concept of foreignness) were examined as moderators. The ATSPPH scale was entered in the first block followed by counselor race,

counselor foreignness, and the interaction between counselor race and foreignness in the second block. The third block consisted of the race IAT and the foreign IAT. The final block contained the interaction between the race IAT and counselor race and the interaction between foreign IAT and counselor foreignness.

Attractiveness. Attitudes toward seeking professional psychological services significantly predicted counselor attractiveness ratings and accounted for 2% of the variance. Additionally, counselor foreignness was significantly related to participant's evaluations of attractiveness, with foreign counselors receiving less favorable evaluations than American counselors. However, counselor race did not significantly predict attractiveness ratings. The interaction between counselor race and foreignness was also not a significant predictor. These counselor variables accounted for 4% of the variance in attractiveness beyond what was explained by general attitudes toward seeking professional psychological services. Finally, implicit negative attitudes toward Asians and foreigners did not significantly predict attractiveness ratings or moderate the relationship between counselor variables and the evaluations. Of all the aforementioned counselor and client variables, counselor foreignness was the strongest predictor of attractiveness ratings (see Table 2).

Trust. Only attitudes toward seeking professional psychological services significantly predicted ratings of trustworthiness, and accounted for 3% of the variance. Counselor foreignness, counselor race, and their interaction were not significant predictors of ratings of trustworthiness of the analog counselors. Implicit negative attitudes toward Asians and foreigners also did not significantly predict trust ratings or moderate the relationship between counselor variables and the evaluations (see Table 2).

Expertness. Attitudes toward seeking professional psychological services was the strongest predictor of expertness ratings, and accounted for 3% of the variance (see Table 2). Although counselor race, foreignness, and their interaction together did not account for additional variance in expertness ratings beyond what was accounted for by attitudes toward seeking professional psychological services, counselor foreignness was a significant predictor of expertness in the second step where counselor variables were entered ($\beta = -.14, p < .05$)². Implicit negative attitudes were not significant predictors of expertness and did not significantly moderate the relationship between counselor variables and perceptions of expertness (see Table 2).

Preference. Counselor foreignness was the strongest predictor of preference for an analog provider. Foreign counselors of both races were preferred less for services compared to American counselors (see Table 3). However, counselor race and the interaction between race and foreignness did not significantly predict expertness ratings. These counselor variables accounted for 6% of the variance in attractiveness beyond what was explained by general attitudes toward seeking professional psychological services. Attitudes toward seeking professional psychological services also significantly predicted expertness ratings and accounted for 3% of the variance (see Table 3). Finally, implicit negative attitudes toward Asians and foreigners did not significantly predict preference (see Table 3)³.

Further Analysis of the Foreignness Effect

² As shown in Table 2, counselor foreignness was marginally significant in the final step when all the predictors were entered.

³ The same regression analyses were conducted for each dependent variable with explicit measures of prejudice as predictors and the results were virtually the same (Appendix F & G).

To better understand the finding that foreign counselors were perceived less favorably than nonforeign counselors, the moderating role of the level of importance of attitude and value compatibility was investigated. It has been theorized that attitude and value compatibility is more important than demographic variables such as race (Beutler & Bergen, 1991). According to this view, participants prefer providers of a similar cultural background because of the belief that such counselors would share similar attitudes and values. Thus, we wanted to explore the role of the level of importance of similarities in attitudes and values as a moderator of the relation between foreignness and counselor evaluations. In other words, these analyses explored whether individuals for whom attitude/value similarity is more important rate foreign counselors less favorably than those for whom attitude/value similarity is less important.

The survey included a single item that assessed the level of importance of similarities in attitudes and values when choosing a provider. The ratings were made on a likert scale ranging from 1 (*very important*) to 7 (*very unimportant*). Four separate multiple regression analyses were conducted with the three CRF subscales and the preference scale as the dependent variables, counselor race and foreignness as the independent variables, and importance of attitude and value similarity in choosing a counselor as the moderator variable (see Table 4 & 5). As before, ATSPPH scale was entered in the first block followed by counselor race, counselor foreignness, and the interaction between counselor race and foreignness in the second block. The importance of similarities in attitudes and values and its interaction with counselor race and foreignness were entered in the final block.

As before, individuals with more positive attitudes toward help seeking generally evaluated the counselors more favorably and foreign counselors were rated less favorably in terms of attractiveness, expertness, and preferences (but not trust). However, the importance of attitude and value similarity did interact with counselor foreignness to predict trust ratings. Specifically, there was a small negative relation between foreignness and counselor trust among participants who rated similarities in attitudes and values as being more important (simple slope = -0.12) and a small positive relation between foreignness and counselor trust among participants who rated similarities in attitudes and values as less important (simple slope = 0.11). This interaction was not significant for the other dependent variables.

Discussion

The present study aimed to expand current knowledge on the intercultural therapy dyad with a cultural minority provider and a White client. Research on providers of color suggests that they experience unique culture-based experiences in their professional work (Davis & Gelsomino, 1994; Rastogi & Wieling, 2005). However, research examining the impact of provider cultural variables on client reactions is limited. More research on how characteristics of minority providers influence clients' perceptions has been encouraged in the literature (Rooney, Flores, & Mercie, 1998). The present study answered this call for research on providers of color by explicitly assessing the role of counselor cultural variables such as race and foreignness in participants' perceptions of and preferences for Asian (vs. White) and foreign (vs. American) providers.

Research on the reactions of White individuals toward minority providers is fraught with both methodological and conceptual limitations. This study improved on

prior research in a number of ways. Specifically, the present study provided a more recent and methodologically rigorous examination of White individuals' perceptions of and preferences for racially different counselors, a first look at White American clients' perceptions and preferences toward Asian and foreign counselors, an examination of the relative importance of race and foreignness in White Americans' perceptions and preferences of providers of color, and an analysis of the role of implicit prejudice in potential clients' reactions to providers of color.

The primary finding in this study was related to counselor foreignness, which was manipulated by pairing the same stimulus used for American counselors with a foreign-accented voice and including a foreign country of origin and an appropriate foreign name in the self-description. The study hypothesis related to foreignness was partially supported. Foreign counselors of both races were evaluated less favorably on attractiveness and expertness and preferred less for services. Thus, foreignness was causally related to participants' evaluations and their willingness to utilize services from the provider. The foreignness effect is consistent with research that has illustrated a tendency for individuals with foreign accents to be preferred less as social partners and evaluated negatively on character attributions (e.g., Daily et al., 2005; Kinzler et al., 2009). Although this foreign effect was small, foreignness was the strongest predictor for attractiveness and preferences.

Results related to participants' evaluations of trustworthiness were unexpected. Trust was the only attribute not affected by foreignness; foreign counselors were not evaluated as less trustworthy. However, the importance of attitude and value similarity significantly moderated the trust ratings for foreign providers. Specifically, there was a

small negative relation between foreignness and counselor trust among participants who rated similarities in attitudes and values as being more important and a small positive relation between foreignness and counselor trust among participants who rated similarities in attitudes and values as less important. Thus, whether or not counselor foreignness resulted in unfavorable evaluations on trustworthiness depended on the level of importance potential clients placed on attitude and value compatibility. However, the importance of similarity in attitudes and values was not a significant moderator for the other measures of perceptions and preferences for providers. Thus, regardless of the importance of attitude and value compatibility, participants in general evaluated the foreign counselors as less attractive and less expert and preferred them less for counseling.

It is important to note here that the importance of attitude and value compatibility was assessed generally and not specifically with regard to the analog provider. Therefore, we are unable to fully test the hypothesis that the differential perceptions of and preferences for foreign providers was a result of perceived attitude and value similarity. In other words, we do not know whether individuals perceived foreign counselors as less trustworthy because they perceived them to be less similar in attitudes and values.

Study hypotheses related to race-based perceptions and preferences were not supported; Race was not a significant predictor of participants' perceptions and preferences of providers. Past research findings on race-related evaluations are inconsistent (e.g., Bennett & Big Foot-Sipes, 1991, Green, Cunningham, & Yanico, 1986, Helms & Carter, 1991). Our study was unique in that the analog counselor was Asian. Because most studies have focused on Black providers, a study of how Asian counselors were perceived was needed. The current results indicate that, when considering Asian providers, race does not play a role in perceptions and preferences. In other words, Asian counselors were evaluated the same and preferred for counseling to the same extent as were White counselors.

Our hypotheses regarding implicit negative attitudes toward out-group members were also not confirmed. It was expected that participants who had more negative implicit attitudes toward foreigners and Asians would evaluate the foreign and Asian providers less favorably and prefer them for services less. However, implicit negative attitudes did not significantly moderate the relationship between provider out-group membership and participants' reactions. This result is particularly interesting in the context of the aforementioned foreignness effect. Regardless of participants' implicit negative attitudes toward foreigners, participants in general evaluated the foreign counselors less favorably and preferred them less for services. In other words, it was not just individuals with implicit negative attitudes toward foreigners who had negative reactions to foreign counselors but also participants without negative implicit attitudes.

Although the present study contributed to the existing literature on providers of color in important ways, it is not without limitations. First, given that the present study

was an experimental analog study, the external validity is low albeit internal validity is high. Therefore, although we are able to make causal claims regarding the role of counselor variables such as foreignness, it is important to be cautious when generalizing present findings into realistic psychotherapy contexts. Second, there are further limitations to generalizability of findings due to the fact that the sample consisted only of college students. Finally, the unintelligibility ratings slightly varied between the two foreign accented conditions, namely the Eastern European accented speech was rated as posing no difficulty for understanding while the Asian accented speech was rated as being a “little bit difficult” to understand. Because there were no significant interaction effects between race and foreignness this small disparity in intelligibility of speech did not affect interpretation of study results. However, matching the level of intelligibility of speech across different accents to the extent possible would provide for more sound measurement of accent effects.

The present study suggests several areas for future research. One is to examine potential mediators of the foreignness effect to answer the question *why* foreign providers are evaluated less favorably and preferred less for services. Another important research question is related to the consequences of the foreign effect found in this study. It would be important to examine if the foreign effect is related to treatment engagement or outcomes. Other research has found that ethnic matching is not related to treatment outcomes (Karlsson, 2005), implying that regardless of the ethnic minority clients’ reactions to ethnic minority providers and White providers, having a minority provider does not improve objective treatment outcomes. Empirically testing whether the negative evaluations of foreign providers impact therapeutic process and outcomes would be

beneficial. Finally, it is important to examine ways in which the foreign effect can be mitigated to facilitate White clients accessing services from foreign providers and having more accurate first impressions.

The primary implication of the present findings is related to training. In light of the recommendation to recruit more minority providers (Munoz-Dunbar & Stanton, 1999), developing a better understanding of their experiences is necessary for training purposes. Multicultural training has been primarily focused on White students and their work with minority clients and multicultural training for minority trainees has been encouraged (Rooney, Flores, and Mercier, 1998). The present study expanded the current multicultural literature by generating information relevant for minority providers. The differential evaluations and preferences for service use based on foreignness found in the present study can inform foreign trainees' understanding of potential barriers in their professional work. This information can also facilitate future work on the topic and help develop effective ways to prepare foreign trainees for the challenges they face.

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Table 1: Correlations Among Counselor Characteristics, Client Characteristics, and Outcomes

Variable	1	2	3	4	5	6	7	8	9	10
1. Counselor Race ^a	—									
2. Counselor Foreignness ^b	.01	—								
3. ATSPPH	.07	-.00	—							
4. Expertness	-.05	.14*	.19**	—						
5. Attractiveness	.02	.16**	.13*	.57**	—					
6. Trust	.01	.06	.17**	.73**	.73**	—				
7. Preference	-.08	.21**	.17**	.64**	.71**	.63**	—			
8. Foreign IAT ^c	.00	-.01	-.14*	-.11	-.03	-.07	.01	—		
9. Race IAT ^d	-.06	.11	-.03	-.04	-.10	-.06	.02	.19**	—	
10. Similar	.03	.00	.03	.02	-.04	.00	.05	-.17**	.02	—
Attitudes/Values										
Mean	—	—	3.54	5.24	5.51	5.42	5.17	.46	.40	3.09
(SD)			(.55)	(.88)	(.94)	(.83)	(1.02)	(.40)	(.36)	(1.59)

Note. ** $p < .01$ * $p < .05$. ^a White = 1, Asian = 2; ^b Foreign = 1, American = 2; ^c + IAT scores represent pro White bias, ^d + IAT scores represent pro American bias.

Table 2: Associations Among Counselor Variables, Implicit Attitudes, and Participants' Perceptions

Predictor	Attractiveness					Expertness					Trust				
	B	SE B	β	Adjusted R2	R2 Change	B	SE B	β	Adjusted R2	R2 Change	B	SE B	β	Adjusted R2	R2 Change
Step 1				.01	.02*				.03	.03**				.03	.03**
ATSPPH	.13	.06	.14*			.16	.06	.18**			.15	.05	.17**		
Step 2				.04	.04*				.04	.02				.02	.00
Race ^a	-.01	.06	-.01			.06	.06	.07			.01	.05	.01		
Foreignness ^b	-.15	.06	-.16*			-.11	.06	-.12+			-.05	.05	-.06		
Race X Foreign	.10	.06	.10			.01	.06	.01			-.01	.05	-.01		
Step 3				.04	.01				.04	.01				.01	.01
Race IAT ^c	-.09	.06	-.10			-.03	.06	-.04			-.05	.06	-.05		
Foreign IAT ^d	.00	.06	.00			-.07	.06	-.07			-.04	.06	-.04		
Step 4				.04	.01				.06	.02				.01	.01
Race X RaceIAT	.09	.06	.10			.10	.06	.11			.05	.05	.06		
Foreign X Foreign IAT	.00	.06	.00			-.09	.06	-.10			.05	.06	.06		

Note. The values in this table are from the final step in the regression equation. ** $p < .01$ * $p < .05$ + $p = .06$. ^a Asian = -1, White = 1; ^b American = -1, Foreign = 1; ^c + IAT scores represent pro White bias, ^d + IAT scores represent pro American bias.

Table 3: Associations Among Counselor Variables, Implicit Attitudes, and Participants' Preferences

Predictor	Preference				
	<i>B</i>	<i>SE B</i>	β	Adjusted R2	R2 Change
Step 1				.02	.03**
ATSPPH	.19	.06	.19**		
Step 2				.07	.06**
Race ^a	.09	.06	.09		
Foreignness ^b	-.21	.07	-.20**		
Race X Foreign	.01	.07	.09		
Step 3				.07	.00
Race IAT ^c	.01	.07	.01		
Foreign IAT ^d	.03	.07	.03		
Step 4				.06	.01
Race X RaceIAT	.08	.07	.08		
Foreign X Foreign IAT	.01	.07	.01		

Note. The values in this table are from the final step in the regression equation. ** $p < .01$ * $p < .05$ + $p = .06$. ^a Asian = -1, White = 1; ^b American = -1, Foreign = 1; ^c + IAT scores represent pro White bias, ^d + IAT scores represent pro American bias.

Table 4: Level of Importance of Attitude and Value Similarity in Perceptions

Predictor	Attractiveness					Expertness					Trust				
	B	SE	β	Adjusted R2	R2 Change	B	SE	β	Adjusted R2	R2 Change	B	SE	β	Adjusted R2	R2 Change
Step 1				.01	.01*				.03	.03**				.03	.03**
ATSPPH	.12	.06	.13*			.17	.05	.19**			.14	.05	.17**		
Step 2				.04	.04*				.05	.02				.02	.00
Race ^a	-.03	.06	-.03			.05	.05	.06			-.02	.05	-.02		
Foreignness _b	-.15	.06	-.16*			-.12	.05	-.14*			-.06	.05	-.07		
Race X Foreign	.10	.06	.10			.01	.05	.01			-.01	.05	-.01		
Step 3				.03	.00				.04	.00				.03	.02
Att/value	-.02	.06	-.02			.02	.05	.02			-.01	.05	-.01		
Att/value X Race	.00	.06	.00			.00	.05	.00			-.02	.05	-.02		
Att/value X foreign	-.05	.06	-.05			-.04	.05	-.04			-.12	.05	-.14*		

Note. The values in this table are from the final step in the regression equation. ** $p < .01$ * $p < .05$. ^a Asian = -1, White = 1; ^b American = -1, Foreign = 1.

Table 5: Level of Importance of Attitude and Value Similarity in Preference

Predictor	Preference					
	R2 Change	B	SE B	β	Adjusted R2	R2 Change
Step 1	.03**				.02	.03**
ATSPPH		.18	.06	.18**		
Step 2	.00				.07	.06**
Race ^a		.09	.06	.09		
Foreignness ^b		-.23	.06	-.22**		
Race X Foreign		.07	.06	.07		
Step 3	.02				.07	.00
Attitude/value compatibility		-.04	.06	-.04		
Att/value compatibility X Race		-.04	.06	-.04		
Att/value compatibility X foreign		-.03	.06	-.02		

Note. The values in this table are from the final step in the regression equation. ** $p < .01$ * $p < .05$. ^a Asian = -1, White = 1; ^b American = -1, Foreign = 1.

Appendix A

Cover Story:

The University of Minnesota is in the process of hiring a few counselors to assist students with their personal concerns. A faculty member and a graduate student from the Counseling Psychology program in the Department of Psychology are assisting the University with the search process. Because there were so many candidates for these positions, the university is trying out an online process for screening the candidates. To narrow down the applicant pool, the candidates have been asked to submit a brief video clip in which they say a little bit about themselves and their qualifications for the position. Because students like you will potentially be seeing these counselors, as part of the initial screening process we want to get feedback from students like you. So that it doesn't take too much of your time, you will be given information about a specific counselor from the potential pool of candidates, and asked to share your feedback about that counselor. The counselors differ from each other in terms of gender, education, theoretical orientation, and cultural background.

Appendix B

Debriefing Statement:

Please read the following message carefully and indicate if you give us permission to use your data in the study by clicking the appropriate box below.

This was a study about clients' preferences and perceptions of counselors who are from diverse cultural backgrounds and not a program for evaluating potential candidates for a counselor position at the University. The individual you saw in the video is an actor and not a real counselor. The self-description you heard was also created by the researchers to represent a typical counselor and is not referring to a real person. To provide you with the opportunity to share your most genuine perceptions and preferences we wanted to create a believable and realistic scenario. If we may use your data for this study, please let us know by clicking the appropriate box below. You will receive the full extra credit points even if you do not give us permission to use the data in the study. If you have any concerns or questions please contact Dr. Frazier at pfraz@umn.edu and/or 612-625-6863.

I give permission to use my data in the study.

No

(If you click this option, your data will be destroyed and will not be used for the study).

Yes

If you are currently experiencing any distress and wish to talk with a counselor you may access the following on-campus urgent care facilities and request to talk to a counselor.

University Counseling and Consulting Services

Phone: 612-624-3323

Urgent crisis counseling services are offered from 8:00 a.m. to 4:00 p.m.

Boynton Health Service Mental Health Clinic

Phone: 612-625-8475

Urgent care counselors are available between 8:00 - 6:00 on Mondays and 8:00 - 4:30 on Tuesdays through Fridays.

Note: These services are not the same as those available in an emergency room and should not be substituted for a situation requiring immediate intervention. There may be a wait to speak with an urgent care counselor. Please call 911 in the case of a mental health crisis.

Appendix C

Provider Self Description:

Hi. I would like to tell you a little bit about myself. I am [culture appropriate name]. I am 32 years old and am from [culture appropriate home town]. I received my doctoral degree in psychology from the University of WI. I have about 5 years of counseling experience in working with college students, particularly around their personal problems. My theoretical orientation is an integration of client-centered psychotherapy and behavior therapy. I really enjoy working with college students and feel that the counseling position at the University will be a good fit with my clinical training and work interests.

Appendix D

Explicit Measures of Prejudice:

Modern Racism Scale: This is a 9-item scale for measuring prejudice toward immigrants in a Scandinavian context (Akrami et al., 2000). The items were adjusted to be appropriate for the study context by replacing “Sweden” with “USA.” Examples of items include, “Discrimination against immigrants is no longer a problem in USA” and “There have been enough programs designed to create jobs for immigrants”). Responses are rated on a 1 to 5 scale where 1 = *strongly disagree* and 5 = *strongly agree*, with higher scores reflecting higher levels of prejudice. The internal consistency reliability was $\alpha = .82$. The scale has been demonstrated to have evidence of construct validity. The reliability of the scale in the present study is $\alpha = .83$.

Color Blind Racial Attitude Scale (CoBRAS): CoBRAS is a 20-item measure assessing the extent to which people deny racism and the effect of race on people’s lives (Neville et al., 2000). Responses are rated on a 5-point scale that ranges from 1 (*not at all appropriate or clear*) to 5 (*very appropriate or clear*), with higher scores reflecting higher levels of color-blindness. Examples of items include, “Race is very important in determining who is successful and who is not” and “It is important that people begin to think of themselves as American and not African American, Mexican American, or Italian American.” The CoBRAS has shown to have good total scale reliability ($\alpha = .86-.91$) and 2-week test-retest reliability ($\alpha = .68$). The CoBRAS has also been demonstrated to have evidence of concurrent validity. The reliability of the CoBRAS in the present study is $\alpha = .84$.

Appendix E

Table 6

Correlations between explicit measure of racism and other study variables

Variable	Modern Racism	CoBRAS
Counselor Race ^a	.01	-.02
Counselor Foreignness ^b	.02	-.01
ATSPPH	-.41**	-.35**
Expertness	-.09	-.09
Attractiveness	-.01	-.01
Trust	-.04	-.04
Preference	-.02	-.03
Foreign IAT ^c	.27**	.26**
Race IAT ^d	.08	.08
CoBRAS	.67**	—
Mean (SD)	2.53 (.60)	3.21 (.66)

Note. ** $p < .01$ * $p < .05$. ^a White = 1, Asian = 2; ^b Foreign = 1, American = 2; ^c + IAT scores represent pro White bias, ^d + IAT scores represent pro American bias.

Appendix F

Table 7: Associations Among Counselor Variables, Explicit Racism and Perceptions

Predictor	Attractiveness					Expertness					Trust				
	B	SE B	β	Adjusted R2	R2 Change	B	SE B	β	Adjusted R2	R2 Change	B	SE B	β	Adjusted R2	R2 Change
Step 1				.01	.02*				.03	.03**				.03	.03**
ATSPPH	.16	.07	.17*			.15	.06	.17*			.16	.06	.19**		
Step 2				.04	.04*				.04	.02				.02	.00
Race ^a	-.02	.06	-.02			.06	.06	.07			.01	.05	.01		
Foreignness ^b	-.15	.06	-.16*			-.12	.06	-.14*			-.05	.05	-.06		
Race X Foreign	.10	.06	.12			.01	.06	.01			.00	.05	.00		
Step 3				.03	.00				.04	.00				.01	.00
CoBRAS	.02	.08	.02			-.04	.08	-.04			-.01	.07	-.01		
Modern	.03	.09	.03			.01	.08	.01			.03	.08	.04		
Step 4				.03	.01				.03	.01				.01	.01
Race X CoBRAS	.03	.06	.03			.01	.06	.01			.06	.05	.08		
Foreign x Modern	.06	.06	.06			-.07	.06	-.08			.03	.05	.04		

Note. The values in this table are from the final step in the regression equation. ** $p < .01$ * $p < .05$. ^a Asian = -1, White = 1; ^b American = -1, Foreign = 1.

Appendix G

Table 8: Associations Among Counselor Variables, Explicit Racism and Preference

Predictor	Preference				
	<i>B</i>	<i>SE B</i>	β	Adjusted R2	R2 Change
Step 1				.02	.03**
ATSPPH	.19	.07	.19**		
Step 2				.07	.06**
Race ^a	.10	.06	.10		
Foreignness ^b	-.22	.06	-.21**		
Race X Foreign	.08	.06	.07		
Step 3				.07	.00
CoBRAS	-.02	.09	-.02		
Modern	.07	.09	.07		
Step 4				.07	.01
Race X CoBRAS	.08	.06	.08		
Foreign x Modern	-.07	.06	-.07		

Note. The values in this table are from the final step in the regression equation. ** $p < .01$ * $p < .05$. ^a Asian = -1, White = 1; ^b American = -1, Foreign = 1.

Appendix H

Pilot Study

To clarify a few questions I had regarding the study methodology, I conducted a pilot study during Summer 2010. The University of Minnesota Institutional Review Board approved the study. Thirty-two undergraduate students participating in the REP program completed the surveys. Half of the students received survey A and the other half received survey B, and the two surveys were different from each other only with respect to when the IAT was presented. In survey A, the IAT was presented prior to the video and in survey B the IAT was presented at the end of the survey. Participants were randomly assigned to one of the four counselor conditions. Two participants who received survey B had difficulty viewing the debriefing message and as a result were unable to provide the second consent to use the data in the study. As a result, these two students' data, along with data from one other student who withdrew from the study were eliminated from the analyses.

Placement of the IAT

The two versions of the surveys were created to examine if the placement of the IAT would lead participants to recognize that this is a study of race and as a result be more sensitive to social desirability effects. However, when asked what they perceived as the variables assessed in the study, equal percentage of participants from both surveys reported that the study was assessing race. Thus, the placement of the IAT did not seem to impact the extent to which participants recognized the purpose of the study.

Proportion of Withdrawals from Study at Second Consent

I was also concerned that asking for consent for the second time after revealing the true purpose of the study would cause a large number of participants to withdraw from the study. Four

percent of the sample (1/28) withdrew their data from the study. Thus I will need to recruit 4% more than the minimum necessary sample size of 114 (i.e., 5 additional participants).

Manipulation Check about the Purpose of the Study

A manipulation check was carried out to assess if the participants figured out the true purpose of the study. They were asked what characteristics of the counselor were assessed in the study and were provided with several potential answers from which to choose. Seventy percent of the sample (19/27) identified race as one counselor characteristic measured in the study whereas 33% of the sample (9/27) identified language as a potential counselor characteristic assessed in the study. All of the participants also identified other variables such as educational background and theoretical orientation of the counselor as potential counselor characteristics assessed in the study.

Appendix I: Experimental Stimuli



Appendix J: Foreign IAT Stimuli



**Grand Canyon,
Arizona**



**Sahara Desert,
Africa**



Mt. Everest, Nepal



Rainforest, Costa Rica



Antarctica



Amazon River, Peru



**Old Faithful,
Wyoming**



Redwood Forest, California



Devil's Tower, Wyoming



Niagara Falls, New York

Appendix K: Race IAT Stimuli



