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Running Head: INFLUENCE OF A MULTIDIMENSIONAL MODEL

Influence of a Multidimensional Model of Antiracism Training on
White Clinician's Positive Self-Regard, White Privilege Attitudes and
Social Identity Development

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2009

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Abstract

A mixed-methods evaluation of a racism training examined whether education about a social identity development model predicated on critical race theory influenced white clinicians' attitudes regarding white privilege, level of positive self-regard, and attempted to explore how participants processed their social identity development in a follow up questionnaire. Fourteen self-identifying white clinicians completed pre and post surveys the day of a two and half hour work-shop based training. Five of those participants went on to complete the final survey including qualitative questions regarding their identity development. White privilege attitudes were measured by the White Privilege Attitudes Scale (WPAS; Pinterits, Poteat & Spanierman, 2008) and showed no noticeable change in the post or follow-up administrations. Positive self-regard was measured by the Unconditional Positive Self-Regard scale (UPSR; Patterson & Joseph, 2006) and also showed no noticeable change in the post or follow-up administrations. Qualitative responses indicate that participants were very satisfied with the training, and that the five who completed all three surveys thought about race and racism in the several weeks following the training and attribute more complex understanding of current political events (e.g. first African American President's inauguration and Martin Luther King Jr. Day) to their attendance of the training. Limits (primarily small sample size) and implications are offered. Trainers may need to insist on longer trainings, or multiple trainings for greater effectiveness. Research should consider more in-depth qualitative evaluation of the process of white clinician's racial identity development as it pertains to trainings.

Introduction

The purpose of this study is to begin to evaluate how best to train social workers, specifically white social workers, to engage in the work of dismantling racism. Although demographics in the United States continue to reflect an increase in diversity, race remains a sensitive topic that few Americans, perhaps even social workers, seem comfortable discussing. While many Americans may think of racism as spoken words or acts against a person or group of people based on appearance, experts describe racism as having transitioned from an overt to a largely covert phenomenon (Bobo, 1993; Miller & Garran, 2008; Thompson & Neville, 1999). This covert "modern racism", or "aversive racism" is characterized by microinsults, microinvalidations and microaggressions that are largely unconscious behaviors primarily unseen to whites (the perpetrators) and painfully obvious to many people of color on a daily basis (Blitz, 2006; Helms, 1990; Lipsitz, 1998; Neville et. al., 2000; Sue et. al., 2007).

Theorists and researchers describe the collective experience of aversive racism at an interpersonal level as simultaneously the manifestation and result of the systemic concept of "institutional racism," whereby the nature of racism is characterized as a system of power and prejudice amalgamated to privilege certain groups (whites) over others (people of color) (Blitz, 2006; Mills, 1997; Tatum, 1997; Wade, 1993).

Efforts to address racism in the fields of Social Work, Social Psychology and Counseling Psychology have been in place since the middle of the last century via credos developed by mental health professional associations such as the American Psychological Association (APA) and the National Association for Social Workers (NASW). Researchers appear to be heeding a call to examine race and racism from the perspective of challenging the status of the *advantaged* rather than focusing solely the plight of the *disadvantaged* by examining the specific

mechanisms of "white privilege" culminating in unearned advantages that are often invisible to the dominant culture; such as access to quality education, higher wages and quality housing (Branscombe, Schmitt & Schiffhauer, 2007; Lowery, Knowles & Unzeta, 2007; McIntosh, 1989; Swim & Miller; 1999).

As writers in the fields of Social Psychology, Counseling Psychology and Social Work have endeavored to explore and define white privilege, its functions and how to address it in the process of dismantling racism, some researchers have worked to identify barriers to this process. An unconscious fear of losing the advantages of white privilege may be significantly contributing to why the discussion of race and racism is still taboo in our increasingly diverse nation: white peoples' inhibitions about discussing racism may be an expression of a primary need to preserve positive self-regard and in-group status (Branscombe et. al., 2007; Case, 2007; Gushue, Mafonna & Constantine, 2007; Lowery et. al., 2007, Neville, et. al., 2000). A need to maintain positive self-regard makes implicit sense: most people want to feel good about themselves.

Educators and antiracism activists have endeavored to create trainings and programs to assist in the effort to deconstruct racism by addressing the barrier of white privilege (Case, 2007; Lowery et. al. 2007; Miller & Garran, 2008; Neville, Spanierman, & Doan, 2000). This study was an attempt to evaluate whether one of these endeavors, a brief workshop-focused training founded on Garran and Miller's (2007) Multidimensional Social Identity Development Model (MDSIDM), influences white clinician's white privilege attitudes and/or mitigates the inhibitive psychological experience of preserving positive self-regard and protection of in-group status. This study also attempted to evaluate the impact of this workshop on white participants' process of exploring their own social identity as it pertains to race.

Literature Review

In this literature review I will first briefly delineate the development of current helping professionals' discourse of racism and white privilege in the United States. Next, literature regarding experiments exploring white identity and exposure to the concept of white privilege and institutional racism will be reviewed. Finally, helping professionals' social identity development as it intersects with trainings and self-reports of work with clients across racial dyads will be reviewed.

Cultural Identity of the United States and Race Discourse

The cultural identity of the United States is in part defined by a touted commitment to freedom and the right to liberty and justice for all citizens; indeed our egalitarian values are embedded in the Constitution. Paradoxically, the cultural identity of the United States is also founded on a long history of exploitation of many peoples, including (listed alphabetically; the author recognizes that these terms are imperfect for many and do not distinguish the many groups of peoples' that are considered within these groups but identify separately, such as Chicana, or various Indian Nations) African Americans, Alaska Natives, Asian Americans, Hispanics, Latino Americans, Mexican Americans, Native Americans, Pacific Islanders and many others identifying as of color. This history of exploitation is understood to be a result of the assumption made by Europeans during The Enlightenment (Lieberman, 1994) that whites are superior to any other race. Anthropologists have confirmed the more recent hypothesis that race is not biologically based through the examination of DNA, thereby supporting the conclusion that race is socially constructed (AAA, 1998).

One may conclude then that the informal and unspoken social hierarchy categorized by race, is largely maintained both consciously and unconsciously by the white people who benefit

from it. The term "Racial Contract" has been used to describe this hierarchy of the United States as founded by systematically exploiting people of color both legally and socially to gain economic fortitude for whites (Mills, 1997). The racial contract is an agreement, spoken and unspoken, that delineates at any given time who is white and the amount of access or denial any group of people who are not identified as white (in the U.S) has to resources (Mills).

Miller and Garran (2007) further point out that since the racial contract was a part of the United States' foundation in its use of slavery as a strategy for economic gain, that any structure built on that foundation inherently continues integrating oppression that is ubiquitous and therefore a "norm, a given, ...make[ing] it all the more difficult to see by those unimpeded by it" (p. 65).

While race relations continued to evolve following the founding of our nation, through the Civil War and the resulting "Jim Crow" period, American culture began to be shaped by a now historically significant discourse regarding race and racism in the Civil Rights movements of the 50's and 60's. What began as a grass roots examination of the conflict of the nation's proclaimed egalitarian views translated into attempts to make available previously denied legal rights, such as education, employment, health care and fair housing to people of color. As a result of this cultural shift, the overt racist statements and behaviors mentioned above became less acceptable in mainstream society but the historical underpinnings of the racial contract continue to pervade virtually every area of our culture via covert and institutional racism (Mills, 1997; Tatum, 1997; Wade, 1993). These more subtle forms of racism have been investigated over the last several decades so that researchers and theorists have come to term them "modern racism," or "aversive racism," with categories of ways in which this racism is carried out, either

consciously, unconsciously, and with in the design of our institutions (Miller & Garran, 2008; Sue, et. al., 2007; Tatum, 1997).

White Privilege and Racism

The term white privilege refers to the unearned advantages that those who are currently perceived as white receive as a result of their ascribed status and power in our society (McIntosh, 1988; Pinterits, 2004; Sue et al., 2007). White privilege then is the corollary to the perception of disadvantage of a person of color, and is largely unseen by whites themselves.

Researchers who have asked whites to consider their race in the context of white privilege found that perceived threat to white participants' racial identity coincides with an increase in aversive racist attitudes (Branscombe, et. al., 2007; Lowery, et. al., 2007). Lowery, Knowles and Unzueta (2007) purport findings that *how* the concept of white privilege is framed to white people impacts their level of aversive racism, highlighting that the "white guilt" associated with an awareness of white privilege may induce conflict with "positive self-regard" (p. 1246).

Some Whites' reluctance to recognize the unearned advantages of their race, unconscious or conscious, likely functions as a means to maintaining status and power. This status and power can be thought of as created, defined and protected by in-group status of the dominant group, and that any perceived threat to the group as a whole may be automatically, even unconsciously, defended by one of its members (Branscombe et. al., 2007; Lowery et. al., 2007). Due to outward expression of this defense, for example explicit racist comments, being considered politically incorrect at this time in history much of the in-group protection cited above has become covert.

New terms for describing covert racism

Sue et. al. (2007) recently published a taxonomic article that reviews the literature on the discourse of race defining the terms that have been developing across mental health fields to identify components of covert or aversive racism. Four main categories of "microaggression" "microassault," "microinsult," and "microinvalidation" were identified as well as white privilege (Sue, et. al; 2007). These terms are gaining wide recognition in the fields of social work, psychology and education.

For the purpose of clarity the definitions of these terms and associated examples from this taxonomic article (Sue et. al., 2007) article are offered: "microaggression" as "[c]ommonplace verbal or behavioral indignities, whether intentional or unintentional, which communicate hostile, derogatory, or negative racial slights and insults" (p. 278). One type of microaggression is a "microinsult, (often unconscious) [b]ehavioral/verbal remarks or comments that convey rudeness, insensitivity and demean a person's racial heritage or identity." (p. 278). An example offered is: "Person of color mistaken for a service worker" (p. 276). A second type of microaggression is a "microassault (often conscious) [e]xplicit racial derogations characterized primarily by a violent verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior or purposeful discriminatory actions," such as any sort of overt racism (p. 278). Finally, the third type of microaggression commonly referenced is a "microinvalidation (often unconscious) [v]erbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color" (p. 278). An example of a microinvalidation offered by Sue et. al. is: "When I look at you, I don't see color" (p. 276).

Researchers Lowery, Knowles & Unzueta (2007) examined what might be the underpinnings of such micro-aggressions by exploring how whites who perceived their identity to be threatened, rather than affirmed, reported a lower level of privilege. One group of white participants was told that they had achieved a high score on an intelligence test, while another had been informed that they had performed poorly. Each group then completed the same measure of aversive racism. The group who received the high scores was rated lower with regard to white privilege, while the other group, who received lower scores, rated higher with regard to white privilege- suggesting an unconscious need to find a way to feel better about themselves by subtly oppressing an "other."

All of these microaggressions occurring collectively at the individual level lend themselves to the maintenance of institutional racism at the macro level that serves to inhibit those who benefit from a racist system from *seeing* both micro and macro levels of racism omnipresent in our culture.

Multicultural Competence and Racism in Mental Health

Given that aversive racism is largely unconscious it is important that white clinicians increase their consciousness regarding their need for positive self-regard to mitigate the possibility of the above-described dynamic happening in cross-racial therapy. The NASW and APA both have outlined specific requirements for any members of their respective field to be in compliance with their codes of ethics. The NASW's (2007) "Charge" addresses institutional racism stating:

The responsibility of individual social workers is to recognize that structural racism plays out in their personal and professional lives and to use that awareness to ameliorate its influence in all aspects of social work practice, inclusive of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation.

Furthermore, individual social workers have a responsibility to promote change within and among organizations, and at the societal level. (p. 3)

It seems as though the most logical way to address resisting the unconscious maintenance of an inequitable system is conscious effort to become self aware, educated, and to practice use of skills acquired under supervision. But first, we have to engage white people, white social workers, in a way that is sustainable.

Social Identity and Racial Identity in Social Work

Subsequent to Social Psychologists' Tajfel and Turner's (1979) offering of social identity theory in exploration of inter-group conflict, many related fields, including Social Work, began to explore how social identity theory related to their own work. Spears, (2005) in a summary of the evolution of social identity in the New Dictionary of the History of Ideas cites Tajfel as defining social identity as "that part of an individual's self-concept which derives from his membership of a social group (or groups), together with the value and emotional significance attached to this"(p. 1086). Social identity can be thought of then, as the intersection of belonging to different groups at the same time.

Miller and Garran (2008) employ social identity theory in their Multidimensional Social Identity Development Model (MSIDM) in which they define social identity as "...holistic...an individuals phenomenological experience and meaning, and the significance of the historical and material context in which identity emerges" (p. 112). In this way, social identity is not only composed of which groups a person belongs to at any given time, but also on individuals shifting and intricate history with many other groups, including those they entered voluntarily or involuntarily (Miller & Garran).

Miller and Garran (2008) further define a subset of social identity, "Racial identity" as "a concept that encapsulates history, sociology, the construction of meaning, relationships, loyalty

and affiliation, interpersonal preferences and interactions, self-concept, and one's innermost psychological and emotional life" (p. 258). It is therefore incumbent upon Social Workers to become aware of their own racial identity as a component of their overall social identity development in order to comply with the field's ethics.

Evaluation of Multicultural, Diversity and Racism Education for Whites

A review of literature shows a variety of modalities and theories of education related to the topic of racism, some of which focus on the topic of white privilege. Case (2007) a professor who teaches a college course that incorporated race and racism, reported an initial response of increase in white guilt and concurrent fear of other races followed by an increase in prejudicial beliefs after undergraduate students were introduced the concept of white privilege. These same students paradoxically reported on a post-test a continued increase in prejudicial beliefs *and* a greater understanding of the impact of racism with more support for affirmative action policies than at the beginning of the course (Case). Additional studies on white applied psychology trainees showed similar results and further suggested that there is a "psychological cost" to white clinician's who do not explore their social identity as it relates to race in experiencing fear of other races and reduced capacity to increase empathy towards clients different from themselves (Pinterits, 2004; Spanierman, Poeat, Wang & Oh, 2008).

Researchers exploring white privilege from the "color-blind" ideology, that is the idea that all people ought to be seen "as equals" and that racism is not "as important a problem," show that the higher a clinician's color-blind score was, the lower their cultural competency score was (Gushue & Constantine, 2007; Neville, Spanierman, & Doan, 2006; Neville et. al., 2000). The importance of these findings is particularly salient when considering a power differential relationship such as a therapist-client dyad that is also cross-racial (Knox et. al., 2003; Neville,

et. al., 2006, Spanierman, et. al., 2008), or supervisor-trainee dyad that is cross-racial (Constantine & Sue, 2007) in which participants of color did not agree that their white therapists or supervisors competently connected with them. Boysen and Vogel (2008) recently conducted a study measuring implicit bias that showed that an increase in graduate level counselor trainees self-report of multicultural competence did not coincide with a decrease in implicit bias, warranting further exploration of measures and evaluative tools that neutralize participants' natural desire to appear socially acceptable.

Implications for Training of Helping Professionals

Several of the researchers who conducted the research cited above suggested the use of open reflection, such as weekly journaling, and open discussion to address emotions that emerge over time (Case, 2007; Spanierman et. al., 2008). Such practices may better mitigate white students'/clinicians' unconscious retraction from the material that may manifest as an increase in fear of other races. The researchers suggest that incorporating multiple aspects of an aspiring white clinicians' social identity into the process of education may have the greatest impact on their capacity to attend to race and racism in themselves, and by extension through the rest of their work and ethical obligations. (Blitz, 2006; Boysen & Vogel, 2008; Green et. al., 2005; Pintertis, 2004; Miller & Garran, 2008; Snyder, Peeler & Dean, 2008). Some researchers purport that following this internal investigation therapist self-disclosure via transparency is an effective tool in cross-cultural counseling (Burkard, Knox, Groen, Prerez & Hess, 2006).

Conclusion

These collective findings suggest that whites are more willing to consider the frame of *disadvantages* of people of color rather than white *advantage* thereby reducing perceived threat to their own individual race identity. Because racial microaggressions resulting from these

internal racial attitudes can be seen as an everyday reality from the perspective of people of color, this concept is especially relevant when considering clinical social work practice across racial lines (Gushue & Constantine, 2007; Sue et. al., 2007). The implication of these findings is that the process of effective psycho education for diversity and multicultural trainings ought to address whites' tendency to defend their positive self-regard at the expense of another group. How can we introduce important concepts, such as white privilege, in trainings and learning materials without first disparaging the oppressed peoples by framing them as "disadvantaged"? Or, how can we successfully consider where white social workers are on their social identity journey, and still challenge them to strive to meet the NASW challenge posted above without risking their unconscious desires for positive-self regard?

Before stating the purpose of the study one final approach that was developed in this field of research is worthy of mention. Uehara et. al. (1996) suggest a "Values-Based" approach to multicultural and diversity research and trainings. The term "Values-Based" refers to the purpose of any social work research project to be rooted in "social justice, equality, self-determination, and empowerment"(Uehara, et. al, 1996, p. 614) by including stakeholders, e.g. participants and trainers in the process of education. The values-based approach is consistent with the concept that by engaging in the complete process of dismantling racism, a white clinician's sense of racial identity may evolve and therefore increase their capacity to serve as an ally. This study was an attempt to evaluate whether a brief workshop-focused training founded on Garran and Miller's (2007) Multidimensional Social Identity Development Model (MDSIDM) influenced white clinician's white privilege attitudes and/or mitigated the inhibitive psychological experience of preserving positive self-regard via protection of in-group status.

This study also attempted to evaluate the impact of this training on white participants' process of exploring their own social identity as it pertains to race.

Methods

Data for this study were obtained from an evaluation of a training collected by a research assistant on behalf of the trainer who is a Professor at Smith College School for Social Work.

Participants

Attendees were invited to the training via Clinical Directors of area agencies involved in human services located in a predominantly white, rural and lower SES county in New England. A total of 31 human service agency employees who voluntarily attended the training were approached by the research assistant and invited to participate in the three-stage evaluation. Of these attendees, 14 agreed to participate resulting in a response rate of 41% for the first two stages with only five (36%) of those participants completing the third stage. Half of the participants are outpatient clinicians (n = 7), while some were directors (n = 3) or case manager/workers (n = 3) and one is front line staff (n = 1). Participants' ranged in age from 23 to 60, with a mean age of 39.57 years and a majority identified as female (n = 12; 86%) with the remaining two identifying as male (n = 2; 14%).

A vast majority of the sample for this study racially self-identified as white (93%; n = 13); one participant racially self-identified as Asian (this respondents survey was not included in analysis as the study focused upon white participants). Participants self-identified broadly with regard to ethnicity, although most reported European roots with five self-identifying as "white" or "Caucasian," two as North American, and one each as European American, French Canadian, German-Irish, German-Polish, Greek American, West European and Indian.

Nine participants reported having a Masters Degree (64 %) and six further delineated that degree as a Masters of Social Work (66% of the 9; 43% of the entire sample). The remaining participants either had completed a degree in Bachelors of Arts (n= 3) or High School (n = 2).

The sample size is too small to make comparisons with regard to age, gender, education or ethnicity groups.

Criterion for participation in the evaluation was limited to staff of human service agencies as it is assumed that these employees have an interest in human service and have available resources if they began to feel unmanageable stress, anxiety, depression or other negative emotions as a result of participation in the evaluation or for attending the training. The self-selection design was imperative as racism is a charged topic that poses risks to all potential participants; a degree of interest may have been a protective factor. A referral list [Appendix A] was provided to all attendees who elected to participate in the evaluation. Attendees were invited to participate in the evaluation, but were assured that they may still participate in the training and receive CEU's if they declined. There was no way to determine if there were differences between those who participated in the evaluation and those who declined.

Research Design

This study was a mixed-methods design including pre and post surveys on the day of the training and a follow-up web survey (SurveyMonkey.com) administration of the same surveys plus a qualitative questionnaire two weeks later. The design of the evaluation used some of the principles of Uehera's "values based" approach in part, in that agency community members were consulted with regard to the general content of the diversity training, though the trainer ultimately determined the training content as well as the evaluation measures used in the study.

Procedure

A description of the evaluation process was presented to training attendees as they arrived for the training and signed in. Attendees who elected to participate in the evaluation were provided with an informed consent form [Appendix B] including a request for an email addresses

to receive the final survey and with a box to check stipulating whether they would like to be made of aware of the findings.

Recruits for the evaluation could attend the training without participating in the study and still obtain two and one half continuing education units. Evaluation participants were told that the total amount of time to undertake the evaluation process, outside of the training, would be about one hour over a period of three weeks; 20 minutes each for the two surveys, as well as for the online follow-up survey and questionnaire. After signing the informed consent form packets with the evaluation, including demographic and background information (Appendix C) such as age, gender, race, ethnicity, education, additional training, self-reported SES, and whether they are working in a clinical capacity at their agency were administered. Survey A, comprised of the demographic form and both measures described below was made available immediately prior to the training. Survey B, comprised of the same measures and a satisfaction questionnaire (Appendix D) were made available directly following the training.

Measures

White privilege attitudes were measured using the 28-item White Privilege Attitudes Scale (WPAS; Pinterits, Poteat & Spanierman, 2008; Appendix E) that specifically focuses on the "multidimensional nature of White privilege attitudes, reflecting affective, cognitive, and behavioral dimensions" (p. 2) of white privilege along four factors: (a) willingness to confront white privilege, (b) white privilege apprehension, (c) white privilege awareness, and (d) white privilege remorse. Examples of items include "Our social structure system promotes white privilege" and "If I address white privilege, I might alienate my family," and are rated on a Likert scale ranging from one (strongly disagree) to six (strongly agree) with higher scores on the four subscales "indicat[ing] higher levels of various White privilege attitudes that reflect cognitive,

affective, and behavioral dimensions" (p.21). The Cronbach's alphas for the subscales listed above rated from acceptable to strong reliability for the pre-test: .94, .69, .71 and .90 respectively; for the post-test they were .96, .76, .65 and .91 respectively. The small sample size precluded any correlation or comparative analysis.

Unconditional Positive Self Regard was measured using a 12-item Unconditional-Positive Self Regard scale (UPSR; Patterson & Joseph, 2006; Appendix F) that was designed to evaluate the impact of client-centered therapy on clients' self-esteem as it relates to conditionality. Patterson and Joseph (2006) contend that Counseling Psychology and other therapeutic fields have not conducted enough research to offer client-centered, or person-centered therapy as evidence-based. The UPSR is designed to measure not only changes in self-regard (as a function of self-esteem), but also whether self-regard is impacted by internal conditions that might be conscious or unconscious (Patterson & Joseph, 2006). The purpose of this measure for this study was to evaluate whether the social-identity based racism training lowers, increases, or effects no change on participant's unconditional positive self-regard after having considered the concept of white privilege. Examples include "I feel deep affection for myself" and "How I feel towards myself is not dependent on how others feel towards me" and are rated on a five-point Likert scale ranging from strongly agree (1) to strongly disagree (5) with lower scores reflect lower unconditional positive self-regard.

The UPSR has two subscales each with a score range from six to thirty; self-regard (Cronbach's alpha = .20) which "refer[s] to affective or cognitive evaluation of oneself in a positive manner," and conditionality (Cronbach's alpha = .79) which "refer[s] to either affective or cognitive evaluation of oneself in a non-contingent (unconditional) manner" (565). The small sample size precluded any correlation or comparative analysis. Interestingly and in accordance

with other researchers, the small sample size may create problems for interpretation of Cronbach's alpha (Garson, 2009).

Upon completion of the training, the same measures were administered to participants as they exited the room. An additional page was added to this packet [Appendix D], asking a series of satisfaction questions regarding their experience of the training. A three-point Likert-scale was employed in which participants could respond very little, moderately or very much and provided a comment section. Examples include "was the trainer knowledgeable of the topic for today's training?" "Did the training increase your understanding of the spectrum of racism?" "Will this training help you identify hidden racial/cultural stereotypes?" and "Do you think this training is applicable to your work?"

Training

The training was held at an area community hospital conference room to accommodate the area agencies that accepted the invitation to attend via flyer provided to agency directors. The training was conducted in a workshop style and adhered to the advertised schedule of two and one half hours with two ten minute breaks.

The trainer, Dr. Joshua Miller, has published and presented at conferences on the topic of antiracism work and co-authored *Racism in the United States: Implications for the Helping Professions* (Miller & Garran, 2008). Professor Miller, Ph.D. of Smith College School for Social Work, has worked as a clinician, community organizer and researcher has co-taught Smith's antiracism course since its inception about 12 years ago.

The model Dr. Miller used for the training is outlined in this text as a Multidimensional Social Identity Development (MDSID) grounded in critical race theory; a way of exploring race through exploring our own diverse identities as agent identities and target identities in

multifaceted environments. Miller and Garran (2007) have extended their model of MDSID outlined above by using it as a training model that takes individuals' history, experience, context and every shifting identity into consideration when addressing race and racism. They do this by including social identity development exercises and small group work, as well as reflective writing and role-play; as such the training possess a "process-based" component consistent with Uehara et. al. (1996) "values-based" model.

The two general content areas of the training were (1) a focus on discussing race and racism with in the context of white privilege and the dominant perspective, and (2) a brief focus on race and racism from a mixed perspective with a greater focus on work with clients across racial dyads, or in otherwise racially mixed therapeutic encounters.

Dr. Miller set a structure for the group, acknowledging the limitations of the environment, setting norms even for such a brief encounter, and endeavored to provide a containing environment in which he "expects the unexpected" in the course of the training. Dr. Miller strove to make time throughout the training for emerging emotions to be processed and addressed thoughtfully.

In this light, the training began with the concept of "situating ourselves" in which aspects of social identity were considered broadly. Miller and Garran (2008) suggest that "all areas of content should be linked continually with an ongoing awareness and focus on [participants'] social identities" (p. 258). The training was designed to be a combination of psycho-education focused on race and interactive work-shop in which participants had time to process their own racial identities through guided exercises. Some exercises were whole group discussions such as why racism is difficult for the dominant (white) group to see and exploring the concepts of white privilege. Other exercises were small group oriented such as exploration of agent and target

identities and the social identity pie exercise found in the book cited above. Time for reflection was provided for participants to process their own values, thoughts, feelings and social identity development as both agent and target identities.

The training offered a brief history of racism, including the concepts of the racial contract, institutional racism, white privilege, internalized racism and the web of racism. The concept of white privilege and its manifestations and implications was a central theme throughout the training. The training also addressed aversive racism in the form of microaggressions, microinvalidations and microassaults and how to identify hidden racial/cultural stereotypes. The training ended with the concept of the web of resistance, and implications for all of these concepts in clinical practice.

Follow-up Process Questionnaire

After a period of two weeks, participants were emailed the same two measures outlined above and a qualitative questionnaire [Appendix G] addressing both the process of the evaluation as well as their internal process following the training. The purpose of waiting two weeks to send the final reflective questionnaire was to account for the dynamic process of social identity development. Each participants' racial identity may have continued to develop after the training as they began to observe the world around them with a potentially deeper understanding of white privilege and aversive racism.

The use of SurveyMonkey as a tool was appropriate as it ensured confidentiality for the participants and allowed them to take as much or as little time as they would like in answering the written part of the questionnaire while reducing the potential impact of interviewer effects.

Severe attrition ($n = 5$) inhibited meaningful analysis of the two measures as compared to the pre and post, but qualitative responses will be referred to in the findings. Process questions

were open-ended and attempted to capture both internal processes such as thoughts and emotions as well as behaviors. Examples include: "How did you feel about your own, individual participation in the training (e.g. Were you happy with your participation?)," "Have you thought about the topic of race and racism since the training?," and "Do you think that recent political events and/or Martin Luther King Jr. Day have had an impact on your thoughts regarding race, racism and/or social identity?"

Findings

Satisfaction with the Training

Respondents found the trainer to be knowledgeable, respectful, and would recommend the training to their colleagues. Participants report that thinking of race and racism from the perspective of social identity development and white privilege helpful, and that the training overall will help them recognize racial microaggressions and the impact of stereotypes on clinical practice. Participants rated more moderately for the trainings effectiveness in helping them understand the spectrum of racism and how to identify hidden racial and/or cultural stereotypes. See Table 1 (sorted by means).

White privilege and positive self regard over time

As can be seen in Table 2, there are no differences on the pre and post scores of the instruments for the 14 subjects who completed the pre and post tests on the day of the training. Each of the four factors of the WPAS had a range of one to six. Both subscales of the UPSR have a score range of six to thirty. T tests were not used due to the small sample size. Five subjects completed all three data collections. With just five, only means and standard deviations are reported in Table 3.

Qualitative responses in follow up

Five participants responded to the open-ended follow-up questions asked at time three (Appendix G). All five respondents were motivated to attend the training by an interest in the topic; two stated an additional desire for the CEUs and two stated an additional hope of learning something they could bring back to staff at their agency. Three participants reported contentedness with their participation in the training while two felt that they held back due to a "fear of judgment from others."

A majority of participants in this group (n = 4) left the training with a greater sense of the concepts of white privilege and the ubiquity of institutional racism; the fifth stated that these concepts were reviewed. All five participants stated that they had thought about race and racism during the interim between the training and the survey, one used this time as self-reflection.

When asked directly about the impact of this year's political events, four of five responders felt that not only had recent political events, such as the first election of an African American President, and/or Martin Luther King Jr. Day (which took place over the course of the interim) had an impact on their thoughts regarding race, racism or social identity, but that the training contributed to that experience. Three reported that they were thinking specifically about white privilege, either in terms of dismantling white privilege, or understanding other white's reactions to the election with greater complexity. Finally, though a majority of responders felt that recent political events and Martin Luther King Jr. Day had impacted their thoughts about race and racism only two felt that had impacted their behavior.

Three of the responders in this group reported having had a therapeutic encounter that caused them to reflect on the training, additionally, four of five respondents felt that they might have observed or been involved in a microaggression during the interim.

Discussion

This study was a quantitative analysis of pre and post evaluation data, with a qualitative component exploring the impact of a multidimensional social-identity based anti-racism training on white clinician's attitudes with regard to white privilege and positive self-regard. The purpose of this study was to evaluate whether this particular style of training would influence white clinicians' white privilege attitudes or positive self-regard on the day of the training. A second component to the study attempted to gather a follow-up survey to account for social identity process and development following the day of intervention.

Participants who completed pre and post

Results indicate that this group of clinician's were aware of white privilege in the U.S. and possessed a willingness to confront or work to dismantle white privilege before and after the training. This group rated close to neutral with regard to a sense of remorse with regard to white privilege, though they showed a slight increase in remorse on the day of the training. Finally, this group began with fairly low levels of anxiety with regard to addressing white privilege, which declined slightly after the training. This group appeared to have average levels of positive self-regard with average levels of conditionality on that self-regard with both declining very slightly after the training.

These findings could be interpreted that a small, like-minded and similarly educated group of clinicians who elected to attend a free training already had willingness to confront racism and thus their scores did not change; white clinicians white privilege attitudes did not appear to be influenced by a brief work-shop focused training predicated on social identity theory. Alternatively, some participants may have had experience with similar trainings and may be fixed in their positions despite the training.

Participants who completed pre, post and follow up

Participants who participated in all three surveys had a higher willingness to confront white privilege and white privilege remorse immediately following the training than before. Interestingly, this group also showed a higher collective degree of apprehension on the day of the training, suggesting that for this small group the use of the social-identity training may not have mitigated their anxiety and unconscious need to preserve their positive self-regard. This finding is consistent with prior research that explicitly focuses on the concept of white privilege in diversity trainings (Branscombe et. al. , 2007; Case, 2007; Gushue & Constantine, 2007; Neville et. al., 2000; Spanierman et. al., 2008).

This study found that positive self-regard was very slightly lower at the end of the training, but that conditionality of that regard dropped, suggesting that an understanding of the material from a social identity perspective may have mitigated these participant's fears of judgment from others. This seemingly paradoxical response, of both an increase in apprehension *and* increase in willingness to confront racism is also consistent with previous research (Case, 2007; Lowery, Knowles & Unzueta, 2007) and also Pinterits, Poteat and Spanierman's findings with this scale (2008). Pinterits et. al. submit that "...grappling with worry of potential loss [in confronting white privilege] is an important component of being able to confront one's privilege" (p.22).

The final portion of the survey showed that willingness to confront white privilege increased slightly over the two to four week interim, but that white privilege remorse declined slightly perhaps reflecting that while the desire to actively work against racism was still with the participants, the feelings of white guilt began to decline in the weeks following the study. While

positive-self regard held at the same level, the conditionality on that level increased over the two to four week interim. Alternatively, the events of Martin Luther King Jr. Day and/or Inauguration of our first African American president may have contributed to an increase in willingness to confront racism and/or a decrease in remorse as participants may have felt motivated by the first and comforted by the second.

The two to four week follow-up evaluation examining process found that all participants felt they left the training with a greater sense of the concepts of white privilege. A majority thought about the content of the training during the recent political events and several went on to have conversations with clients, colleagues or family members following the training. Of note, only two out of the five felt that this thinking and reflection had impacted their behavior in any way. While several participants reported feeling content with their participation in the training, two reported having held back due to fear of judgment suggesting that the social identity model may have an impact, but that impact is dependent on length of training/workshop.

A possible trend may have been emerging in which the five participants who completed the third survey reported both a decline of positive-self regard and a decline on the condition of that self-regard. These participants may not have felt the need to preserve, or report as high a self-regard as a result of thinking of themselves from the perspective of social identity theory and development.

In consideration of process, the five participants who completed the third component all reported that the training had an impact on their experience of the inauguration of the nation's first African American president and Martin Luther King Jr. Day, and several reported an increase in dialogue and thinking about race and racism from the vantage of white privilege specifically.

Limitations

Several methodological limitations must be applied to interpretation of findings.

Participation in the evaluation was limited to helping professionals working in human service agencies in a predominantly white, rural town in the poorest county of its state. Due to requirements in the helping professional fields, participants have attended previous diversity and multicultural competency trainings of which the nature and depth cannot be known.

Despite the fact that the WPAS scale was specifically designed to subtly measure the multidimensional aspects of white privilege attitudes the sample size was too small for appreciable responses and the attrition rate too great to make meaningful comparisons.

Due to limits in time and funding there weren't control groups such as a group of helping professionals whom did not participate in the training but did fill out the surveys. It is possible that participants filling out of the pre test had unknown impact on both the experience of the training and on the posttest and/or the follow-up tests and questionnaire. This evaluation was only values-based in part due to the limitation of time to include potential participants in the planning of the study, as the clinic directors and trainer were.

Additionally, a brief workshop-focused training founded on social identity development may not have been long enough in time to attend to the depth of group dynamics that individuals may need in order to address their own racial identities and subsequent development. This study would have benefited from a longer training followed by multiple interviews over a longer amount of time in order to explore how process impacts white clinician's integration of antiracism training to practice.

Implications

Implications for research include conducting a series of Solomon four research designs with groups who receive a different kind of training (or no training) for control groups. Ultimately, groups outside the helping professions would offer an understanding of how vulnerable people are to attending antiracism seminars. Process oriented research might be more informative in our understanding of how these concepts work from white peoples perspectives and what interventions have meaningful, measurable impact.

Efforts should be made to include agency leaders in small community based human service organizations so that the general content of the diversity training can incorporate their stated needs. Further research utilizing a variety of designs is needed to ascertain whether the reframing of race, racism and white privilege in a context that allows for processing and discussion may modulate whites' inclination to protect in-group status or even improve positive self-regard while simultaneously lowering aversive racism ratings. As such, trainings and work-shops may need to be longer than two and one half hours, or meet several times, to have a lasting impact.

Values-based trainings built from a critical race theory perspective may mitigate the psychological experience that many whites' report when confronted with white privilege that is likely a contributing factor to ongoing collusion in the web of racism. If this technique helps whites to feel a sense of empowerment and positive self-regard as a result of unlearning racism and becoming an ally, then clinicians might have a better sense of when to intervene both in clinical practice, as well as activists and allies.

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Appendix A

Referral List

These agencies can be helpful in responding to any increase in stress experienced by project participants. Due to the occupation and location of training evaluators (participants) these agencies have been chosen for their location outside of Greenfield.

First Call for Help, Amherst 413-582-4237

ServiceNet Outpatient Mental Health Center, Northampton 413-582-4230

Noble Hospital Psychiatric Service of Westfield 413-568-2811

Cooley Dickinson Outpatient Psychiatry Service, Northampton 413-586-8550

Hilltown Community Health Center, Worthington 413-238-5541

Hilltown Community Health Center, Huntington 412-687-3008

River Valley Counseling Center, Holyoke 800-286-8221

Appendix B

Informed Assent Form
(Participant Copy)

Dear Potential Participant,

My name is Mareike Muszynski and I am a student at the Smith College School for Social Work. As a part of my education I am conducting an evaluation related to a training offered to employees of your agency that examines the process of social identity development, expressly as it intersects with race. **You do not have to participate in this study to attend the training.** The purpose of this research is to inform the field of social work whether a specific format of a diversity-training program is helpful to staff in an area that is predominantly white. The data from this evaluation will be used as the basis of my MSW thesis and findings will be presented to other MSW students, faculty, participants and possibly in a professional journal.

This study is an evaluation process using three surveys. The first survey will be presented to you on the day of the training and should take from 15 to 20 minutes to complete. This survey will ask you questions about your social identity, thoughts or feelings you have toward yourself and some identifying demographic questions, such as your age, gender and education. The second survey will be comprised of similar content at the end of the training and should take 10-20 minutes to complete.

As a participant in this study you will be asked to complete this assent form with an email address that will remain confidential and will be used to email you a final 20 minute online survey 2 weeks after the training via SurveyMonkey. Your email address will be kept in a confidential file along with this assent form if you check the box indicating that you would like to receive survey findings in the fall.

Any clinical, frontline or executive staff from your agency may participate in the training and/or the study. Anyone may participate in the training and decline to participate in the study.

Completion of all 3 surveys qualifies each participant in a random drawing for 1 of 3 \$25.00 MasterCard gift cards. Participants face some risk by participating in this research as the nature of the questions on the surveys and the interview contain material with regard to race which may be uncomfortable or difficult at times. A list of referral sources will be given to you after receipt of this signed assent form in the event that you would like to talk to a professional about these concerns. You may withdraw from the study at any time until March 1, 2009 when the data analysis will be completed.

Possible benefits to participants for participating in this study might include an increase in awareness of concerns relating to social identity development and race, the knowledge that by participating you are helping to further social workers' understanding of ways to conceptualize social identity development and race as it pertains to employees of human service agencies and the helping professions. Unfortunately no monetary compensation will be available for participation aside from the random drawing for 1 of 3 twenty-five dollar gift cards after completion of all 3 surveys.

All surveys, interviews and demographic information will remain confidential. A Research Assistant, who has signed a confidentiality agreement will administer this assent form and all surveys, and will remove all identifying information prior to analysis. Faculty member(s), my thesis advisor, and I will **only see data without any names or identifiable material.** As mentioned previously, the use of quotes in explaining the findings will be disguised and only discussed in the context of all the findings.

All materials will be locked in a confidential location for 3 years, as per Federal Regulation. If in 3 years the data are still of use they will continue to be securely stored, otherwise they will be destroyed.

Participation in this study is voluntary and you may withdraw at any time during or before March 1, 2009. You may refuse to answer any questions. If you have any questions about withdrawal or any other concerns or questions, please call me at 413-774-1000 ext. 539, or email me at mmusyns@email.smith.edu.. In the event that you do not feel comfortable contacting me, please contact David Burton, PhD at 413-585-7985 or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant Signature
Email Address

Date

Yes, keep my email address so that I will receive findings when the study is complete.

Appendix C

Demographic Questionnaire

SURVEY A

This survey will help us learn whether a specific format of a diversity training program is helpful to staff in a geographic area that is predominantly white. It is important that you answer each question as honestly as you can. There are no right or wrong answers, and your forms will be kept confidential.

Brief Demographics Form – All Information Will Remain Confidential

Name: _____ Age: _____ Gender: _____

Ethnicity: _____ Race: _____

Education: What is the highest degree you completed? _____

When was your last degree complete? _____

What was (were) your college major and/or graduate area(s) of study? _____

Please circle the title that best describes your current position at your agency:

CEU/CFO/President Director Clinician Front Line Staff Case Manager/Worker

Other (Please Describe): _____

Have you ever attended a training on any of the topics listed below (please circle all that apply)?

Multiculturalism Race Diversity Ethnicity Social Identity

Have you ever taken a college course, or a weekly course that met over a period of months on any of the topics listed below (please circle all that apply)?

Multiculturalism Race Diversity Ethnicity Social Identity

Thank You!

Appendix D

Satisfaction Questionnaire

Training Evaluation Form B (Continued)

Below are some questions regarding the training experience. Your ratings will help inform the process and content of future trainings.

- 1) Was the trainer knowledgeable of the topic for today's training?
 very little moderately very much
- 2) Did the trainer treat participants with respect?
 very little moderately very much
- 3) Did you find the use of small group work helpful?
 very little moderately very much
- 4) Did the training increase your understanding of the spectrum of racism?
 very little moderately very much
- 5) Did the training increase your understanding of the implications of race in clinical practice?
 very little moderately very much
- 6) Was it helpful to think of race and racism from the perspective of social identity?
 very little moderately very much
- 7) Was it helpful to think of race and racism in the frame of white privilege?
 very little moderately very much
- 8) Will this training help you to recognize aversive racism?
 very little moderately very much
- 9) Will this training help you to recognize racial microaggressions?
 very little moderately very much
- 10) Will this training help you identify hidden racial/cultural stereotypes?
 very little moderately very much
- 11) Did this training offer any strategies for reducing the impact of racial/cultural stereotypes on clinical practice?
 very little moderately very much
- 12) Do you think this training is applicable to your work?
 very little moderately very much
- 13) Would you recommend this training to colleagues?
 No Not Sure Yes

Comments: (Please feel free to use the back of the page) _____

Please turn in to the Research Assistant. Thank you for your participation!

Appendix D

White Privilege Attitudes Scale

Directions: Below is a set of descriptions of different attitudes about white privilege in the United States. Using the 6-point scale, please rate the degree to which you personally agree or disagree with each statement. Please be as open and honest as you can; there are no right or wrong answers. Please record your response to the left of each item. Thank you!

If you identify primarily as a person of color, many items will not apply to you. You may leave those items blank. If you identify primarily as European American, Caucasian, or White, please answer all items. Thank you!

- | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|--|
| Strongly Disagree | | | | | Strongly Agree |
| 1. ____ | | | | | 15. ____ |
| I plan to work to change our unfair social structure that promotes whites. | | | | | I am ashamed that the system is stacked in my favor because I am White. |
| 2. ____ | | | | | 16. ____ |
| Our social structure system promotes white privilege. | | | | | I don't care to explore how I supposedly have unearned benefits from being White. |
| 3. ____ | | | | | 17. ____ |
| I am angry that I keep benefiting from white privilege. | | | | | If I address white privilege, I might alienate my family. |
| 4. ____ | | | | | 18. ____ |
| I am worried that taking action against white privilege will hurt my relationships with other Whites. | | | | | I am curious about how to communicate effectively to break down white privilege. |
| 5. ____ | | | | | 19. ____ |
| I take action against white privilege with people I know. | | | | | White people have it easier than people of color. |
| 6. ____ | | | | | 20. ____ |
| Everyone has equal opportunity, so this so-called white privilege is really White-bashing. | | | | | I'm glad to explore my white privilege. |
| 7. ____ | | | | | 21. ____ |
| I accept responsibility to change white privilege. | | | | | I am angry knowing I have white privilege. |
| 8. ____ | | | | | 22. ____ |
| I feel awful about white privilege. | | | | | I worry about what giving up some white privilege might mean for me. |
| 9. ____ | | | | | 23. ____ |
| If I were to speak up against white privilege, I would fear losing my friends. | | | | | I want to begin the process of eliminating white privilege. |
| 10. ____ | | | | | 24. ____ |
| I have not done anything about white privilege. | | | | | Plenty of people of color are more privileged than Whites. |
| 11. ____ | | | | | 25. ____ |
| I am ashamed of my white privilege. | | | | | White people should feel guilty about having white privilege. |
| 12. ____ | | | | | 26. ____ |
| I look forward to creating a more racially-equitable society. | | | | | I take action to dismantle white privilege. |
| 13. ____ | | | | | 27. ____ |
| I am anxious about the personal work I must do within myself to eliminate white privilege. | | | | | I am anxious about stirring up bad feelings by exposing the advantages that Whites have. |
| 14. ____ | | | | | 28. ____ |
| I intend to work towards dismantling white privilege. | | | | | I am eager to find out more about letting go of white privilege. |

Appendix D

Unconditional Positive Self-Regard

Directions: Below is a set of statements about how you think or feel about yourself. Using the 5-point scale, please rate the degree to which you agree or disagree with each statement. There are no right or wrong answers. Please record your response to the left of each item. Thank you!

		1	2	3	4	5
		Strongly Agree				Strongly Disagree
	<u>1.</u> I really value myself.					<u>7.</u> Whether other people are openly appreciative or openly critical of me, it does not really change how I feel about myself.
	<u>2.</u> I have a lot of respect for myself.					<u>8.</u> Whether other people criticize me or praise me makes no real difference to the way I feel about myself.
	<u>3.</u> I truly like myself.					<u>9.</u> I don't think that anything I say or do really changes the way I feel about myself.
	<u>4.</u> I feel that I appreciate myself as a person.					<u>10.</u> How I feel towards myself is not dependent on how others feel towards me.
	<u>5.</u> I feel deep affection for myself.					<u>11.</u> Some things I do make me feel good about myself whereas other things I do cause me to be critical of myself.
	<u>6.</u> I treat myself in a warm and friendly way.					<u>12.</u> There are certain things I like about myself and there are other things I don't like.

Please turn in to the attendant. Thank you for your participation!

Appendix G

Follow Up Process Questionnaire

The following questions are designed to take into account the process of social identity development as it pertains to race and as it changes over time. Your honest answers will help us to understand how thinking about this topic is most meaningful to helping professionals.

1. What motivated you to participate in the training (e.g. My boss wanted me to go, I have heard of Dr. Miller and wanted to check him out, I am interested in race and racism, I need CEU's)?
2. How did you feel about your own, individual participation in the training? (e.g. Were you happy with your participation?)
3. Do you remember anything specific from the training that left an impression on you?
4. Have you thought about the topic of race and racism since the training?
5. Have you spoken with another person about the content of the training since it ended? If yes, please share as much as you feel comfortable with. For example, details of the conversation and whether the person was a client, colleague, family member, friend, acquaintance, stranger, etc. and what that experience was like for you and what you think that experience was like for the other person(s). Please only share what feels comfortable to you.
6. Have you had a therapeutic encounter since the training that caused you to reflect on the content of the training? (If you just discussed this in the last question, feel free to write "just discussed." Thank you!)
7. Have you observed or been involved in a microaggression since the training? (Some examples include statements such as "I don't see color," or feeling anxious when a person of color is next in line at an ATM, or mistaking a person of color as a service worker- generally unconscious and egalitarian founded beliefs that unintentionally invalidate another person's experience)
8. Have you ever observed a microaggression, either before, during or after the training?
9. Do you think that recent political events or Martin Luther King Jr. Day have had an impact on your thoughts regarding race, racism and/or social identity?

If yes to question #9 (above), do you think the training contributed to that experience? If so, please describe how:

10. Do you think that recent political events or Martin Luther King Jr. Day have had an impact on your behavior (please note that this question is asking more specifically with regard to behavior, as the last question addressed your thoughts) regarding race, racism and/or social identity (e.g. speaking out when you might not have)?

If yes to #10 (above), do you think the training contributed to that experience? If so, please describe how:

Comments:

Thank you for your participation! As you have likely deduced from answering these three surveys, a relatively new approach of using both our understanding of white privilege and social identity development to help people learn to understand one another is central to this evaluation. This emerging theory has also contributed to the development of a lexicon as well as a format for discussion of this historically difficult and often uncomfortable topic. These collective efforts further our ability to not only mitigate unconscious and institutional racism, but also to dialogue across culture, race, ethnicity, sexual identity, gender identity, size identity and any “other” so that we may all liberate ourselves from oppression.

Table 1

Satisfaction with the Training

Questions ¹	Mean (SD)	Std. Deviation
Was the trainer knowledgeable of the topic for today's training?	3.00	.000
Did the trainer treat participants with respect?	3.00	.000
Do you think this training is applicable to your work?	3.00	.000
Would you recommend this training to colleagues?	3.00	.000
Was it helpful to think of race and racism from the perspective of social identity?	2.85	.376
Was it helpful to think of race and racism in frame of white privilege?	2.77	.599
Will this training help you to recognize racial microaggressions?	2.62	.506
Did this training offer any strategies for reducing the impact of racial/cultural stereotypes on clinical practice?	2.62	.506
Did you find the use of small group work helpful?	2.54	.519
Will this training help you to recognize aversive racism?	2.54	.519
Did the training increase your understanding of the implications of race in clinical practice?	2.46	.660
Did the training increase your understanding of the spectrum of racism?	2.38	.650
Will this training help you identify hidden racial/cultural stereotypes?	2.38	.506

¹ 1 = very little 2 = moderately 3 = very much

Table 2

Mean Scores for Participants Completing Initial Pre and Post Tests

Scale	Pre Mean (<i>SD</i>) <i>N</i> = 14	Post Mean (<i>SD</i>) N = 14
White Privilege Attitudes Scale		
Willingness to confront White privilege	4.50 (1.08)	4.55 (1.26)
White Privilege Apprehension	2.56 (.92)	2.36 (.89)
White Privilege Awareness	5.01 (.96)	5.00 (.89)
White Privilege Remorse	3.42 (1.25)	3.50 (1.20)
Unconditional positive self regard		
Positive self regard	15.71 (1.38)	15.5 (1.28)
Conditionality	16.00 (4.24)	15.85 (4.43)

Table 3

Mean Scores for Participants Completing Pre, Post and Follow-Up Tests

Scale	Pretest Mean		
	(SD)	Posttest Mean (SD)	Follow-Up Mean (SD)
	n = 5	n = 5	n = 5
White Privilege Attitudes Scale			
Willingness to confront			
White Privilege	4.58 (1.16)	4.73 (1.01)	4.78 (0.83)
White Privilege			
Apprehension	2.57 (0.58)	2.80 (0.46)	2.80 (0.75)
White Privilege Awareness	5.20 (0.89)	5.20 (0.76)	5.15 (0.74)
White Privilege Remorse	3.37 (1.04)	3.60 (0.76)	3.53 (0.80)
Unconditional Positive Self Regard			
Positive self regard	16.00 (1.22)	15.40 (1.14)	15.40 (1.95)
Conditionality	25.60 (1.95)	15.80 (1.79)	18.20 (3.27)