AN EVALUATION OF A COURSE ON SOCIAL AND CULTURAL ISSUES IN COUNSELLING

by

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This experimental research study investigated how effectively a Master's level course on social and cultural issues in counselling influenced students' levels of ethnic awareness, sex role behaviours and behavioural intentions, and attitudes toward women. Professional psychological and counselling associations have strongly advocated that counsellor education programs incorporate courses focusing on social and cultural issues into their curricula.

The study was based on the following general research question. It is hypothesized that a positive relationship exists between (on the one hand) counselling students' participation in a training course on social and cultural issues in counselling and (on the other hand) their levels of ethnic awareness, non-sexist attitudes toward women, and non-traditional sex role behaviours and behavioural intentions.

The impact of the course was assessed through the use of the Wayne Ethnic Awareness Measure, the Robinson Behavioral Inventory, and the Therapists' Attitudes Toward Women Scale. These instruments were administered in a pre- and post-test format to 16 students who were enrolled in the experimental course and 15 students who were enrolled in a comparable level course on counselling theories and interventions. Six months after the post-test, brief follow-up interviews were conducted with seven volunteers from the experimental group.
Statistical analyses of the data indicated that there were no significant differences in levels of cultural awareness, sex role behaviours or behavioural intentions, or attitudes toward women, between the experimental and the comparison groups at the time of the post-test. The results also revealed that, overall, participants had relatively low levels of cultural awareness and relatively high levels of feminist consciousness based on previously reported results for the instruments used. These findings imply that the experimental course should be modified to more effectively address its training objectives, particularly as they pertain to cross-cultural issues.
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Chapter 1

Introduction

In recent years, research and training in the areas of gender-fair and culture-fair counselling have assumed increasing importance within the counselling profession. Since the late 1960's, sociopolitical movements and professional factors have emerged which have contributed to counsellors' awareness of minority group issues in general, and gender and cultural group issues in particular. These external and internal influences include: (a) the women's, civil rights, and gay rights movements; (b) the implementation of affirmative action legislation, policies, and programs; (c) demographic changes in North America; (d) the recognition by the counselling profession that racial and ethnic minority groups are forming a more significant part of counsellors' clienteles; and (e) an increasing sensitivity to issues of social justice among subgroups of the counselling profession (Casas, Ponterotto, & Gutierrez, 1986).

The profession is also becoming increasingly aware of the sociopolitical nature of the counselling process itself (Cayleff, 1986; Chesler, 1972; Halleck, 1971; Katz, 1985; Schlossberg, 1977; Sue & Sue, 1977; Sue, 1978; Sue et al., 1982). Chesler (1972), for example, emphasized the role that psychotherapy plays in maintaining the status quo in our society, and Halleck (1971) stressed therapy's implicit
political context. According to Halleck, no theory of psychotherapy can ever be considered ethically or politically neutral.

By the very nature of his practice, the psychiatrist consistently takes positions on issues that involve the distribution of power within social systems--issues that have political implications. ... The psychiatrist either encourages the patient to accept existing distributions of power or encourages the patient to change them. Every encounter with any psychotherapist, therefore, has political implications. (1971, p. 32)

Bart (1971) similarly stated that "value-free psychotherapy is a myth" (cited in Rawlings & Carter, 1977, p. 5), and as Katz (1985) and Sue and Sue (1977) indicated, the cultural values that are transmitted in counselling within a western framework are generally white middle-class values. Since these may be different from the values of minority group clients or clients from lower socioeconomic classes, counsellors may employ counselling skills inappropriate to their clients' lifestyles. Such misunderstandings lead to poor communication, obscure expectations, feelings of alienation, and/or an inability to develop trust and rapport, and early termination of therapy (Cayleff, 1986; Sue, 1978).

Furthermore, as Holiman and Lauver (1987) pointed out, counsellors bring to their interactions with clients not only
their own and society's values, but also values particular to the counselling profession.

Counselors ... are enmeshed in a culture, created through training programs and work settings, that makes client-centered practice difficult. Counseling is both a product of the society that sanctions its existence and a culture in itself, with its own belief systems, language, customs, governance, and norms--what could be called the 'counseling culture.' (pp. 184-185)

Schlossberg (1977) also cautioned counsellors not to "hide behind the trappings of professionalism" (p. 483); that is, not to use the concept of shared norms as a justification for perpetuating an inequitable status quo.

As counsellors, we are culturally defined by our own, our profession's, and our society's particular values. At the same time, we live in a multicultural, multilingual, and pluralistic society. Thus, it is inevitable that we will have contact with clients who are culturally different from ourselves. As Sue et al. (1982) indicated, "we are bound to interact with individuals who can be classified as 'culturally different,' and it is our responsibility as practising psychologists to become more culturally aware and sensitive to our work with different populations" (p. 47).

The importance of counsellors' sensitivity to cultural differences becomes even more salient when a broad definition of culture such as that presented by Paradis (1981) is
employed. Paradis suggested that culture can be understood to include not only ethnicity, but also other factors such as gender, sexual orientation, religion, profession, socioeconomic status, disabilities, family, age, community, political orientation, values, and lifestyles in general.

A variety of individuals and groups have advocated the development of training programs to help counsellors increase their awareness of their own gender and cultural biases, thereby increasing their ability to function as effective agents of change (APA, 1975; Casas, 1985; Lessner, 1976, cited in Scott & McMillan, 1980; Parker, 1987; Schlossberg & Pietrofesa, 1973; Scott & McMillan, 1980; Sue, 1981; Sundal-Hansen & Watt, 1979; Westwood, 1983).

However, despite such recommendations, and despite the amount of attention given in the literature to issues of gender and culture bias, most graduate counselling programs have continued to give inadequate attention to the mental health needs of minority groups, and have been slow to implement relevant training courses to rectify this situation (Copeland, 1982; Gibbs, 1985; Kenworthy, Koufacos, & Sherman, 1976; McFadden & Wilson, 1977, cited in Casas, Ponterotto, & Gutierrez, 1986; La Framboise, 1985; Lopez & Cheek, 1977; Myers, 1982; Ponterotto & Casas, 1987; Sue, 1981). For example, in McFadden's and Wilson's study, less than 1% of the respondents to a survey of counsellor education programs reported instructional requirements for the study of non-white
cultures (Sue, 1981). Bernal and Padilla (1982), in their study on the status of minority curricula and training in clinical psychology, also found that such preparation generally received little attention from counsellor educators. As a rule, courses on culturally different clients tend to be relegated to the periphery of counselling curricula. There they are subject to the vagaries of faculty politics, budgetary constraints, and student apathy (Korchin, 1980).

Consequently, many individuals and organizations have recommended that counsellor training programs substantially increase the amount of attention they pay to minority group issues (APA Board of Ethnic Minority Affairs, 1980, cited in Sue et al., 1982; Casas, Ponterotto & Gutierrez, 1986; Copeland, 1982; Myers, 1982; Perry, 1982; Schlossberg, 1977; Scott & McMillan, 1980; Thomas, 1985a). Ivey (1987) saw multicultural counselling as essential to counsellor education: "Only by placing multicultural counseling at the core of counseling curricula can we as counselors truly serve and be with those whom we would help" (p. 169). Scott and McMillan (1980) likewise stressed that

all counselor training institutions should make course work [on sex-fair counseling] available within the counseling department. ... [Sex bias issues] should be considered as important to basic counselor training as theory and techniques. Unless all students participate
in this training, the disservice to the client population will continue to exist. (p. 89)

Over the past decade or more, the American Association for Counseling and Development (AACD) through its Council for Accreditation of Counseling and Related Educational Programs (CACREP)—along with other associations including the American Psychological Association (APA) and the National Council for Accreditation of Teacher Education (NCATE) in the United States, and the Canadian Psychological Association (CPA) in Canada—have responded to such recommendations by adopting the position that information concerning gender and cultural issues should be an integral part of any counsellor's education. The AACD now requires all institutions it accredits to have objectives that reflect the needs of different ethnic and cultural groups served by counsellors. Furthermore, it requires those institutions to include in their programs a common core of studies that focus on the social and cultural foundations of counselling. These are to include studies of change, ethnic groups, sub-cultures, changing roles of women, sexism, cultural mores, and differing life patterns, among other issues (CACREP, 1986).

These AACD accreditation requirements resulted in the creation of the course at the University of British Columbia (UBC) on which the present study is based. CNPS 508 is a 13-week required course on social and cultural issues in
counselling, with particular emphasis on issues of ethnicity and gender (see Appendix A).

Given the significance of the subject matter of the course, the scarcity of published empirical research addressing the effects of such courses, and the fact that increasing numbers of counsellor training programs throughout North America will undoubtedly be developing similar courses in accordance with AACD, APA, or CPA guidelines, an evaluation of UBC's pilot course in this subject area is both relevant and timely.

Theoretical Framework

The theoretical framework for this study is provided by Ajzen's and Fishbein's (1980) theory of reasoned action which seeks to explain and predict human behaviour. This theoretical framework was chosen because of its potential usefulness in integrating awareness (or belief), attitude, behavioural intention, and actual behaviour. The instruments used in the study were intended to measure all these factors.

According to the theory of reasoned action, a person's intention to perform (or not to perform) a given behaviour is the immediate determinant of any action. A person's intention, in turn, is determined by two basic factors: (a) the person's attitude toward the behaviour (i.e., whether the individual is in favour of or opposed to performing the behaviour) and (b) the person's perception of the subjective norm with respect to the behaviour (i.e., what the individual
perceives to be the social pressures put on her/him to perform or not perform the behaviour). The relative weights of these two factors may vary across intentions or individuals. Furthermore, both a person's attitudes and her/his subjective norms are seen to be functions of beliefs. Ajzen and Fishbein (1980) termed the beliefs that underlie a person's attitudes "behavioural beliefs," and the beliefs that underlie a person's subjective norms "normative beliefs" (see Figure 1).

In Ajzen's and Fishbein's (1980) view, an external variable affects behaviour only to the extent that it influences the fundamental determinants of that behaviour (i.e., primary behavioural and normative beliefs). In other words, behavioural change is ultimately the result of changes in beliefs. This implies that in order to influence behaviour, it is necessary to expose a person to information (or "persuasive communication") which will produce changes in her/his behavioural and normative beliefs. By producing sufficient change in such beliefs, it is possible to influence a person's attitude toward performing a behaviour or her/his subjective norm with respect to it. Depending on their relative weights, changes in attitudes and subjective norms should then lead to changes in intentions and actual behaviours. According to the theory, to be effective in influencing a person's behaviour, a persuasive communication either should contain information which links the behaviour to various positive or negative outcomes (thereby affecting
Figure 1. Factors determining a person's behaviour (adapted from Ajzen & Fishbein, 1980).
behavioural beliefs), or else should provide information about the expectations of specific individuals or groups relevant to that person (thereby affecting normative beliefs).

For the purpose of this study, we can attempt to apply Ajzen's and Fishbein's (1980) theory of reasoned action to UBC's training course in social and cultural issues in counselling (CNPS 508). The course can be seen as an effort at persuasive communication intended to influence students' primary behavioural and normative beliefs about women, sex role behaviours, and minority cultural groups, and thereby modify their counselling intentions and overt counselling behaviour. By linking the practise of gender-fair and culture-fair counselling with various positive and negative outcomes, and by providing information about the normative expectations of individuals and groups relevant to the students (e.g., the course instructor, researchers, and other mental health professionals), the course sought to increase students' social and cultural awareness, so that they would counsel in a more unbiased manner. The course's effectiveness as a persuasive communication was assessed through the use of the pre- and post-test measures described in Chapter 3. If the theory of reasoned action holds true, then the use of these instruments to measure changes in beliefs, attitudes, norms, and intentions ought to predict changes in actual behaviour.
The Research Problem

The purpose of this research study is to evaluate how effectively a course on social and cultural issues in counselling influenced participants' ethnic awareness, attitudes toward women, and sex role behaviours and behavioural intentions. The study is based on the following general research question. It is hypothesized that a positive relationship exists between (on the one hand) counselling students' participation in CNPS 508, a training course focusing on social and cultural issues in counselling, and (on the other hand) their levels of ethnic awareness, non-sexist attitudes toward women, and non-traditional sex role behaviours and behavioural intentions (see Chapter 3 for specific research hypotheses).
Bias in General

Much research carried out during the past 20 years has focused on the special counselling needs of women and culturally distinct groups such as racial and ethnic minorities (Gibbs, 1985; Kaplan, Moffic & Adams, 1983; Korchin cited in Copeland, 1982; Sue & Zane, 1987). Much of this research has highlighted the fact that these special needs have not always been adequately met by the mental health professions (Ponterotto & Casas, 1987; Special Populations Task Force of the President's Commission on Mental Health, 1978, cited in Sue & Zane, 1987). As Perry (1982) noted:

In the past ten years, the delivery of relevant services to special populations has been a focus of mounting concern within the helping professions, in national [U.S.] legislation, and in the heightened awareness of these diverse populations themselves. (p. 50)

The negative impact of gender and culture bias on the part of counsellors and psychotherapists has been addressed by various researchers. Cayleff (1986), for example, addressed the issue that women, minorities, and poor people have been frequently labelled as "sick" or mentally ill when they vary from "normal" patterns of behaving and feeling as defined by
those who take white, male, middle-class beliefs as the normative measure of health and desirability.

Given the situation Cayleff described, in which minority group clients tend to be overpathologized by mental health professionals, it is ironic that these same clients may also experience reduced access to appropriate treatment. Sue, McKinney, Allen, and Hall, for example, in their 1974 study of community health centres found that a client's racial origin was a significant determinant of whether or not s/he received indicated psychotherapy. According to their research, blacks in particular seemed to receive disproportionately less psychotherapy than other minority group members for the same problems (cited in Moffic, Silverman, & Adams, 1983).

The result of this kind of therapeutic bias was noted by the 1978 U.S. President's Commission on Mental Health. Whether because of sex, race, age, disability, or economic circumstances, a substantial number of citizens do not have access to mental health care of high quality at reasonable cost (cited in Myers, 1982). The literature also suggests that, while all minorities may well be subjected to some form of mistreatment in psychotherapy, the particular effects of the mistreatment may vary according to the minority group in question.

Gender Bias

In relation to women's experiences and gender bias in therapy, Sundal-Hansen and Watt (1979) and Guttman and Donn
(1979) have conducted comprehensive reviews of the research which confirm that both blatant and subtle messages have been transmitted in our culture about the characteristics, abilities, and appropriate behaviours of each sex (cited in Scott & McMillan, 1980).

In her comprehensive review of the research on therapists' attitudes and sex role stereotyping of women, Sherman (1980) concluded that there was clear evidence of sex role stereotyping in mental health standards, that sex role discrepant behaviours were consistently judged as more maladjusted, and that therapists' sex role values were operative during counselling.

Studies such as those reported by Broverman et al., (1970), Delk and Ryan (1975), and Sherman, Koufacos, and Kenworthy (1978), have also demonstrated that psychotherapists' attitudes toward their patients differ as a function of both the patient's and the therapist's gender. Broverman et al. (1970), for example, found that clinicians generally considered women less independent, less competent, and more emotional than men. They also found that standards of adult emotional health were equated with standards of male emotional health. The results confirmed their hypothesis that a double standard of health exists for men and women, that is, the general standard of health is actually applied only to men, while healthy women are
perceived as significantly less healthy by adult standards. (p. 6)

Although the Broverman et al. (1970) study has been widely accepted and cited by many who challenge the validity of psychotherapy for women (Stricker & Shafran, 1983), other researchers have questioned the conclusions drawn by Broverman and her colleagues, as well as the very existence of any sex role stereotyping by therapists (Stricker, 1977; Whitely, 1979; Zeldow, 1978, cited in Stricker & Shafran, 1983; Smith, 1980). Stricker (1977), for example, concluded that the findings of Broverman et al. (1970) were unsubstantiated and overly dramatic.

Zeldow, in his review of the research regarding gender bias in psychotherapy, concluded that, "the most strident claims of sex discrimination in this field cannot be supported by current research evidence" (1978, cited in Stricker & Shafran, 1983). Zeldow did allow that mental health professionals generally share the values and norms of their society (which indeed may be sexist), but he stressed that it is still not known how stereotypical attitudes affect therapy and whether or not responses to questionnaires reflect actual therapeutic behaviour. Likewise, Whitely (1979), in a review of 12 studies on sex roles and psychotherapy, found some evidence of the existence of differential standards of mental health, but cautioned that many of the studies contained serious flaws which affected their validity. And Smith
(1980), after her review of the research on counselling attitudes, stereotypes, and behaviour, concluded that "there is no evidence for the existence of counselor sex bias when the research results are taken as a whole" (p. 404).

Although the research on sex bias in psychotherapy remains inconclusive, enough evidence has been collected concerning its existence and its detrimental effects on clients to warrant serious concern and attention on the part of mental health professionals. Consequently, the authors of the 1978 report of the U.S. President's Commission on Mental Health stressed the profoundly negative effects that stereotyping and sex discrimination can have, both on an individual's functioning and also on the treatment course that is prescribed when the person seeks help from a mental health professional (cited in Sobel & Cummings, 1981). Albee (1981) also strongly condemned sexism (including sexist prejudice, attitudes, and behaviour) as a form of psychopathology which is delusional and dangerous to others.

Most studies of gender bias in therapy have focused their attention on the negative effects of sexist attitudes on women. However, Thomas (1985b) pointed out that sex role stereotyping is ultimately unfair to both women and men, since it prescribes rigid preconceived roles and denies both sexes maximum flexibility and adaptability in a variety of situations.
Within the profession, there is increasing awareness of, and concern about, the potentially negative impact of some therapists' double standard of mental health. In an effort to prevent sexist practises on the part of therapists, the CPA's Task Force on the Status of Women in Canadian Psychology (1977) recommended that the CPA should develop materials to foster awareness of the problems of gender bias and sex role stereotyping in psychotherapeutic practice and counselling services, and that the Association should revise its ethical standards to include guidelines regarding sexism in psychotherapeutic practice. The resulting guidelines were approved and adopted by the CPA in 1980 (CPA, 1981).

In 1978, the APA's Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice published a similar list of guidelines for treatment of female clients. The guidelines were designed for use both in training and in continuing professional practise. The following year, Division 17 of the APA also published a set of principles concerning the counselling and therapy of women, and noted that women constitute a special subgroup requiring specialized skills, attitudes, and knowledge (1979).

Culture Bias

In addition to developing an awareness of gender issues, it is important for mental health professionals to develop an awareness of how cultural issues pertain to both research and practise. This requires the practitioner to become cognizant
of her/his own attitudes towards clients who are ethnically or culturally different from her/himself. It also requires her/him to recognize the prevalence within society at large of biased attitudes towards such cultural differences.

As with the issue of gender bias, researchers have presented conflicting findings with regard to the possible existence of racial and ethnic bias in psychotherapy. In a comprehensive review of the research on race effects in psychotherapy, Abramowitz and Murray (1983) discussed several studies, all of which rejected allegations of pervasive discrimination in the name of mental health. Abramowitz and Murray pointed out, however, that the conclusions of these studies contradicted the racist experiences of many clients (blacks in particular) and ignored the fact that therapeutic relationships inevitably "provide the same racial interaction patterns found in other forms of interpersonal contacts [in our culture]" (Sattler, 1970, cited in Abramowitz & Murray, 1983, p. 223).

Like Cayleff (1986), who identified therapists' biased treatment of clients who deviated from white middle-class norms of health, Szaz (1971) found evidence that white therapists imputed greater maladjustment to minority patients, thereby shortchanging and stigmatizing them (cited in Abramowitz & Murray, 1983). Similarly, Sue et al. (1982) pointed out that the culturally different were stereotypically portrayed in the literature as "deficient" in certain
"desirable" attributes. As a result, minorities have generally been perceived as either genetically deficient and/or culturally deficient.

A number of researchers in recent years have stressed the importance of counsellors' awareness of their own ethnicity and cultural biases, and their sensitivity to stereotypes of their own and other cultural groups. Professional training and preparation must include a knowledge and understanding of minority group cultures and experiences, including a knowledge of the realities and world views of culturally different clients and an understanding of how these may differ from our own (Ibrahim, 1985; Paradis, 1981; Sue & Sue, 1977). In terms of mental health standards, Marsella (1980, cited in Ivey, 1981) highlighted the very different definitions of mental disorder that exist from one culture to another. He proposed a conceptual framework for understanding cross-cultural variations in depressive affect and disorder based on language patterns, codification of reality, and self-structure.

In North American society, therapists usually receive training primarily developed for culturally mainstream clients, and are not familiar with the cultural backgrounds and lifestyles of various ethnic minority groups (Sue & Zane, 1987) Nor do they adequately appreciate differences in concepts and standards of mental health such as those described by Marsella (1980). For example, empathy is one of the fundamental skills taught to counsellors. Yet empathy is
usually insufficient in and of itself when dealing with minority clients, because it fails to take account of critical cultural frames of reference. According to Ivey:

[empathy] misses the fact that not only must we understand the world of the Other, we must also understand their perceptual and cognitive processes. Empathy, as we commonly use it, seems to me an oversimplification of an immensely complicated issue. (Cited in Weinrach, 1987, p. 533.) Sue (1981) also addressed the limitations of the traditional counselling approach.

Historically, counseling and therapy have been white middle class professions implicitly and sometimes explicitly serving to acculturate and inculcate peoples of diverse backgrounds into a relatively narrow picture of mental health. Even the most hallowed concept of counseling--facilitating individual development--may be considered culturally biased when related to other cultural systems such as those of Asians or American Indians that may be more family or group centered. (p. vii)

According to Sue (1981), among the cultural factors which are potentially and seriously detrimental to the counselling therapy process are: (a) language barriers which often exist between counsellor and client, (b) class-bound values which indicate that counsellors conduct treatment within the value
system of the middle-class, and (c) culture-bound values which are used to judge normality and abnormality. When therapists lack sufficient training and awareness, they often do not recognize the significance of cultural issues. As a result, they are unable to devise culturally appropriate forms of treatment. The consequence is that ethnic minority clients frequently find mental health services strange, foreign, or unhelpful (Sue & Zane, 1987).

Sue and Sue (1977) pointed out that even when minority group issues are addressed in counsellor training, they are generally seen and analyzed from a white middle-class perspective. This fosters "cultural encapsulation" of the counsellor (Wrenn, 1962, cited in Sue, 1981). Culturally encapsulated counsellors who deal with the mental health problems of ethnic minorities lack sufficient understanding of ethnic values and are unable to appreciate important ethnic differences in concepts of "health" and "normalcy".

According to Perry (1982):

The diversity of cultural orientations, [of racial and ethnic minority groups], the goals they bring to counseling and the modes of communication with which they function must be taken into account if counseling and guidance are to be effective. (p. 54)

To ignore the special needs of such groups, and to remain both personally and socially unaware of cultural differences and one's own biases toward these differences, not only limits
counselling effectiveness (Katz, 1985; Schlossberg, 1977), but also contributes to cultural oppression (Ivey cited in Weinrach, 1987; Sue, 1978). The professional psychologist's responsibility to promote concepts of equality has also been emphasized by Sobel and Cummings (1981) and the APA in its publication, Ethical Standards of Psychologists (1977).

Ethical Issues

Some individuals and groups have suggested that counselling that is not rooted in cultural awareness should be considered unethical (Ivey cited in Weinrach, 1987; Pedersen & Marsella, 1982). Cayleff (1986) felt that counsellors' failure to integrate an appreciation of a client's own belief system violated a primary ethical principle of the counsellor/client relationship: that of beneficence. She defines "beneficence" as "doing good" by preventing harm to the client and acting in such a way as to benefit the client.

Ibrahim and Arredondo (1986) and Casas, Ponterotto, and Gutierrez (1986) recommended that the AACD revise its ethical standards to more explicitly address cross-cultural dimensions of counselling. The standards that Ibrahim and Arredondo proposed were based on a broad conception of cross-cultural counselling, wherein all people are assumed to function on the basis of a culturally determined world view that includes particular values, belief systems, lifestyles, and modes of problem-solving and decision-making. These standards were designed to help the counselling profession to: (a) prepare
culturally effective counselling professionals; (b) provide ethical and effective counselling services to minority, immigrant, refugee, and foreign student populations; (c) select and use culturally appropriate assessment techniques; and (d) conduct culturally appropriate research.

Thomas (1985a) and Casas, Ponterotto, and Gutierrez (1986), advocated that stronger and more specific ethical guidelines for work with racial and ethnic minorities should be reflected in accreditation and licensing processes. Casas, Ponterotto, and Gutierrez suggested that continued apathy by the counselling profession toward racial and ethnic minorities could result in "a significant number of counselors working from what should be regarded as an unethical position, one that could eventually result in the ethical indictment of the profession" (p. 348).

Training Issues

The 1973 Conference of the APA in Vail, Colorado strongly recommended that it should be considered unethical for counsellors to work with persons of culturally diverse backgrounds if they are not trained to do so (Korman, 1974). The issue of cultural encapsulation and its detrimental effects on minorities has generated training recommendations, not only from the 1973 Vail Conference, but also from other APA conferences in Austin (1975) and Dulles (1978). Selected recommendations from these conferences include: (a) that professional psychology training programs at all levels
provide information on the potentially political nature of the practise of psychology; (b) that professionals "own" their value positions; (c) that client populations be involved in helping to determine what is "done to them;" (d) that education and training programs include not only relevant content, but also evaluations of their graduates; and (e) that continuing professional development occur beyond the receipt of any advanced degree (Sue et al., 1982). In addition, in 1980, the Education and Training Committee of APA's Division 17 of Counseling Psychology advocated the adoption of specific cross-cultural counselling competencies for psychotherapists and counsellors, including nine competencies that should be incorporated into training programs (Paradis, 1981).

Similarly, Thomas (1985a) recommended that all training programs emphasize the development of expertise in cross-racial, cross-cultural, and cross-sex counselling. The APA (1979) made a special point of noting that "women constitute a special subgroup requiring specialized skills, attitudes, and knowledge on the part of counsellors and therapists" (p. 21). In the same vein, the Report of the Task Force on the Status of Women in Canadian Psychology (1977) recommended that the CPA develop materials to foster awareness of the problems of gender bias and sex role stereotyping in psychotherapeutic practise and counselling services, and should revise its ethical standards to include guidelines regarding sexism in psychotherapeutic practise. The CPA (1981) also addressed the
issue of cultural bias more generally by encouraging its members to "obtain training, experience or counsel to assure competent service or research relating to people differing as to age, sex, socioeconomic and ethnic backgrounds" (p.7).

More recently, participants at the APA's 1987 Conference for Counseling Psychology reaffirmed their support for both the "Principles Concerning the Counseling and Psychotherapy of Women" (APA, 1978) and the recent statement by Division 17's Committee on Women advocating the implementation of these principles as an integral part of the preparation of counselling psychologists. The training and accreditation section of the Conference also recommended that all counselling psychology programs formulate objectives for preparing students in at least one area of cultural diversity, and that within such programs, the issues of cultural diversity and gender be considered with respect to: (a) faculty recruitment, support, and training; (b) student recruitment, selection, retention, and support; and (c) curriculum development, research strategies, practical training, and program evaluation (Meara, et al., 1988). Similarly, both the National Council for Accreditation of Teacher Education (NCATE) and the Council of Accreditation of Counseling and Related Educational Programs (CACREP) have adopted the position that information concerning cultural, ethnic, racial, and gender differences be part of the education of a counsellor (Lloyd, 1987).
The movement towards specialized training for minority groups is not without its critics, however. They suggest that neither therapists nor clients are well served by such training. Margolis and Rungta (1986) pointed out the danger that courses that focus on specific populations (e.g., the elderly, women, or ethnic minorities) may accentuate subgroup differences. This, in turn, could lead to the development of a separate set of standards and strategies for such subgroups. They cautioned that attending exclusively or primarily to one particular characteristic of a client might result in a failure to recognize that person's total experience. Ultimately, this approach could, in Margolis' and Rungta's view, promote new forms of racism or sexism. Lloyd (1987) echoed this latter concern, and advocated an approach wherein one forgets cultural "truths" and relies simply on communication and counselling skills. While other writers have taken issue with Lloyd's suggestions (Hood & Arceneaux, 1987; Parker, 1987), counsellor educators and curriculum planners would do well to seriously consider such cautions.

As was noted in Chapter 1, training institutions have been generally slow in implementing programs designed to include minority perspectives. Moreover, in those cases where relevant training courses have been developed, few evaluative studies of their effectiveness have been conducted (Sedlacek, Troy, & Chapman, 1976; Stake & Gerner, 1987). As Carney and Kahn (1984) observed, the cross-cultural training movement to
date has been rather unsystematic, and little data have been
gathered to determine what (if any) changes occur in
counsellors as a result of such training.

Given the large amount of attention accorded to issues of
gender-fair and culture-fair counselling over the past two
decades, and given the many specific ethical and training
recommendations which have been brought forward in an attempt
to address these issues, it appears inevitable that more and
more training institutions will be developing specialized
training programs in this field, or integrating such training
into existing programs.

Perry (1982), writing under the auspices of the American
Personnel and Guidance Association (now the AACD), predicted
that the 1980's would bring continued development and
application of counselling theories and methods that are
appropriate to the unique needs of those special populations
who are subject to various inequities in our society. The
decade to which Perry referred is now more than half-over, and
there is every indication that his prediction has proven
correct.

Yet there is still much to be done. More recently, Katz
(1985) described the developments outlined above as nothing
more or less than a redefinition of counselling standards.
Transforming the field of counseling psychology to
provide more appropriate professional assistance to women
and minority populations necessitates the redefinition of
what it means to be "qualified" as a counseling professional. ... The development of a new descriptive system is necessary to expand the framework of traditional counseling to include perspectives of minorities and women within their own cultural frame of reference. (p. 621)

This being the case, it is imperative that researchers investigate the effectiveness of the training programs which are currently being offered in gender-fair and culture-fair counselling. Only through systematic evaluation can existing programs be improved and new and better ones designed. And only through more and better training programs can counsellor educators meet the training needs of their students and the counselling needs of their varied client populations.
Chapter 3

Method

Sample

The sample for this study consisted of 31 graduate students enrolled in first-year courses of the Master's program in Counselling Psychology at the University of British Columbia (UBC). Of the 31 participants, 16 were enrolled in a one-term course on social and cultural issues in counselling (CNPS 508). This course consists of 13 weekly 2-1/2-hour sessions. It is required for all Master's level students in the Counselling Psychology program, although students may choose when they wish to take it. CNPS 508 was offered for the first time at UBC in the Fall 1987 term. All 16 students who chose to take the course during that term, and who took the entire 13-week course, became the experimental group members for this study.

The remaining 15 participants in the study were drawn voluntarily from among a larger group of students enrolled in CNPS 578, a comparable-level course on counselling theories and interventions. As with the course on social and cultural issues in counselling, this course is required for all Master's level students, but students may choose when they wish to take it. These 15 participants became the comparison group for the study.
Of the experimental group participants, 81.25% were women and 56.25% were single. The mean age of the experimental group participants was 33.88 years. Of the comparison group participants, 93.33% were women and 53.33% were single. Their mean age was 35.80 years (see Chapter 4 for a complete summary of the sample characteristics).

**Procedure**

This study was based on a non-equivalent control group design (Campbell & Stanley, 1963). The design utilizes an experimental group and a comparison group. The two groups do not have pre-experimental sampling equivalence. Both groups are given both a pre-test and a post-test. The design may be graphically represented as follows:

\[
\begin{align*}
A: & \quad 0_1 \times 0_2 \\
B: & \quad 0_1 \quad 0_2
\end{align*}
\]

where A represents the experimental group taking CNPS 508 (Treatment X), B represents the comparison group taking CNPS 578, \(0_1\) represents the pre-test, and \(0_2\) represents the post-test.

Because the sample for this study is not random, but is one of convenience, information was gathered to confirm the assumed equivalency of the experimental and comparison groups for the purposes of the study. This was done by collecting detailed demographic information from all the participants at the time they completed the pre-tests. The demographic
variables of interest were (a) age, (b) gender, (c) ethnic background (ethnicity), (d) religious affiliation (religion), (e) UBC Counselling Psychology specialty, (f) UBC Counselling Psychology clinical training team, (g) previous experience counselling women and/or clients from other cultures, (h) previous UBC Counselling Psychology courses dealing specifically with gender and culture issues, and (i) previous specialized training in counselling women and/or clients from other cultures. Participants' marital status was determined according to whether they filled out the single or the married form of the Robinson Behavioral Inventory (Robinson & Follingstad, 1985) described below.

For the pre-test, participants were approached in their respective classes during the first week of the Fall 1987 term. The researcher introduced herself as a student investigator carrying out Master's level research, the purpose of which was to assess student counsellors' attitudes and values. Participants were asked if they would be willing to take part in the study by completing three questionnaires plus a demographic information sheet. They were advised that participation was voluntary and that their involvement would take approximately one hour of class time (see Appendix B). Each participant was also asked to sign a consent form (see Appendix C). In order to avoid prejudicing the pre-test results, the study was presented to the experimental group in the first hour of the first class, before the students had
been introduced to any of the course material. Once the signed consent forms had been collected, test booklets were immediately distributed. Each participant was instructed to complete the questionnaires in the order in which they were found in her/his test booklet. Each test booklet consisted of an instruction sheet, one copy each of the Wayne Ethnic Awareness Measure (Wayne, 1981), the Robinson Behavioral Inventory (RBI; Robinson & Follingstad, 1985), the Therapists' Attitudes Toward Women Scale (TAWS; Sherman, Koufacos, and Kenworthy, 1978), and a demographic information sheet (see Appendix D). Each participant was also asked to provide her/his mother's maiden name. This information subsequently allowed each participant's post-test results to be matched easily with her/his pre-test results while maintaining confidentiality.

In order to lessen the impact of the sequence in which the questionnaires were presented, and to ensure that any overall pattern of responses could not later be attributed to one particular sequence of presentation, a Latin squares design was employed. The three questionnaires in each booklet were organized in one of six possible orders (see Appendix E) and an equal number of booklets was prepared in each order. For the pre-test, these booklets were randomly distributed within each of the two participant groups.

The same 31 participants received both the pre-test and the post-test. The post-test administration was carried out
in the eleventh weekly class of each 13-week course, which was as close as practicable to the end of each course. Each participant received a second test booklet bearing her/his mother's maiden name. Each booklet consisted of a second instruction sheet and the same three questionnaires presented in the same order as that participant had received them in the pre-test, plus a fourth questionnaire derived from the Brannon Masculinity Scale (BMS; Brannon, 1985). In addition, participants were asked to fill out a supplementary information sheet providing details on any extra training related to sex role or cross-cultural issues in counselling that they may have received outside of UBC during the course of the study. Participants were also invited to supply their names, addresses, and telephone numbers, if they wished to participate in follow-up telephone interviews and/or receive a summary of the research findings (see Appendix F). This personal information was provided voluntarily, and separately from the rest of the data. Six months after the post-test, interviews were conducted with all seven volunteers from the experimental group who indicated their willingness to participate in this phase of the study (see Appendix G for a list of the interview questions).

Measures

In their theory of reasoned action, Ajzen and Fishbein (1980) suggested that the interaction between internal and external events will best be understood if beliefs, attitudes,
behavioural intentions, and behaviours are considered separately. The study included separate measures of participants' sex role behaviours and behavioural intentions (the RBI), attitudes toward women (the TAWS), and—indirectly—cultural beliefs (the Wayne Ethnic Awareness Measure). While it may be argued that an awareness is not the same as a belief, the concepts do overlap. (The definitions provided by The Oxford English Dictionary (OED; 1971), for example, suggest that these concepts are related. The OED defines awareness as the state of being informed, cognizant, or conscious, and belief as the mental acceptance of a proposition, statement, or fact on the evidence of consciousness.) According to Wayne (1981), awareness includes a cognizance of one's stereotypes (i.e., one's stereotypical beliefs (see Appendix H for Wayne's definition of ethnicity and ethnic awareness).

Wayne Ethnic Awareness Measure. The Wayne Ethnic Awareness Measure was used in this study to assess participants' pre- and post-test levels of ethnic awareness. The instrument was developed by Wayne (1981) "to determine the extent to which therapists are aware of the influence of the ethnic factor in an individual's life by their ability to identify ethnicity's role in a person's presenting problem" (p. 92). It attempts to measure ethnic awareness by asking for clinical impressions of five ethnically-oriented problems presented in written form.
Wayne (1981) selected her case materials on the basis of personal communications with professionals from various cultural backgrounds who worked in the human services field. The information, suggestions, and examples provided by these professionals helped Wayne to ensure the cultural accuracy of the five cases that make up her instrument. According to Wayne, "the intention was to have each case contain a specific item unique to the culture of the client" (pp. 92-93).

In Wayne's original measure, the five cases represented five different ethnic individuals: Japanese-American, Black, Native American, Hispanic, and Jewish. For the purposes of this study, the researcher slightly modified the five cases to represent ethnic individuals more familiar to Western Canadian counsellors. First, the cases were "Canadianized" overall by substituting labels such as "Japanese-Canadian" for "Japanese-American" and words such as "university" for "college." Second, Vignette #4, which originally featured a Hispanic female, was changed to feature a Chinese female, in order to reflect the greater impact and presence of the Chinese community in Western Canada. Major modifications to the case itself were not necessary, however, since the researcher found that the substance of Wayne's fourth vignette could quite easily be transferred from a Hispanic to a Chinese context (see Appendix I for a fuller discussion of this subject).

In Wayne's original measure, participants are asked to give their "clinical impressions" of each vignette. Because
the UBC Counselling Psychology program does not emphasize training in clinical diagnosis, the wording of the instructions was changed to read: "State your initial impressions as a counsellor of each of the ... vignettes."

Three raters were trained to score the Wayne measure. Wayne (1981) had devised a scoring system which ranged from 1 = no ethnic awareness to 4 = high ethnic awareness. This scoring system, together with Margolis' (1986) slight wording modifications, were used as a scoring guide in this study (see Appendix J for a description of the scoring procedure). Participants' missing values were not interpolated as they did not affect the overall analysis of the data.

The Pearson product-moment correlation coefficients for the three raters' pre- and post-test scores on each of the five Wayne vignettes ranged from .83 to .98 for the pre-test and from .83 to .97 for the post-test (see Table 1). These results are consistent with Wayne's original interrater correlation coefficients, which ranged from .89 to .93.

Unfortunately, Wayne failed to establish the validity of her measure and she identified this as a limitation of her own study. She did, however, conclude that the instrument does have the potential to discriminate levels of ethnic awareness, and she recommended further research to validate and refine the measure. Despite its lack of established validity, the Wayne measure was used in the present study because an
Table 1

Mean Interrater Reliabilities for the Wayne Ethnic Awareness Measure

<table>
<thead>
<tr>
<th>Vignettes</th>
<th>Pre-test mean</th>
<th>Post-test mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.96</td>
<td>0.86</td>
</tr>
<tr>
<td>2</td>
<td>0.83</td>
<td>0.91</td>
</tr>
<tr>
<td>3</td>
<td>0.98</td>
<td>0.97</td>
</tr>
<tr>
<td>4</td>
<td>0.83</td>
<td>0.83</td>
</tr>
<tr>
<td>5</td>
<td>0.93</td>
<td>0.88</td>
</tr>
</tbody>
</table>

*Note.* Means were calculated by correlating the 3 raters' scores for each of the 5 vignettes.
Robinson Behavioral Inventory (RBI). The RBI was used in this study to assess participants' sex role behaviours and behavioural intentions, and rate them as more or less traditional or non-traditional. The RBI was developed by Robinson and Follingstad (1985), and asks subjects to report both behavioural intentions and actual behaviours. The instrument is predicated on two assumptions: (a) that reported intentions and behaviours accurately reflect actual intentions and behaviours, and (b) that information about a subject's behaviours can be deduced from information about her/his intentions to engage in such behaviours. The researchers' rationale for developing the inventory was threefold. First, "the measure would allow for understanding and assessing individuals in terms of concrete behaviors and actions rather than merely collecting their opinions about such behaviors." Second, "a behavioral sex-role scale would enable researchers to determine whether attitudes and behaviors have a close correspondence or whether in the area of sex-role behaviors there is a discrepancy." Third, a behavioural tool was "needed for evaluating outcome studies where the goal is to change sex-role stereotyping, since past studies have relied on such informal techniques as unstructured interviews ... and participant observation" (Robinson & Follingstad, 1985, p. 692).
The RBI consists of two forms of a 34-item scale. One form was designed for participants who are single; the other was designed for participants who are married or living with a partner. These two forms were designed to be equivalent, and were treated as such for the purposes of this study. The items in the inventory come from a variety of sources, including previously developed sex role belief scales and sex-typing scales. Items from such scales were then restated in behavioural terms for inclusion in the RBI.

Scoring for the RBI is on a 10-point Likert-type scale ranging from 0 = will definitely not do so to 9 = will definitely do so. High scores for women indicate non-traditional behaviours and low scores indicate traditional behaviours. Robinson and Follingstad (1985) recommended that for unmarried female subjects (or those not in a partner relationship) scores of 192 and above should be classified as non-traditional, and scores of 163 and below should be classified as traditional. Similarly, they recommended that for married subjects (or those in a partner relationship) scores of 183 and above should be classified as non-traditional, and scores of 128 and below should be classified as traditional. Scores which fall in the mid-range between traditional and non-traditional remain unclassified. Although Robinson and Follingstad administered their instrument to men, they did not classify the results for male subjects as either traditional or non-traditional.
The reliability coefficients provided by Robinson and Follingstad (1985) ranged from .82 to .86 for test-retest correlations, and from .83 to .95 for internal consistency estimates. Estimates for convergent validity were .56 and .55 respectively for the single and married forms of the inventory, and estimates for discriminant validity (based on correlations with three similar scales) ranged from .15 to .46.

Having established the reliability and validity of their instrument, Robinson and Follingstad (1985) concluded that the RBI could be used to identify variables that might affect changes in intended sex-typed behaviours. They also concluded that changes in overall scores on the measure, as well as changes in individual item scores, could be useful dependent measures for outcome studies designed to evaluate the impact of treatments designed to alter female-role behaviour. These conclusions have direct relevance for the RBI's inclusion as an outcome measure in this study. Although the treatment variable in this study (CNPS 508) was not specifically designed to alter sex-typed behaviour, it is reasonable to assume that participants' intended sex-typed behaviours might be influenced by a treatment designed to increase their awareness of gender role issues.

No major modifications to the RBI were made by this researcher. However, one small change was made in the instructions on the married form. In the original version of
the RBI, participants are advised to fill out the married form of the scale if they are "married or living with someone." For this study, these instructions also included the phrase "in a heterosexual or lesbian/gay relationship." Also, for this study, male participants were scored slightly differently than female participants. This decision was made because the general scoring system provided by Robinson and Follingstad (1985) seemed inappropriate for men (see Appendix K). For purposes of statistical analysis, however, no distinction was made between male and female participants. In the case of missing item scores for the RBI, participants were assigned the score closest to the mean of their total item scores.

**Therapists' Attitude Toward Women Scale (TAWS).** The TAWS was included in this study to identify the degree of sexist or non-sexist attitudes amongst participants. The scale was developed by Sherman, Koufacos, and Kenworthy (1978) in response to the conclusions of the 1975 APA Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice. The APA Task Force identified four general areas of sex bias and sex role stereotyping on the part of psychotherapists which could adversely affect female clients: (a) fostering of traditional sex roles; (b) bias in expectations and devaluation of women; (c) sexist use of psychoanalytic concepts; and (d) response to women as sex objects, including seduction of clients. The TAWS was originally developed to gain an understanding of therapists' attitudes toward women,
and to compare responses from the two sexes and the three professions of social work, psychology, and psychiatry. The TAWS is particularly suitable as an instrument for measuring the effectiveness of CNPS 508, for at least two obvious reasons: (a) it directly measures attitudes toward women, which the course is intended to address; and (b) it was developed using a sample group of mental health professionals, who are likely to share many common professional values and attitudes with the counsellors-in-training who make up the course membership.

The TAWS is comprised of 32 items; responses are chosen from a five-point Likert-type scale ranging from "strongly disagree" to "strongly agree." Low scores indicate more informed, more liberal, less stereotyped views of women. One-half of the items are worded positively and one-half negatively in order to avoid a response set. The items are of several types: (a) ten items involving psychoanalytic ideas not congruent with contemporary feminist viewpoints, (b) thirteen items reflecting traditional sex role attitudes, (c) three items about sexuality, (d) four items regarding nonegalitarian attitudes, and (e) two items about therapists. In outlining these categories, the TAWS researchers noted: "It is recognized that these content categories are merely descriptive and that furthermore, in some instances, attitude and information might be difficult to differentiate" (1978, p. 303).
Cronbach's Alpha (a measure of reliability and homogeneity) for the TAWS was established to be .86. No validity data for the TAWS was presented by its developers. Following their initial study of the TAWS with a sample of 184 therapists (including social workers, psychologists, and psychiatrists), Sherman, Koufacos, and Kenworthy (1978) assessed the scale as "satisfactory," but they cautioned that "further study is needed to determine how scores on this scale might relate to behavior in therapy" (p. 311).

No modifications were made to the TAWS for the purposes of this study. Missing item scores were computed as 3 = neither agree nor disagree. (Although the interpolation of missing item scores was handled differently for the TAWS than it was for the RBI, this discrepancy did not have a significant impact on the results because the number of missing items for either measure was so small--i.e., less than .4% of the total.)

Brannon Masculinity Scale (BMS). A fourth measure, the BMS, was also included in the test booklet for the post-test only. This 16-item scale was drawn by the researcher from a longer 110-item instrument. It was included in the post-test in order to disguise the fact that the true purpose of the study was to evaluate the effectiveness of CNPS 508, since this perception could have influenced the experimental group's responses. Neither reliability nor validity has been established for the BMS. In any event, participants' scores
on this measure were not included in the statistical analyses for this study.

Follow-up Interviews

No statistical analyses were performed on the follow-up interview data. The sample size was too small. Moreover, such an exercise would have been well beyond the scope of the present study. Nevertheless, these responses were used anecdotally, as a source of information for experimental group participants' subjective evaluations of their changes in awareness and attitudes as a result of taking the course.

Research Hypotheses

The following comprise the specific hypotheses tested in this research study (as measured by the Wayne Ethnic Awareness Measure, the RBI, and the TAWS).

Hypothesis 1. Participants who have completed a course on social and cultural issues in counselling will display a greater increase in ethnic awareness over the course of the study than participants who have not taken such a course. Operationally, the mean scores for each of the five vignettes that comprise the Wayne Ethnic Awareness Measure will increase to a greater extent for the experimental group than for the comparison group.

Hypothesis 2. Participants who have completed a course on social and cultural issues in counselling will display a greater increase in non-traditional sex role behaviours and behavioural intentions over the course of the study than
participants who have not taken such a course. Operationally, the mean scores on the RBI will increase to a greater extent for the experimental group than for the comparison group.

**Hypothesis 3.** Participants who have completed a course on social and cultural issues in counselling will display a greater increase in non-stereotypical attitudes toward women over the course of the study than participants who have not taken such a course. Operationally, the mean scores on the TAWS will decrease to a greater extent for the experimental group than for the comparison group.

**Treatment of the Quantitative Data**

Preliminary statistical analyses included examinations at the pre-test level to establish the equivalency of the experimental and comparison groups. Their equivalency was determined according to the following moderating variables: (a) age, (b) gender, (c) marital status, (d) ethnicity, (e) religion, (f) UBC Counselling Psychology specialty, (g) UBC Counselling Psychology clinical training team, (h) previous experience counselling women and/or clients from other cultures, (i) previous UBC Counselling Psychology courses dealing specifically with gender and culture issues, (j) previous training in counselling women and/or clients from other cultures, and (k) extra training related to sex role and/or cross-cultural issues in counselling received outside of UBC during the course of the study. (Although ethnic background and religious affiliation were originally free...
response items, and age was an interval variable, they were re-coded as dichotomous variables for this analysis).

First, all these moderating variables were used as grouping variables in t-tests and one-way analyses of variance (ANOVAs) for the pre-test scores where appropriate. Second, the pre-test measures were examined with respect to experimental or comparison group membership (the treatment variable) to establish the equivalency of the two groups. Each pre-test measure was analyzed in a t-test using treatment as the independent variable. Third, where moderating variables had emerged as significant grouping variables in the previous analyses, they were included with the treatment variable to examine any possible significant interactions with respect to the pre-test scores.

Once equivalency was established and the pre- and post-test scores were determined to be suitably distributed according to the Kolmogorov-Smirnov (K-S) test of normality, two types of analyses of variance with repeated measures (ANOVARs) were performed for the RBI, the TAWS, and each of the five Wayne vignettes. The first was a single ANOVAR with one between-subject factor (treatment) and one within-subject factor (time). A second series of ANOVARs introduced additional between-subject factors one at a time in order to assess their interactions with the treatment and time variables. Between-subject factors chosen were (a) gender, (b) marital status, (c) ethnicity, (d) religion, (e)
experience in counselling women, (f) experience in counselling clients from other cultures, (g) extra training in sex role issues, and (h) extra training in cross-cultural issues. These factors were chosen because, according to the preliminary analyses, they were influential with respect to the measures used at the pre-test level. These secondary ANOVAs were examined with respect to resulting significant three-way and two-way interactions. Significant main effects were followed up by using t-tests.

Because each Wayne vignette is different in that it measures awareness about a different cultural group, a multivariate analysis, involving the calculation of a linear combination of the results of the five vignettes, was deemed inappropriate. Similarly, because the RBI measures behaviour and behavioural intentions, and the TAWS measures attitudes, a multivariate approach to these two instruments was also ruled out.

Finally, correlational analyses were conducted with both the pre-test and post-test scores of each of the three instruments. That is, all pre-test scores were intercorrelated, as were all post-test scores. This was done for the experimental and comparison groups separately.

Correlational analyses were also conducted between both the pre-test and post-test scores. That is, each pre-test score was correlated with its post-test counterpart. This was
done for the total sample and the experimental and comparison groups separately.
Chapter 4

Results

Sample

The sample consisted of 27 females and 4 males. The mean age was 34.81 years, the median age was 35.00 years, and the range was 24 to 49 years. (For purposes of later analysis, 18 participants were coded as "younger" and 13 as "older" based on whether or not their age was less than, or greater than, the median age of the sample.) Eleven participants listed their UBC Counselling Psychology specialty as Post-Secondary/Adult, 9 as Family, 3 as Intercultural, 3 as Adolescent/Secondary, 3 as Women, and 1 as Elementary. (One participant did not list a specialty.)

In total, 10 participants indicated that they had completed a UBC course on gender role issues in counselling and/or had experience counselling women in specialized settings (e.g., women's sexual assault centres, transition houses for battered women). Five participants indicated that they had completed, or were currently enrolled in, a UBC course in intercultural counselling and/or had experience in working with clients from other cultures in specialized settings (e.g., teaching ESL to Japanese women). Eight participants indicated that over the course of the study they had participated in a peer counselling program designed to match up foreign students with Canadian students for support
and guidance. Other counselling experience listed by the participants included: (a) social work; (b) child and adolescent care; (c) family therapy; (d) occupational therapy; (e) counselling the physically disabled; (f) psychiatric care; (g) community mental health counselling; (h) elementary, secondary and post-secondary counselling; (i) pregnancy, vocational, bereavement, and Christian counselling; (j) geriatric and palliative care; and (k) crisis intervention.

With respect to ethnicity, 21 of the 31 participants fell into the category of "majority group members" and 10 into the category of "minority group members." This latter category includes all participants who identified their ethnic background as other than that of White European or North American majority cultures.

Of the 31 participants, 19 were classified as "non-religious" and 10 as "religious." This latter category includes all participants who identified themselves as having a specific religious affiliation. (Two participants did not respond to this item; see Table 2 for a more complete summary of the sample characteristics.)

**Group Equivalency**

In order to assess the basic equivalency of the experimental and comparison groups at the outset of the study, it was necessary to first determine the impact of moderating variables on the pre-test measures. Where appropriate, the following variables were used in \( t \)-tests and one-way analyses
### Table 2

**Sample Characteristics**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Experimental Group</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Total n=31)</td>
<td>(n=16)</td>
<td>(n=15)</td>
</tr>
<tr>
<td>Women</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Men</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Single</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Married or living with someone</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Minority group members</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Religious</td>
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<td>6</td>
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<tr>
<td>Couns. Psych. specialty:</td>
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<td>Women</td>
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<td>2</td>
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<td>Intercultural</td>
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<td>Couns. Psych. clinical team:</td>
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<tr>
<td>Women</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Intercultural</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Taking UBC course in intercultural counseling</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

(cont. on next page)
Table 2 (cont.)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Experimental Group (n=16)</th>
<th>Comparison Group (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Total n=31)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prev. counselling exp. with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women only</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Other cultures only</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Both</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Specialized training for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other cultures</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Both</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Extra training between pre- &amp; post-test related to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex-role issues</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cross-cultural issues</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Both</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Age: Mean</td>
<td>33.88</td>
<td>35.80</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>7.10</td>
<td>7.82</td>
</tr>
</tbody>
</table>
of variance (ANOVA) with the Wayne measure, RBI, and TAWS: (a) age, (b) gender, (c) marital status, (d) ethnicity, (e) religion, (f) UBC Counselling Psychology specialty, (g) UBC Counselling Psychology clinical training team, (h) previous experience counselling women and/or clients from other cultures, (i) previous UBC Counselling Psychology courses dealing specifically with gender and culture issues, (j) previous training in counselling women and/or clients from other cultures, and (k) extra training related to sex role and/or cross-cultural issues in counselling received outside of UBC during the course of the study. None of the group comparisons with respect to these variables were significant at the p<.05 level. The following were significant at the p<.10 level: (a) gender for Wayne Vignettes #3 and #5, RBI, and TAWS; (b) marital status for Wayne Vignettes #1 and #5; (c) previous counselling experience with women clients for Wayne Vignette #3; (d) extra training related to sex role issues for TAWS; and (e) extra training related to cross-cultural issues for Wayne Vignette #2.

The experimental and comparison groups were then examined with respect to all moderating variables. All variables were found to be evenly distributed within the two groups with the exception of extra training related to sex role issues for the TAWS and extra training related to cross-cultural issues for Wayne Vignette #2 (see Table 2). Despite the uneven distribution of these two variables, the overall equivalency
of the two groups was not affected because these variables had not emerged as significant factors in the \( t \)-tests.

Next, \( t \)-tests were performed which compared experimental and comparison group data on the pre-test measures. The groups were equivalent; there were no significant differences between the group means, even at the \( p < .10 \) level. Table 3 shows the means and standard deviations of the measures at both pre- and post-test (see Table 3).

The moderating variables which had emerged as significant factors in the previous analyses were each subsequently examined along with experimental group membership in two-factor ANOVAs. There were no significant interactions at the \( p < .10 \) level.

**Descriptive Statistics**

**Pre-test.** Total sample means for the Wayne Ethnic Awareness Measure vignettes showed a small spread from 1.73 to 2.85, and their standard deviations showed a close uniformity ranging from .94 to 1.28. Although two of the five vignettes did not pass the K-S test at the \( p < .05 \) level and were not amenable to normalization, the vignettes as a group did display homoscedasticity. As a result, they were used in their original form. The sample mean for the RBI was 184.19 and the standard deviation was 47.10. Even though this standard deviation was large due to a single low score which could not be treated as an outlier (and which resulted in a
Table 3

Summary of Pre- and Post-test Means and Standard Deviations

<table>
<thead>
<tr>
<th></th>
<th>Experimental group</th>
<th></th>
<th>Comparison group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Pre-test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wayne Ethnic Awareness Measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vig.1 (Jap. Female)</td>
<td>1.63</td>
<td>1.01</td>
<td>2.29</td>
<td>1.02</td>
</tr>
<tr>
<td>2 (Black Male)</td>
<td>2.04</td>
<td>.88</td>
<td>2.02</td>
<td>1.03</td>
</tr>
<tr>
<td>3 (Native Male)</td>
<td>2.79</td>
<td>1.28</td>
<td>2.91</td>
<td>1.33</td>
</tr>
<tr>
<td>4 (Chin. Female)</td>
<td>2.71</td>
<td>1.07</td>
<td>2.60</td>
<td>1.08</td>
</tr>
<tr>
<td>5 (Jewish Male)</td>
<td>1.63</td>
<td>.82</td>
<td>1.86</td>
<td>1.17</td>
</tr>
<tr>
<td>RBI</td>
<td>176.13</td>
<td>56.29</td>
<td>192.80</td>
<td>34.72</td>
</tr>
<tr>
<td>TAWS</td>
<td>64.69</td>
<td>10.00</td>
<td>63.40</td>
<td>8.77</td>
</tr>
<tr>
<td>Post-test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wayne Ethnic Awareness Measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vig.1 (Jap. Female)</td>
<td>1.69</td>
<td>1.03</td>
<td>1.82</td>
<td>1.03</td>
</tr>
<tr>
<td>2 (Black Male)</td>
<td>1.94</td>
<td>1.21</td>
<td>1.78</td>
<td>1.06</td>
</tr>
<tr>
<td>3 (Native Male)</td>
<td>2.48</td>
<td>1.44</td>
<td>3.04</td>
<td>1.17</td>
</tr>
<tr>
<td>4 (Chin. Female)</td>
<td>2.73</td>
<td>1.07</td>
<td>2.60</td>
<td>.93</td>
</tr>
<tr>
<td>5 (Jewish Male)</td>
<td>1.67</td>
<td>1.02</td>
<td>1.69</td>
<td>1.03</td>
</tr>
<tr>
<td>RBI</td>
<td>177.19</td>
<td>57.15</td>
<td>198.33</td>
<td>40.88</td>
</tr>
<tr>
<td>TAWS</td>
<td>58.94</td>
<td>12.94</td>
<td>61.67</td>
<td>9.51</td>
</tr>
</tbody>
</table>
negative skew), the RBI still passed the K-S test at the $p<.05$ level. The sample mean for the TAWS was 64.07, the standard deviation was 9.29, and the distribution was normal as assessed by the K-S test. All of the measures were well distributed throughout their possible ranges (see Table 4).

**Post-test.** The sample means for the five Wayne Measure vignettes ranged from 1.68 to 2.75, the standard deviations from .99 to 1.33. Once again, the vignettes as a group displayed homoscedasticity, and as with their pre-test counterparts, they were used in their original form. The sample means for the RBI and the TAWS were 187.42 and 60.26 respectively. Standard deviations were 50.28 for the RBI and 11.31 for the TAWS. Both the RBI and the TAWS passed the K-S test at the $p<.05$ level and were normally distributed. Again, all of the measures were well distributed throughout their possible ranges (see Table 5).

**Analyses of Variance With Repeated Measures (ANOVARs)**

The hypotheses on which this study is based predict that the changes in mean scores for the experimental group participants will reflect greater increases in ethnic awareness, feminist attitudes toward women, and non-traditional sex role behaviours and behavioural intentions, than is the case for comparison group participants. To test that prediction, two-factor ANOVARs were conducted for the variables of treatment and time for all three of the measures.
Table 4

Descriptive Statistics for Pre-test Measures (Total Sample)

<table>
<thead>
<tr>
<th>Measure</th>
<th>No. of cases</th>
<th>Mean</th>
<th>SD</th>
<th>Min.</th>
<th>Max.</th>
<th>Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne Ethnic Awareness Measure:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vtg.1 (Jap. Female)</td>
<td>31</td>
<td>1.95</td>
<td>1.05</td>
<td>1.0</td>
<td>4.0</td>
<td>No</td>
</tr>
<tr>
<td>2 (Black Male)</td>
<td>30</td>
<td>2.03</td>
<td>1.28</td>
<td>1.0</td>
<td>4.0</td>
<td>Yes</td>
</tr>
<tr>
<td>3 (Native Male)</td>
<td>31</td>
<td>2.85</td>
<td>1.28</td>
<td>1.0</td>
<td>4.0</td>
<td>No</td>
</tr>
<tr>
<td>4 (Chin. Female)</td>
<td>30</td>
<td>2.66</td>
<td>1.06</td>
<td>1.0</td>
<td>4.0</td>
<td>Yes</td>
</tr>
<tr>
<td>5 (Jewish Male)</td>
<td>30</td>
<td>1.73</td>
<td>1.0</td>
<td>1.0</td>
<td>4.0</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note. For Wayne Measure: Each vrg. score is equal to the mean of the 3 raters' scores. Possible Range: 1-4.

Robinson Behavioral Inventory (RBI) 31 184.19 47.10 54.0 264.0 Yes

Note. For RBI: Possible range, 0-306; High scores indicate more non-traditional sex-role behaviours.
Table 4 (cont.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>No. of cases</th>
<th>Observed Mean</th>
<th>SD</th>
<th>Min..Max.</th>
<th>K-S test (p&lt;.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapists' Attitudes Toward Women Scale (TAWS)</td>
<td>31</td>
<td>64.07</td>
<td>9.29</td>
<td>47.0</td>
<td>84.0</td>
</tr>
</tbody>
</table>

**Note.** For TAWS: Possible range, 32-160; Low scores indicate more liberal, less stereotyped attitudes toward women.
Table 5

**Descriptive Statistics for Post-test Measures (Total Sample)**

<table>
<thead>
<tr>
<th>Measure</th>
<th>No. of cases</th>
<th>Mean</th>
<th>SD</th>
<th>Min.</th>
<th>Max.</th>
<th>Passed</th>
<th>K-S test (p&lt;.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wayne Ethnic Awareness Measure:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vig.1 (Jap. Female)</td>
<td>31</td>
<td>1.75</td>
<td>1.02</td>
<td>1.0</td>
<td>4.0</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2 (Black Male)</td>
<td>31</td>
<td>1.86</td>
<td>1.12</td>
<td>1.0</td>
<td>4.0</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3 (Native Male)</td>
<td>31</td>
<td>2.75</td>
<td>1.33</td>
<td>1.0</td>
<td>4.0</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4 (Chin. Female)</td>
<td>31</td>
<td>2.67</td>
<td>0.99</td>
<td>1.0</td>
<td>4.0</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5 (Jewish Male)</td>
<td>30</td>
<td>1.68</td>
<td>1.00</td>
<td>1.0</td>
<td>4.0</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Robinson Behavioral Inventory (RBI)</strong></td>
<td>31</td>
<td>187.42</td>
<td>50.28</td>
<td>54.0</td>
<td>273.0</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Therapists' Attitudes Toward Women Scale (TAWs)</strong></td>
<td>31</td>
<td>60.26</td>
<td>11.31</td>
<td>30.0</td>
<td>78.0</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Hypothesis 1. The first hypothesis states that participants who have completed CNPS 508 will display a greater increase in ethnic awareness over the course of the study than participants who have not taken such a course (i.e., the mean scores for each of the five Wayne vignettes that comprise the Wayne Ethnic Awareness Measure will increase to a greater extent for the experimental group than for the comparison group). The ANOVAR results indicate that treatment by time did not emerge as a significant interaction for this measure. The hypothesis must therefore be rejected (see Table 6 for a summary of the relevant ANOVAR results; for more detailed ANOVAR results for the Wayne Ethnic Awareness Measure see Appendix L).

Hypothesis 2. The second hypothesis states that participants who have completed CNPS 508 will display a greater increase in non-traditional sex role behaviours and behavioural intentions over the course of the study than participants who have not taken such a course (i.e., the mean scores on the RBI will increase to a greater extent for the experimental group than for the comparison group). Again, treatment by time did not emerge as a significant interaction for the RBI, so this hypothesis was also rejected (see Table 7).

Hypothesis 3. The third hypothesis states that participants who have completed CNPS 508 will display a greater increase in non-stereotypical attitudes toward women
Table 6

Effects of Treatment and Time on the Wayne Ethnic Awareness Measure: Summary of ANOVAR Results

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne Via. #1</td>
<td>1.08</td>
<td>1</td>
<td>1.08</td>
<td>1.19</td>
<td>0.28</td>
</tr>
<tr>
<td>AB</td>
<td>1.08</td>
<td>1</td>
<td>1.19</td>
<td>0.77</td>
<td>0.00</td>
</tr>
<tr>
<td>Wayne Via. #2</td>
<td>0.00</td>
<td>1</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
</tr>
<tr>
<td>AB</td>
<td>0.00</td>
<td>1</td>
<td>0.00</td>
<td>0.77</td>
<td>0.28</td>
</tr>
<tr>
<td>Wayne Via. #3</td>
<td>0.77</td>
<td>1</td>
<td>0.77</td>
<td>1.24</td>
<td>0.28</td>
</tr>
<tr>
<td>AB</td>
<td>0.77</td>
<td>1</td>
<td>1.24</td>
<td>0.00</td>
<td>0.97</td>
</tr>
<tr>
<td>Wayne Via. #4</td>
<td>0.00</td>
<td>1</td>
<td>0.00</td>
<td>0.18</td>
<td>0.46</td>
</tr>
<tr>
<td>AB</td>
<td>0.00</td>
<td>1</td>
<td>0.18</td>
<td>0.57</td>
<td>0.46</td>
</tr>
</tbody>
</table>

Note. A = treatment; B = time.
Table 7

Effects of Treatment and Time on the Robinson Behavioral Inventory (RBI): ANOVAR Results

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between subjects factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>5537.42</td>
<td>1</td>
<td>5537.42</td>
<td>1.19</td>
<td>0.28</td>
</tr>
<tr>
<td>S - within</td>
<td>134,517.00</td>
<td>29</td>
<td>4638.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within subjects factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>168.39</td>
<td>1</td>
<td>168.39</td>
<td>2.15</td>
<td>0.15</td>
</tr>
<tr>
<td>AB</td>
<td>77.42</td>
<td>1</td>
<td>77.42</td>
<td>0.99</td>
<td>0.33</td>
</tr>
<tr>
<td>BS - within</td>
<td>2270.00</td>
<td>29</td>
<td>78.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>142,570.23</td>
<td>61</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. A = treatment; B = time.
over the course of the study than participants who have not taken such a course (i.e., the mean scores on the TAWS will decrease to a greater extent for the experimental group than for the comparison group). As treatment by time did not emerge as a significant interaction in the ANOVAR results for the TAWS, this hypothesis, too, was rejected (see Table 8).

**Main Effects Resulting From Treatment by Time ANOVARS**

Across the experimental and comparison groups, no significant main effects were found for treatment for any of the measures. However, a significant main effect for time alone was found for the TAWS ($F=5.57; p=.03; df=1,29$). For this measure, scores on the post-test were significantly lower (i.e. more liberal) than scores on the pre-test for the total sample (see Table 8).

**ANOVARs Involving Treatment, Time, and Moderating Variables**

Three-factor ANOVARS were also conducted with relevant moderating variables (i.e., those variables that emerged as significant in the equivalency analyses, plus the variables of age, religion, and ethnicity). Each relevant moderating variable was analyzed separately with respect to the treatment and time factors. Results were that significant three-way interactions were found for age (RBI, $p<.05$), religion (Wayne Vignette #4, $p<.10$), and ethnicity (RBI, $p<.10$) (see Tables 9 to 11 for summaries and breakdowns of the ANOVAR results relating to these interactions; more detailed ANOVAR results for these interactions are presented in Appendices M to O).
Table 8

Effects of Treatment and Time on the Therapists' Attitudes Toward Women Scale (TAWS): ANOVAR Results

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between subjects factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>8.04</td>
<td>1</td>
<td>8.04</td>
<td>0.05</td>
<td>0.83</td>
</tr>
<tr>
<td>S - within</td>
<td>5225.38</td>
<td>29</td>
<td>180.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Within subjects factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>216.77</td>
<td>1</td>
<td>216.77</td>
<td>5.57</td>
<td>0.03*</td>
</tr>
<tr>
<td>AB</td>
<td>62.48</td>
<td>1</td>
<td>62.48</td>
<td>1.61</td>
<td>0.22</td>
</tr>
<tr>
<td>BS - within</td>
<td>1127.94</td>
<td>29</td>
<td>38.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>6640.61</td>
<td>61</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. A = treatment; B = time.

* significant main effect for time (Mean at time 1 = 64.07; Mean at time 2 = 60.26).
Table 9

Effects of Treatment, Time, and Age on the Robinson Behavioral Inventory (RBI): Summary and Breakdown of ANOVAR Results

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F Ratio</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC</td>
<td>295.12</td>
<td>1</td>
<td>295.12</td>
<td>4.291</td>
<td>0.05*</td>
</tr>
</tbody>
</table>

Note. A = treatment; B = age; C = time.
* represents significance at the .05 level.

<table>
<thead>
<tr>
<th></th>
<th>Participants</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>Younger (n=10)</td>
<td>160.30</td>
</tr>
<tr>
<td></td>
<td>Older (n=6)</td>
<td>202.50</td>
</tr>
<tr>
<td>Post-test</td>
<td>Younger (n=10)</td>
<td>166.80</td>
</tr>
<tr>
<td></td>
<td>Older (n=6)</td>
<td>194.50</td>
</tr>
<tr>
<td><strong>Comparison Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>Younger (n=8)</td>
<td>190.88</td>
</tr>
<tr>
<td></td>
<td>Older (n=7)</td>
<td>195.00</td>
</tr>
<tr>
<td>Post-test</td>
<td>Younger (n=8)</td>
<td>194.88</td>
</tr>
<tr>
<td></td>
<td>Older (n=7)</td>
<td>202.29</td>
</tr>
</tbody>
</table>
Table 10

Effects of Treatment, Time, and Religion on Wayne Ethnic Awareness Measure Vignette #4: Summary and Breakdown of ANOVAR Results

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F Ratio</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC</td>
<td>2.57</td>
<td>1</td>
<td>2.57</td>
<td>3.02</td>
<td>0.10*</td>
</tr>
</tbody>
</table>

Note. A = treatment; B = religion; C = time.
* represents significance at the .10 level.

<table>
<thead>
<tr>
<th></th>
<th>Participants</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>Non-religious (n=10)</td>
<td>3.00</td>
</tr>
<tr>
<td></td>
<td>Religious (n=4)</td>
<td>2.50</td>
</tr>
<tr>
<td>Post-test</td>
<td>Non-religious (n=10)</td>
<td>2.47</td>
</tr>
<tr>
<td></td>
<td>Religious (n=4)</td>
<td>3.50</td>
</tr>
<tr>
<td><strong>Comparison Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>Non-religious (n=9)</td>
<td>2.52</td>
</tr>
<tr>
<td></td>
<td>Religious (n=6)</td>
<td>2.73</td>
</tr>
<tr>
<td>Post-test</td>
<td>Non-religious (n=9)</td>
<td>2.63</td>
</tr>
<tr>
<td></td>
<td>Religious (n=6)</td>
<td>2.53</td>
</tr>
</tbody>
</table>
Table 11
Effects of Treatment, Time, and Ethnicity on the Robinson Behavioral Inventory (RBI): Summary and Breakdown of ANOVAR Results

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F Ratio</th>
<th>Probability</th>
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</thead>
<tbody>
<tr>
<td>ABC</td>
<td>269.52</td>
<td>1</td>
<td>269.52</td>
<td>3.52</td>
<td>0.07*</td>
</tr>
</tbody>
</table>

*Note. A = treatment; B = ethnicity; C = time.

* represents significance at the .10 level.

<table>
<thead>
<tr>
<th></th>
<th>Participants</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>Majority (n=10)</td>
<td>168.67</td>
</tr>
<tr>
<td></td>
<td>Minority (n=6)</td>
<td>190.50</td>
</tr>
<tr>
<td>Post-test</td>
<td>Majority (n=10)</td>
<td>166.67</td>
</tr>
<tr>
<td></td>
<td>Minority (n=6)</td>
<td>196.83</td>
</tr>
</tbody>
</table>

| **Comparison Group**  |                    |       |
| Pre-test              | Majority (n=11)    | 190.27|
|                       | Minority (n=4)     | 199.75|
| Post-test             | Majority (n=11)    | 198.46|
|                       | Minority (n=4)     | 198.00|
Two-way Interactions and Main Effects Resulting From Three-Factor ANOVARS

Significant two-way interactions and main effects resulting from the preceding three-factor ANOVARS were also examined. As these results do not relate directly to the research hypotheses, they are presented and discussed in Appendix P (see Appendix P).

Correlational Analyses Between and Among Measures

Two sets of correlations were performed on the outcome measures. One set were those correlating each pre-test measure with its corresponding post-test counterpart. A second set looked at the association between different measures at the pre- and post-test. The most pertinent findings of these correlational analyses were that there was very little association among the Wayne Ethnic Awareness Measure vignettes at the pre- and post-tests for either the experimental or comparison groups. The results of these correlations are displayed and discussed in Appendix Q (see Appendix Q).

Follow-up Interviews

The preceding statistical analyses demonstrate that the mean scores of experimental group participants did not differ significantly from those of the comparison group at the post-test. Nevertheless, follow-up telephone interviews were conducted six months after the post-test with the seven experimental group participants who volunteered to be
interviewed. These interviews suggest that some students in the class did experience meaningful and positive changes in their levels of social and cultural awareness as a result of the course. For example, in response to all questions on this topic, the majority of respondents indicated that CNPS 508 had effectively sensitized them to gender-fair and culture-fair counselling issues. Fully 86% of respondents also reported that they experienced a positive change in their levels of ethnic or cultural awareness as a result of the course; 71% reported a positive change in their attitudes toward men or men's roles as a result of the course; and 57% reported they experienced a positive change in their attitudes toward women or women's roles as a result of the course. Additionally, 57% said that the course had influenced their approach to counselling clients in the direction of less biased, more socially and culturally sensitive counselling (see Appendix G for a summary of the interview results and excerpts from participants' responses).
Chapter 5

Discussion

Limitations of the Study

A number of factors could account for the lack of significant results in this study.

Sample limitations. The participants in this study were not randomly selected, but were drawn from an accessible population judged by the researcher to be representative of first-year Counselling Psychology students. Because of the lack of random selection, generalizations about the population at large of counsellors-in-training should be made with caution. Moreover, the small sample size of this study (n=31) places further limits on its general application.

The follow-up interviews introduced a second level of voluntary, as opposed to random, selection, in that only those participants who wished to be interviewed supplied the necessary personal information to enable them to be contacted by the researcher. As well, the sample size for the follow-up interviews (n=7) was extremely small.

Measurement limitations. The three instruments used in this study were selected as the best available measures of cultural awareness, sex role behaviours and behavioural intentions, and attitudes toward women. Nevertheless, each of these instruments has limitations which makes it less than ideally appropriate for evaluating CNPS 508.
A major limitation of the Wayne Ethnic Awareness Measure is that no validity for the measure was established by its developer. Also, as Wayne (1981) pointed out, the possibility of ethnic bias on the part of the raters is a further limitation of her instrument.

Similarly, it is possible that neither the RBI nor the TAWS may provide adequate assessments of the sex role behaviours and attitudes toward women of the participants in this study. The validity of the TAWS was not established by its developers and so remains questionable. While the RBI was found by its developers to be both reliable and valid, the relationship between reported sex role behaviours and actual sex role behaviours is not well established.

A further limitation of all three instruments is their transparency. As Guilford (1967) pointed out, falsification, or the motivation to make a "good" score or a "good" appearance on a test, is a significant source of response bias. As the issues that the instruments address are very contentious issues, and as these measures are clear expressions of those issues, participants in this study may have been motivated to respond to these measures in socially desirable ways. A response bias toward social desirability is particularly salient in this case because participants were counsellors-in-training who, by virtue of their discipline and their evolving professional identities, as well as the demand characteristics of the study's academic setting, may wish to
be seen to exhibit high levels of awareness and liberal values, behaviours, and attitudes.

This type of response effect may account for the lack of all but one indicator of significant change between the pre- and post-test means on all three measures. Although the means for the sample on all three instruments at both the pre- and post-tests can be considered as normally distributed—thus ruling out a ceiling effect—participants' conscious or unconscious desires to respond in a socially desirable fashion may have influenced their responses in a consistent manner. Robinson and Follingstad (1985) addressed this issue in their study. They cautioned that the transparent nature of their instrument enhances the likelihood that the respondents' answers may reflect an abstract concept of sex role appropriateness, rather than the frequency with which respondents engage in the actual activities included in the inventory. Wayne (1981) also warned that some of her vignettes may be more transparent than others. The fact that significant change did occur for the sample as a whole over time on the TAWS suggests that the transparency of this instrument may not have influenced the outcome to the same degree as it may have for the other measures.

Another concern with regard to all three measures is the extent to which the results obtained by the original researchers may or may not provide a meaningful and appropriate context for understanding the results obtained in
the present study. The results reported by the Wayne and TAWS developers appear to be suitable for comparison with the sample used in this study. The Wayne Measure used Master's level students in a counselling related program; the TAWS used social workers, psychiatrists, and psychologists. However, neither of these instruments has been validated, and so their results cannot be relied upon for purposes of comparison. The sample used by the RBI developers (undergraduates in a wide range of disciplines) is less obviously suitable for comparison with the sample used in this study.

Follow-up interviews were used to supplement the three primary instruments employed in this study. The validity of these interviews is limited by the possibility that information about participants' impressions of their own beliefs, attitudes, and behaviours may be too far removed from those beliefs, attitudes, and behaviours themselves to be relied upon as a means of evaluating the course's effectiveness.

Design limitations. Inherent in the non-equivalent control group design are limitations which should be considered when assessing the results of this study. Campbell and Stanley (1963) pointed out that regression and the interaction of selection and maturation may be possible sources of internal invalidity. Interactions between testing and treatment, interactions between selection and treatment,
reactive arrangements, and historical factors are all possible sources of external invalidity.

**Interpretation**

Changes of an anticipated and desired nature did occur in the experimental group's levels of ethnic awareness, attitudes toward women, and sex role behaviours over the course of the study. Their levels of ethnic awareness increased in relation to three of the five Wayne vignettes; their sex role behaviours and behavioural intentions became more non-traditional; their attitudes toward women became more liberal. However, these changes were not statistically significant. Moreover, similar (though again not statistically significant) changes occurred in the comparison group. For the sample as a whole, time emerged as a significant within-subjects factor for the TAWS only. These results suggest that the interaction of selection and maturation may account for changes in the sample means on the three measures.

It is interesting to note that the sample means at both the pre- and post-tests for two of the three measures (the RBI and the TAWS) seemed to indicate relatively high levels of feminist consciousness, based on previously reported results for these instruments. If this is so, it may be one reason that less change in attitudes toward women and sex role behaviours and behavioural intentions was detected over time and treatment for the experimental group than might have been anticipated. Even though the sample means can be considered
as normally distributed over both these measures, the pre-test levels may have been so high that only the most extraordinary treatment during the course could have raised them significantly.

In contrast, the sample generated relatively low means on the Wayne Ethnic Awareness Measure at both the pre- and post-tests. Within a possible score range of 1 to 4, means for the five vignettes ranged from 1.73 to 2.85 on the pre-test, and from 1.68 to 2.75 on the post-test. According to Wayne's (1981) classifications, these means fall between the levels of 1 = no ethnic awareness and 3 = moderate ethnic awareness.

One possible explanation for the sample's relatively low level of cultural awareness, as measured by the Wayne instrument, could be that counsellors-in-training are exposed to a wide variety of both theoretical and clinical influences. When they encounter situations like those presented in the Wayne vignettes, they may focus on issues other than cultural ones (e.g., family or psychodynamic issues) because those issues are more salient to them. As a result, they may be—or may appear to be--insensitive to cultural cues and differences. This is precisely the opposite effect to that predicted by Margolis and Rungta (1986), who feared that in a specialized training environment, cultural differences would loom so large as to obliterate other crucial concerns.

The number of low and non-significant correlations between mean scores on the Wayne vignettes is also notable.
The lack of significant correlations at pre- and post-test for the experimental group, the comparison group, and the two groups combined suggests that participants were, in most cases, unable to generalize their ethnic awareness from one cultural group to another. For example, those participants in the experimental group who were particularly sensitive to Vignette #2 (the Black vignette) were no more likely than any other participants to be sensitive to Vignette #5 (the Jewish vignette). This held true at both pre- and post-tests.

The preceding notwithstanding, it may also be true that the short duration of the study precluded the detection of any changes in cultural awareness, attitudes toward women, or sex role behaviours and behavioural intentions that may have been operative for participants. According to Carney and Kahn (1984), counsellor trainees typically move through five stages of cultural development. Stage 1 in their model is characterized by ethnocentric attitudes and Stage 5 is characterized by self-directed activist postures and culturally pluralistic values.

Although Carney and Kahn (1984) did not estimate the time it would typically take trainees to move through these five stages, it is reasonable to assume that for many trainees, it would take considerably longer than 11 weeks—the time between the pre- and post-tests in this study. That being the case, the experimental participants in this study may have been in the process of changing their beliefs, attitudes, and
behaviours, but collectively may not have reached a stage of development in which they could articulate or demonstrate those changes.

For example, Stage 3 in Carney and Kahn's model is characterized by internal conflicts on the part of trainees which may be expressed as active attempts to deny cultural differences. If a significant number of CNPS 508 participants were in this stage of development at the time of the post-test, they could not have been expected to respond with high levels of cultural awareness on a measure like the Wayne scale or high(er) levels of feminist awareness on measures such as the RBI or TAWS. Participants could, however, be expected to demonstrate changes in levels of awareness, attitudes, and behaviours if tested at a later date after enough time had elapsed to allow them to integrate the course material. (Indeed, the generally positive responses given by participants in the follow-up interviews could possibly be attributed to changes in their stages of cultural development.)

Conclusions

The results point to one or both of the following general conclusions: (a) CNPS 508 failed to increase students' levels of gender and cultural awareness based on results from instruments which are valid, reliable, and appropriate to the purposes of this study; and/or (b) CNPS 508 may or may not have raised students levels of gender or cultural awareness,
but in either case, the instruments used were incapable of measuring its effectiveness in doing so. This researcher concludes that the truth lies in a combination of the two.

Beyond these broad conclusions, some additional conclusions of interest can also be drawn from the study. Reference was made earlier to the possible impact of the interaction of selection and maturation on the changes which were detected by the study. In other words, the very experience of being in the UBC Counselling Psychology program itself may change to some degree students' levels of cultural awareness, sex role behaviours and behavioural intentions, and attitudes toward women.

Reference was also made above to the unsuitability and/or unreliability of the previously reported results which are available for each of the three measures used in the study. However, to the extent that these earlier results can be used for purposes of comparison and evaluation, it would appear that the study sample displayed relatively high levels of feminist consciousness, and relatively low levels of ethnic awareness.

The moderating variables of age, religion, and ethnicity were found to be associated with greater levels of positive or negative change over time, but the conclusions that can be drawn from these results are limited. This researcher can only speculate as to how participants' personal values interacted with the treatment variable in these cases. It
would be interesting for future researchers to examine the relationships among age, ethnic group membership, and sex role behaviours, and between religious attitudes and ethnic awareness.

Recommendations

Based on a review of the relevant literature and the previously discussed recommendations of associations such as the AACD and the APA, it is clear that more courses dealing with social and cultural issues will be incorporated into counselling training programs in the coming years. For that reason alone, studies such as this one, and the recommendations that flow from them, are of considerable importance to the profession.

To the extent that the instruments used in this study were flawed, or their application was inappropriate, it is necessary to improve these instruments and also develop other, more appropriate, evaluative tools so that training courses can be designed for maximum effect. For example, measures of cultural awareness with established reliability and validity are sorely lacking. More contemporary, less transparent instruments that measure levels of gender bias or gender awareness are also needed. Reliable and appropriate normative standards must be arrived at as a basis for comparing and contextualizing the results of individual studies. Furthermore, it would be ideal to have at the researcher's disposal a series of instruments which could directly and
independently measure, for both culture and gender, each and every one of the discrete elements contained in the theory of reasoned action that formed the theoretical basis for this study; i.e., beliefs, attitudes, norms, intentions, and behaviours.

If the study were to be replicated using the same general theoretical framework and methodological approach, it could be streamlined in several ways. Sub-group analyses (e.g., age, religion, and ethnicity) could be eliminated, because the results of such analyses are peripheral to the purpose of the evaluation and do not directly assist in course design. The RBI measure could also be eliminated, because: (a) the course is intended to change attitudes toward women rather than sex role behaviours and intentions; (b) the RBI seems not to have detected the changes which were detected by the TAWS, since unlike the TAWS, the RBI showed no significant change over time; and (c) the scoring procedures of the RBI had to be modified in order to accommodate male participants. In short, the TAWS appears more closely aligned with course objectives than the RBI. The BMS measure could also be eliminated, since there is no evidence that it served its purpose as a "masking" device. A more streamlined study would also be easier to administer and analyze on an ongoing basis, and should minimize participant resistance.

There is one element which might be added to future studies of this type. An instrument which measures
participants' levels of information about women—to supplement what the TAWS can tell us about their attitudes toward women—could be quite helpful. This is especially so since the dissemination of this kind of information is one of the primary objectives of the course. It would also be interesting to look for possible correlations or discrepancies between measures of information and attitudes on the same topic, in order to help answer the question of whether increased levels of information can lead to positive changes in attitude.

Alternatively, a more rigorous and comprehensive use of follow-up interviews could provide an additional measure to supplement—or even replace—the three primary instruments used in this study. Ideally, follow-up interviews should be administered to all students in the course—assuming, of course, that appropriate methodologies can be developed and implemented for conducting the interviews and evaluating the data collected from them. Such interviews would also address the evaluative problem implied by Carney and Kahn's (1984) model; i.e., that students tested in the last few weeks of the course may not yet have had time to fully integrate what they have learned.

What is ultimately required is the development of methods and instruments to measure actual counselling behaviour. Short of this, we need studies to determine more clearly the relationship between counsellors' levels of social and
cultural awareness and the actual practise of gender-fair and culture-fair counselling. Such studies would confirm or deny the applicability in a counselling context of Ajzen's and Fishbein's (1980) theory of reasoned action.

To the extent that the instruments used were reliable, valid, and appropriate to the purpose of the study, the lack of statistically significant change indicates that there were problems with the course, and that its design should be modified to better address its objectives. While it may not be necessary to try and further raise students' awareness of gender issues given their relatively high levels of feminist awareness, some attention should be paid to raising students' levels of cultural awareness.

The results suggest that either the course did not provide students with sufficient or appropriate cultural information, and/or the course did not have a powerful enough emotional impact on students to effectively alter their levels of cultural awareness. Two design changes that could address these issues are the inclusion of culture-specific information (with particular emphasis on those groups with whom students would most likely come in contact) and an increased emphasis on the experiential component of the course.

The suggestion to include culture-specific information is supported by Johnson (1987), Meara et al. (1988), and Sue et al. (1982). Johnson, for example, emphasized that multicultural training programs for counsellors should go
beyond teaching trainees to "know that" cultural differences exist and move toward teaching them to specifically "know how" to conduct their work effectively with individuals from a wide array of cultural backgrounds. The suggestion to increase the experiential component of the course is supported by Paradis (1981), Pedersen, Holwill, and Shapiro (1978), and Parker and McDavis (1979), all of whom conducted studies evaluating the impact of experientially-oriented programs designed to increase participants' cultural awareness and cross-cultural competencies. The results of these studies were that participants experienced an increase in ethnic and cultural awareness as a result of their respective treatments.

The value of experientially-oriented treatments is also supported by the theory of reasoned action on which this study is based (Ajzen & Fishbein, 1980). This theory postulates that an "interaction experience" (i.e., an experience which allows a person to directly observe various objects, people, and events) can serve as a specialized form of persuasive communication. An effective interaction experience will influence a person's primary behavioural and normative beliefs, and will ultimately lead to changes in her/his attitudes, norms, intentions, and behaviours.

Pedersen's (1977) triad model for multicultural counselling is an example of a training program that includes both culture-specific information and experiential exercises. In this model, trained clients and "anticounsellors" from the
same cultural background work with counsellors-in-training from different backgrounds in simulated counselling interviews. The role of the anticounsellor is to act out the potential cultural conflicts between the counsellor and the client, thereby allowing the trainee to work with cross-cultural issues in a "real-life" situation (Johnson, 1987).

While CNPS 508 has a theoretical and didactic, rather than a clinical or experiential focus, both culture-specific information and experiential activities could easily be incorporated into the course. For example, case examples and case presentations by students or cultural "experts" could focus on various cultural groups. Experiential exercises could focus on students' awareness of their own and others' attitudes, cultural myths, and stereotypes, etc. "Hands-on" exercises such as role-plays would also allow students to evaluate one another's performance as culturally aware counsellors, and changes in their performance could be measured over the duration of the course. This is an example of a method for measuring actual counselling behaviour. Such exercises would also help address the problem that counsellors-in-training may find it difficult to focus on relevant cultural issues and make appropriate cultural distinctions, because they find themselves focusing on other issues to an extent which blurs or ignores essential cultural differences (e.g., family or psychodynamic issues).
When reviewing the results, it is also important to note that the class which was the focus of this study was taught by a female instructor and that factor may have had a significant impact on students' learning and/or their responses to the research instruments. This speculation is supported by previous research findings on the effect of instructors' gender on students' perceptions. Basow and Silberg (1987), for example, found that both male and female college students evaluated female professors less favourably than male professors. Similarly, Gilbert, Long, and Holt (1988) found that a male instructor was viewed by undergraduate psychology students as more competent, and aroused a more positive mood state in the students, than a female instructor. The gender of the instructor in their study also influenced the number and type of questions asked by students. Gilbert, Long, and Holt concluded that women and men who co-teach material related to women's experiences might be more effective than either a woman or a man alone. In light of their conclusion, it is suggested that the effectiveness of CNPS 508 may be improved by the participation of both male and female instructors, either separately or together.

In general, it is recommended (a) that the evaluative instruments used to measure the course's effectiveness should be improved, (b) that other instruments more appropriate to this purpose should be developed, and (c) that these evaluative results should be used to modify and improve course
content. It is also recommended that ongoing evaluations should be undertaken of CNPS 508 and similar courses in other training programs. Better instruments and better course evaluations clearly go hand in hand, and if we are able to improve the quality of evaluation, we will be able to design better courses to meet the needs of clients, counsellors, and the counselling profession alike.

Finally, it should be remembered that this study was conducted during the first term that the course was offered. Since then, the researcher and the instructor have continued to monitor and evaluate its success in reaching its objectives. In the process, both the course design and the evaluative methods have been refined and improved. We believe that this ongoing circular process of course design, implementation, and evaluation leading to re-design is essential, not only for CNPS 508, but also for all similar courses, particularly in the early stages of their development. Of course, the danger inherent in this process is the temptation which the instructor faces to teach to the instruments. But this is not a problem if the evaluative instruments chosen are, in fact, a valid measure of the course's effectiveness in fulfilling its objectives.

Social and cultural concerns continue to be an important area of research for counsellor educators. As Copeland (1982) has written:
As our society continues to become more pluralistic, and as racial, low-socioeconomic, and other disenfranchised groups continue to recognize their unique needs and problems, service-oriented professions must develop skills to assist not only clients similar to themselves but also clients from dissimilar groups. (p. 193)

At the very least, this study should help point the way to further work in this field, by suggesting what needs to be done and how it might be accomplished. The study provides some assistance to future researchers which may help them to prepare for—and perhaps avoid—the problems they are likely to encounter along the way.
REFERENCES


Parker, W.M., & McDavis, R.J. (1979). An awareness experience:


APPENDIX A

Course Outline

DEPARTMENT OF COUNSELLING PSYCHOLOGY
The University of British Columbia
Counseling Psychology 508

SOCIAL AND CULTURAL ISSUES IN COUNSELLING
Course Outline CNPS 508 (1.5)

Description of the Course

The purpose of this course is to develop knowledge and understanding of the fundamental role of social/cultural factors which channel individuals in their development. Awareness of a wide variety of social and cultural differences, with particular emphasis on ethnicity and gender, will be presented. Theory, research, and experiential learning, differing cultural expectations and changing roles will be evaluated in light of how counsellors can be sensitive to a multiplicity of differences in the counselling process.

SOCIAL AND CULTURAL FOUNDATIONS COURSE OBJECTIVES

The general aim is to provide basic knowledge and awareness of a wide variety of social and cultural differences, with particular emphasis on ethnicity and gender. In particular, a student in this program is expected to demonstrate the following:

a.1. understanding of the relationship between social/cultural differences and the human development of individuals.

a.2. understand the relationship of role opportunities and individual development.
a.3. competence in being sensitive to role structure, opportunities and individual growth patterns.

a.4. knowledge of a general model of human development which identifies the social cultural factors which shape development and provide a ground for understanding difference in counselling.

b.1. knowledge of concepts and models about social and cultural differences including their effect on the counselling process.

b.2. competence to define terms relevant to ethnicity, gender, socio-economic class, religion, disability, and other social and cultural differences.

b.3. competence to evaluate models for culture-fair and gender-fair counselling.

c.1. knowledge of personal values and attitudes about social and cultural differences including their effect on the counselling process.

c.2. competence to distinguish values from biases.

c.3. competence to use these awarenesses and abilities sensitively and effectively in counselling.

b.4. knowledge of how to incorporate a sensitivity to differences into a philosophy of counselling and skill repertoire.

d.1. knowledge of history, trends and changes in human roles, including changing roles of men and women in a multicultural society.

d.2. competence to identify the implications of these changes, to discern discrepancies and conflicts, to relate these to personal and social meaning and values.

d.3. competence to design counselling programs, to implement a variety of strategies and techniques for effective gender-fair and culture-fair counselling.

e.1. knowledge of a general model of counselling with differences of many kinds and the problems associated with development of such models.

e.2. competence to apply this general model to a wide variety of social and cultural differences including one not specifically dealt with in course work.

* Relevant Coursework: CNPS 508, CNPS 534, CNPS 594
Topical Outline

1. The Sociopolitical Context of Counselling

2. Definitions and Understanding Differences Murray & Abramson, Chapter 5
   - Dominance/Subordination
   - Ethnicity
   - Gender
   - Minority/Majority
   - Multicultural

3. Values, Personality, and Behavior Murray & Abramson, Chapter 4

4. Social and Cultural Factors in the Counselling Process - Ethnicity Murray & Abramson, Chapter 9
   - History and change
     - Changing roles in a multicultural society
     - Racism
   - Expectations and perceptions
     - Culture-fair counselling

5. Social and Cultural Factors in the Counselling Process - Gender Murray & Abramson, Chapters 1, 2, 6, 8, 7, & 11
   - History and change
     - Changing roles of women and men
     - Sexism
   - Expectations and perceptions
     - Gender-fair counselling

6. Other Social and Cultural Differences Murray & Abramson, Chapters 3, 10, 11, 12
   - Socio-economic
   - Religion
   - Disability (Physical and Mental)
   - Sexual orientation/preference

7. Reducing Bias Murray & Abramson, Chapter 13

8. Future Directions Murray & Abramson, Chapter 14
Course Requirements

1. We expect each student to attend regularly, having pre-read the assigned text, readings, and to discuss and participate fully in class activities.

2. There will be a comprehensive, two-hour written examination held in class at the end of the term. This exam will include short answer and case study questions covering the text, readings, class discussions, and class activities.

3. A 12-15 page research paper is due one week following the last class. This paper, written in APA style, should summarize, synthesize and analyze relevant literature as well as contribute your own ideas. We suggest the following topics:

   - Discuss the methodological problems in bias research. Give examples from the literature and suggest solutions for these problems in future research.

   - Discuss the contribution of cognitive-attribution theory and research to understanding bias in counselling.

   - Discuss how the counsellor's view of clients' "problems in living" either as symptoms of individual pathology or of societal discrimination affects the counsellor-client relationship and counselling outcome.

   - Using the framework in Abramowitz and Murray's chapter "Race Effects in Psychotherapy," review three types of bias -- diagnostic, treatment utilization, and effectiveness -- with regard to counselling women or a particular Canadian ethnic group.

Grading

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APPENDIX B

Verbal Instructions to Participants

Pre-test

Hello. My name is Gerrie Brooks. I'm a Master's student in the Counselling Psychology Dept. I'm currently conducting research on the attitudes and values of counselling students and I requested permission from your course instructor to come into this class to gather research data. I would like to ask for your cooperation in filling out 3 questionnaires plus a demographic information sheet. This will take about 1 hour of class time. Participation is voluntary and I will ask those of you who agree to take part to read and sign a consent form. Does anyone have any questions?

(Answer questions and distribute consent forms to volunteers. Collect signed consent forms and randomly distribute test booklets.)

All instructions are in the test booklet. The questionnaires are not timed. Please read the instructions carefully and complete the questionnaires in the order in which they have been presented to you. You will notice as you work through the booklet that one questionnaire is divided into two parts: one set is for people who are single and one set is for people who are married or living with someone, either in a heterosexual or lesbian/gay relationship. Be sure to complete one full set of questions—whichever set applies.
to you. When you are finished, please bring your completed test booklets up to the front. If you have any questions, please raise your hand. Thank you. Please begin.
APPENDIX C

Consent Form

COUNSELLORS' ATTITUDES AND VALUES SURVEY

I voluntarily agree to participate in this research project. I understand that the aim of this study is to gather information concerning counselling students' attitudes and values and that the study is being conducted to partially fulfill the requirements for a Master's degree at The University of British Columbia.

I further understand that my involvement in this project requires that I complete a form requesting certain demographic information and that I will be asked to complete three brief questionnaires. Completion of the preceding tasks will take approximately one hour. I am aware that I may refuse to provide information requested and that I may withdraw my consent and discontinue my participation at any time without affecting my academic standing.

I know my confidentiality is assured since, except for this consent form which is handled separately, there is no request for my name on any other forms.

All questions regarding this form or any other aspect of this study may be directed to the student investigator named below.

I have read and understand the contents of this consent form.

.............................................. ..............................................
Date Signature

Student Investigator: Gerrie Brooks
Written Instructions to Participants and Pre-test Measures

Dear Research Participant:

Thank you for agreeing to participate in this study.

Attached to this letter you will find four brief questionnaires and a demographic information sheet. PLEASE COMPLETE THE QUESTIONNAIRES AND INFORMATION SHEET IN THE ORDER IN WHICH THEY HAVE BEEN PRESENTED TO YOU. None of the questionnaires are timed, but in total they will probably take you about one hour to complete. Please answer all questions to the best of your ability.

I am sure you will find completion of the attached forms interesting and enjoyable. If you have any questions, just raise your hand and I will assist you.

Gerrie Brooks
Student Investigator
WAYNE ETHNIC AWARENESS MEASURE

Recognizing the brevity of the following cases, please state your initial impressions as a counsellor of each of the following five vignettes. Please limit each of your responses to five minutes.
1. A 26 year old Japanese-Canadian female is referred to the clinic by her doctor. Complaints, primarily somatic, include headaches, anxiety, and chest pain. She has experienced these symptoms for a few years, but in the last six months they have worsened. As a teacher for three years, she enjoys her job. However her symptoms have become particularly bad lately when she has to confront the principal about anything even though she works more hours than her peers. She also states that whenever another teacher makes a recommendation about her teaching style, she tries to change. She tries to create something from all the comments; it becomes jumbled; and then she accepts responsibility for failure. She is single, dating, lives alone, and has a few close friends. She is the oldest child with two siblings - a sister, 24, and a brother, 18.
2. A 17 year old Black male is referred to the school psychologist because he appears depressed. He is a Grade 12 high school student who prior to this time was making excellent grades and was involved in athletics and school clubs. Now his grades are slipping, he is losing weight, and he is generally disinterested in school activities. He states that he is feeling unsupported by his family and friends in his desire to accept a scholarship for university where he wants to major in pre-med. They are ignoring the topic of university and some of his friends have been ostracizing him from their groups. He states that he likes the neighbourhood where he lives, has been offered jobs if he stays, and has a girlfriend. He is feeling ambivalent. His father is a painter, his mother, a homemaker, and he has two sisters, 19 and 15, and one brother, 13.
3. A ten year old Native Canadian boy is taken to the principal's office by his teacher. Her complaints about him are that he gives his personal things away to other children; brings a large lunch to school at least four times a week; and she caught him taking things off her desk (pencils, markers, tapes, etc.), using them, and then putting them in his desk. This latter complaint has occurred at least three times since school started one month ago. When confronted by the teacher, he admits to taking the objects for his own use.
4. A 20 year old Chinese female is referred to the clinic by her doctor. Her complaints include feeling depressed and a little anxious. The onset of these symptoms occurred when she made a decision to move into her own apartment with another young woman she works with at a day care centre. Her parents are very upset about the move - telling her she is ungrateful. Up until this time, she had never had a bad argument with her family. She is dating a 25 year old Chinese law student who is very supportive. She has two brothers, 19 and 25, and two sisters, 23 and 16.
5. A 20 year old Jewish male comes to therapy with complaints of feeling apathetic and depressed. He reports the onset of these symptoms began when his 19 year old Jewish girlfriend broke up with him after five years of dating. The reason she gave him was that she felt their lives were going in two different directions: he is a third year art student at a professional school; and she is a second year English major at a local university. She feels his career choice is an undesirable one. His parents, who have been upset from the beginning with his decision not to go to university, have told their son they can understand his girlfriend's feelings. He has always excelled in art - winning provincial awards in elementary school and high school - and is getting honours and being recognized at the professional school for his artistic talents. Since the breakup, he has started to lose interest in art and to question his vocational choice. His father is a lawyer, his mother a homemaker, and he has a sister, 20, and a brother, 18, both of whom are in university.
ROBINSON BEHAVIORAL INVENTORY

The following questions are concerned with your behaviour.
Please indicate your answer by placing at the end of each question the number which best expresses your position.

IMPORTANT:
If you are SINGLE, please answer questions 1 to 34 ONLY.
If you are MARRIED OR LIVING WITH SOMEONE (ie: in a heterosexual or lesbian/gay relationship), please answer questions 35 to 68 ONLY.
IF SINGLE, PLEASE ANSWER QUESTIONS 1 TO 34. IF MARRIED OR LIVING WITH SOMEONE, PLEASE GO DIRECTLY TO QUESTION 35.

For the first ten (10) questions please use the following scale:

0 = will definitely not do so
1 = extremely unlikely
2 = very unlikely
3 = moderately unlikely
4 = somewhat unlikely
5 = somewhat likely
6 = moderately likely
7 = very likely
8 = extremely likely
9 = will definitely do so

1. If trying to get your own way, how likely are you to use tears with a person of the opposite sex within the next year at least once?

2. How likely are you to pay 50% or more of the expenses the first time you go out with a person of the opposite sex during the next year?

3. How likely are you to stay home from an activity (e.g. party or concert) that you want to go to if you don't have a date during the next year?

4. How likely are you, within the next year, to ask someone to refer to you as a woman/man if they refer to you as a girl/boy?

5. How likely are you to read a book on the new roles for women (e.g. Free and Female, The Feminine Mystique) during the next year?

6. When going out with a person of the opposite sex during the next year, how likely is it that the other person will always drive?

7. How likely are you to be the first to engage in genital touching with a date during the next year?
8. When with a person of the opposite sex during the next year, how likely is it that he/she will regularly make the minor decisions (e.g. where to go on an evening out)?

9. How likely are you to eat lunch or dinner alone in a restaurant during the next year?

10. How likely are you to accept a date with a person of the opposite sex and cancel plans you had already made with friends of the same sex during the next year?

For the next nine (9) questions please use the following scale:

0 = never
1 = once
2 = twice
3 = 3 times
4 = 4 times
5 = 5 times
6 = 6 times
7 = 7 times
8 = 8 times
9 = 9 times or more

11. How frequently have you gone out with a person of the opposite sex that you didn’t like very much because you didn’t know how to say no when asked during the past year?

12. How frequently have you read Ms. or New Woman magazine in the past year?

13. How frequently during the past year have you stayed home from an activity that you wanted to attend (e.g. party or concert) because you didn’t have a date?

14. How many books have you read on the new roles for women (e.g. Free and Female, The Feminine Mystique) during the past year?

15. How frequently have you waited in the car for a person of the opposite sex to open the door for you in the past year?
16. How frequently have you pretended to know less than you really knew to protect the ego of a person of the opposite sex during the past year?

17. How frequently during the past year have you gone out in the evening with friends of the same sex?

18. How many meetings have you attended of a feminist-oriented group (e.g. church group on the status of women, formal discussions of sex roles, consciousness raising) during the past year?

19. In the past year how frequently have you decided to keep a strong opinion to yourself because you were talking to a person of the opposite sex?

For the next six (6) questions please use the following scale:

0 = 0%
1 = 10%
2 = 20%
3 = 30%
4 = 40%
5 = 50%
6 = 60%
7 = 70%
8 = 80%
9 = 90% or more

20. What percent of time have you, rather than your partner, been the first to engage in genital touching during the past year?

21. What percent of the time have you paid 50% or more of the expenses the first time you went out with a person of the opposite sex during the past year?

22. In trying to get your way, what percent of the time have you used tears with a person of the opposite sex during the past year?

23. What percent of the meals you have eaten in restaurants during the past year have you eaten alone?
24. When with a person of the opposite sex during the past year, what percent of the time has he/she made the minor decisions (e.g. where to go on an evening out)?

25. When you have felt angry at a person of the opposite sex during the past year, what percent of the time have you expressed it?

For the next nine (9) questions please use the following scale:

0 = will definitely not do so
1 = extremely unlikely
2 = very unlikely
3 = moderately unlikely
4 = somewhat unlikely
5 = somewhat likely
6 = moderately likely
7 = very likely
8 = extremely likely
9 = will definitely do so

26. How likely are you to ask one or more people of the opposite sex to go out with you in the evening or on a weekend within the next year?

27. How likely are you to wait in the car for a person of the opposite sex to open the door for you during the next year?

28. How likely are you to pretend to know less than you really know to protect the ego of a person of the opposite sex within the next year?

29. How likely are you to agree to sexual intercourse that you don't want to engage in if pressured by a person of the opposite sex?

30. How likely are you to keep a strong opinion to yourself if you are talking to a person of the opposite sex within the next year?

31. How likely are you to express it if you feel angry at a person of the opposite sex within the next year?
32. How likely are you to read Ms. or New Woman magazine in the next year?

33. How likely are you to go out with a person of the opposite sex that you don't like very much because you don't know how to say no when asked during the next year?

34. How likely are you to attend a meeting of a feminist-oriented group (e.g. church sponsored program on the status of women, formal discussion of sex roles, consciousness raising) within the next year?

IF SINGLE, STOP HERE. IF MARRIED OR LIVING WITH SOMEONE (IE: IN A HETEROSEXUAL OR LESBIAN/GAY RELATIONSHIP) ANSWER QUESTIONS 35 TO 68.

For the first ten (10) questions please use the following scale:

0 = will definitely not do so
1 = extremely unlikely
2 = very unlikely
3 = moderately unlikely
4 = somewhat unlikely
5 = somewhat likely
6 = moderately likely
7 = very likely
8 = extremely likely
9 = will definitely do so

35. If trying to get your own way, how likely are you to use tears with your partner during the next year?

36. How likely are you to ask your partner's permission to buy clothing (e.g. shoes, slacks) for yourself during the next year?

37. How likely are you to stay home from an activity (e.g. party, evening with friends) that you really want to go to within the next year if your partner can't go with you?

38. How likely are you to ask someone to refer to you as a woman/man if they refer to you as a girl/boy during the next year?
39. How likely are you to read a book on the new roles for women (e.g. Free and Female, The Feminine Mystique) during the next year?

40. When in the car together with your partner during the next year how likely is it that your partner will always drive?

41. How likely are you to initiate sexual activities with your partner during the next year?

42. During the next year, how likely is your partner to regularly make the minor decisions that affect you both (e.g. where to go on an evening out)?

43. How likely are you, rather than your partner, to take the car to the garage if it needs repairing during the next year?

44. How likely are you to use your partner's last name as your own during the next year?

For the next eight (8) questions please use the following scale:

0 = never
1 = once
2 = twice
3 = 3 times
4 = 4 times
5 = 5 times
6 = 6 times
7 = 7 times
8 = 8 times
9 = 9 times or more

45. How frequently have you agreed to sexual intercourse that you didn't want to engage in in response to pressure from your partner during the past year?

46. How frequently have you asked someone to refer to you as a woman/man rather than a girl/boy during the past year?
47. How frequently have you stayed home from an activity (e.g. party, evening with friends) that you wanted to go to during the past year because your partner couldn't go with you? 

48. How many books have you read on the new roles for women (e.g. Free and Female, The Feminine Mystique) during the past year? 

49. During the past year, how many nights have you been away from home without your partner and children? 

50. During the past year how frequently have you gone out in the evening with friends but without your partner? 

51. How many meetings have you attended of a feminist-oriented group (e.g. church program on the status of women, couples' group on sex roles, consciousness raising) during the past year? 

52. In the past year, how frequently have you decided to keep a strong opinion to yourself because you were talking to a person of the opposite sex? 

For the next seven (7) questions please use the following scale:

0 = 0%
1 = 10%
2 = 20%
3 = 30%
4 = 40%
5 = 50%
6 = 60%
7 = 70%
8 = 80%
9 = 90% or more

53. Within the last year, what percent of the time have you, rather than your partner, initiated sexual intercourse? 

54. What percent of the time have you, rather than your partner, taken the car to the garage to have it repaired during the past year?
55. What percent of the daily housework (e.g. dishes, cooking, cleaning) have you done during the past year?

56. In trying to get your own way, what percent of the time have you used tears with your partner during the past year?

57. When in the car together during the past year, what percent of the time has your partner driven?

58. What percent of the time have you, as compared with your partner, done the major cleaning jobs around the house (e.g. defrost the refrigerator, clean oven, wax floors) during the past years?

59. What percent of the time have you used your partner’s last name as your own during the last year?

For the next nine (9) questions please use the following scale:

0 = will definitely not do so
1 = extremely unlikely
2 = very unlikely
3 = moderately unlikely
4 = somewhat unlikely
5 = somewhat likely
6 = moderately likely
7 = very likely
8 = extremely likely
9 = will definitely do so

60. Within the next year how likely is your partner to help with the daily housework on a daily basis (e.g. dishes, cooking, cleaning)?

61. How likely are you to go out with friends on a regular basis without your partner in the evening during the next year?

62. How likely are you to be away from home overnight without your partner and children during the next year?
63. How likely are you to pretend to know less than you really know to protect the ego of a person of the opposite sex during the next year?

64. How likely are you to agree to sexual intercourse that you don't want to engage in if pressured by your partner during the next year?

65. Within the next year, how likely are you to keep strong opinions to yourself if you are talking to a person of the opposite sex?

66. During the next year, how likely are you, as compared with your partner, to do the major cleaning jobs around the house (e.g. defrost the refrigerator, clean oven, wax floor)?

67. How likely are you to read Ms. or New Woman magazine during the next year?

68. How likely are you to attend a meeting of a feminist-oriented group. (e.g. church program on the status of women, couples' group on sex roles, consciousness raising) during the next year?
THERAPISTS' ATTITUDES TOWARD WOMEN SCALE

The statements below express attitudes and opinions.
Please indicate your opinion by placing at the end of each statement the number which best expresses your position.

Please use the following scale:
1 = Strongly disagree
2 = Disagree
3 = Neither disagree nor agree
4 = Agree
5 = Strongly agree

* * *

1. Dependency should not be considered more characteristic of a healthy woman than of a healthy man. □
2. The cure of frigidity is an important goal for women clients. □
3. Aggressive women are likely to be suffering from penis envy. □
4. It is easier for a woman to relate to a female therapist than to a male therapist. □
5. Women more than men should be responsible for the happiness of their families. □
6. Women feel they are being selfish for behaviours and attitudes taken for granted by men. □
7. Acceptance of one's sex role is not necessary for mental health. □
8. The ability to attain vaginal orgasm is one criterion of a woman's mental health. □
9. Aggressiveness should not be considered as more characteristic of a healthy man than a healthy woman. □
10. Women must learn to look outside themselves for important sources of their difficulties. □
11. A woman's first duty is to her husband and children. □
12. Sharing personal experiences with clients can be very helpful to them.

13. Sexual intimacy between a male therapist and a female client is unlikely to be helpful to her.

14. Taking sexist remarks seriously indicates lack of a sense of humour.

15. A little flirtation with a woman client is helpful to her since it raises her spirits.

16. A nonauthoritarian attitude is important in dealing with women in therapy.

17. Achieving a feminine appearance is a sign of therapeutic progress in women.

18. A radical woman is more likely to be emotionally disturbed than a radical man.

19. Women are no more emotional than men.

20. Therapists need to support individual development even if it runs counter to traditional sex-role expectations.

21. Clients in therapy usually know what is best for them.

22. It is better for women with young children to be at home.

23. One of the most important goals of therapy is to get the client to adjust to her/his circumstances.

24. Women need to learn to be passive and dependent.

25. Women are no more masochistic than men.

26. Decisions regarding abortion should be made solely by the women and her doctor.

27. Helene Deutsch contributes greatly to understanding of women clients.

28. Being giving is more necessary in the personality of a healthy woman than a healthy man.
29. Older women have to expect that a therapist will be less interested in them than in a younger woman.

30. Marriage or its continuation should not be considered an important goal for women in therapy.

31. While extramarital affairs are normal for men, women have less need for these outlets.

32. Getting a client to accept interpretations is an important part of therapy.
DEMOGRAPHIC INFORMATION

1. For purposes of identification of your questionnaire responses and to protect your anonymity as a research participant, please fill in the following blank with your MOTHER'S MAIDEN NAME AND INITIAL:

______________________________________________________________

2. What is your age? ____

3. Are you: Male? ____ or Female? ____ (please check one)

4. What is your ethnic background? ____________________________

5. What is your religious affiliation? __________________________

6. What is your Counselling Psychology program specialty?

______________________________________________________________

7. Have you completed or are you currently enrolled (ie: during the 1987/88 Fall/Winter term) in any one of the following CNPS 588 clinic teams? (Please check appropriate box)

☐ Elementary
☐ Secondary
☐ Post-secondary
☐ Intercultural
☐ Women
☐ Family

8. Have you completed or are you currently enrolled (ie: during the Fall 1987 term) in any of the following courses? (Please check appropriate boxes)

☐ 362 (Basic Interviewing Skills)
☐ 363 (Career Counselling)
☐ 364 (Family Education and Consultation)
☐ 365 (Intro. to Theories of Counselling)
☐ 426 (The Role of the Teacher in Guidance)
9. What type of counselling experience have you had outside this program? Please list job titles and jobs held as well as volunteer positions.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

10. Have you taken specialized training courses or workshops (outside of UBC Counselling Psychology courses) in any of the following areas? (Please check appropriate boxes)

☐ Elementary school counselling
☐ Secondary school counselling
☐ Post-secondary/career counselling
☐ Family Counselling
☐ Counselling adults
☐ Counselling women
☐ Cross-cultural counselling
FINAL NOTE

Please ensure that you have answered all questionnaire items and that your demographic information sheet is complete.

Thank you again for your participation.
APPENDIX E

Organization of Pre- and Post-test Booklets

Thirty-six test booklets were prepared, of which 31 were used. Six pre-test booklets were prepared in each of the following orders:

A: RBI  TAWS  Wayne Ethnic Awareness Measure
B: RBI  Wayne Ethnic Awareness Measure  TAWS
C: TAWS  RBI  Wayne Ethnic Awareness Measure
D: TAWS  Wayne Ethnic Awareness Measure  RBI
E: Wayne Ethnic Awareness Measure  TAWS  RBI
F: Wayne Ethnic Awareness Measure  RBI  TAWS

For the post-test, the order of the measures remained as above and the BMS was included as a final measure in every case.
APPENDIX F

Instructions and Additional Material Included in Post-test Booklets

My name is Gerrie Brooks. You will remember that I came into this class at the beginning of term to collect data for my research into counsellor attitudes and values. I'm here again now to ask for your participation in Part Two of my study. This time I would like to ask you to fill out four questionnaires in the same manner that you did the first time. Completion of these will take approximately 45 minutes to one hour. I have a test booklet for everyone who volunteered for Part One of my study. These are identified by your mother's maiden name. When we are ready, please pick up the test booklet that applies to you.

This time you'll notice that at the end of your booklet are two extra forms: one to fill out if you agree to participate in a brief follow-up interview and one to fill out if you would like to receive a summary of the research results once my study is finished. After you have completed the rest of the questionnaires, please hand in these forms separately from your test booklet at the front of the room. As before, all other instructions are inside the booklet, but if you have any questions, please raise your hand. Does anyone have any questions now? (Answer questions and distribute booklets.) Please begin.
Dear Research Participant:

Thank you for agreeing to participate in Part Two of this study.

Attached to this letter you will find four questionnaires plus three supplementary questions. You may recall some of the items in the questionnaires; some of them will be new to you. As before, PLEASE COMPLETE ALL QUESTIONNAIRES IN THE ORDER IN WHICH THEY HAVE BEEN PRESENTED TO YOU. None of the questionnaires are timed, but in total they will probably take you about one hour to complete. Please answer all items to the best of your ability and when you are finished, return your completed booklet in the envelope provided.

If you have any questions, just raise your hand and I will assist you. Thank you again for your cooperation.

Gerrie Brooks
Student Investigator
BRANNON MASCULINITY SCALE

The statements below express attitudes and opinions.

Please indicate your opinion by placing at the end of each statement the number which best expresses your opinion.

Please use the following scale:
1 = Strongly disagree
2 = Disagree
3 = Neither disagree nor agree
4 = Agree
5 = Strongly agree

* * *

1. A man whose hobbies are cooking, sewing, and going to the ballet probably would not appeal to me.  

2. I would not object if a young son of mine wanted a doll.  

3. Unless he was really desperate, I would probably advise a man to keep looking rather than accept a job as a secretary.  

4. If I heard about a man who was a hairdresser and a gourmet cook, I might wonder how masculine he was.  

5. I think it's extremely good for a boy to be taught to cook, sew, clean the house, and take care of younger children.  

6. I might find it a little silly or embarrassing if a male friend of mine cried over a sad love scene in a movie.  

7. Nobody respects a man very much who frequently talks about his worries, fears, and problems.  

8. I think a man should change his job if he's tired of it, even if his family will suffer financially.  

9. It's much more important in life for a man to be liked than for him to be financially successful.  

10. A man should know how to fix almost anything that goes wrong in a house so he won't have to call a plumber or electrician.
11. In an emergency a man should be able to take charge.

12. A businessman should be tough enough to fire an employee who is hurting the company, even if the employee has been sick and has personal problems.

13. A man should not be too afraid to walk the streets at night.

14. I don't like a man who jokes around a lot and doesn't act grown up.

15. Having wild adventures and doing exciting things brings out the glamor and manliness of a man.

16. A man should always refuse to get into a fight, even if there seems to be no way to avoid it.
SUPPLEMENTARY INFORMATION SHEET

During the fall 1987 term have you completed, or are you currently enrolled in, any courses, workshops, or programs outside of official UBC Counselling Psychology classes which deal with cross-cultural issues (eg. the peer pairing program administered by Dr. Marv Westwood)? If so, please list:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

During the fall 1987 term have you completed, or are you currently enrolled in, any courses, workshops, or programs outside of official UBC Counselling Psychology classes which deal with sex-role issues (eg. the UBC Women's Resources Centre training program)? If so, please list:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
RESEARCH RESULTS

The preceding questionnaires are part of an on-going study of counsellor attitudes and values. Results may not be available until the summer of 1988. If you would like to receive a copy of the results when they are available, please complete the following form, tear this sheet out of your test booklet and hand it in separately at the front as you leave.

Name: __________________________________________________________

Address: _______________________________________________________________________

__________________________________________________________________________

Postal Code: __________________________
INTERVIEW REQUEST

As part of this research some individual interviews and follow-up are planned. If you would be willing to be contacted in the future please fill out the following form, tear this sheet out of your test booklet and hand it in separately at the front as you leave. Your consent to participate in a brief interview (perhaps over the phone) and/or later studies would be greatly appreciated. Thank you.

Name: _____________________________________________

Address: ____________________________________________

____________________________________________________

Postal Code: _______________________________________

Telephone No: ______________________________________
APPENDIX G

Follow-up Interviews

These telephone interviews were conducted 6 months after the post-test (n = 7).

Script

Hello. This is Gerrie Brooks from the Counselling Psychology Dept. Do you have a few minutes to talk right now? ... You may remember that last fall I came into a class you were in to do some data collection for my Master's thesis research on counsellor attitudes and values. You agreed at that time to participate in a brief follow-up interview. That is why I'm calling now. Are you still willing to participate in an interview that will take about 10 to 15 minutes? And is now a good time for that or would you like to schedule another time for me to call you? ... This interview will be a structured one and I have a specific set of questions for you. Because my research is still ongoing and I am conducting interviews with other students as well, I can't discuss any of the questions in detail until all of the interviews are finished, but I'm sure you'll find them quite straightforward. Also, I will be writing down your responses, so please try to answer succinctly. OK? Ready? I will begin now.

Question 1

You took CNPS 508, Social and Cultural Issues in Counselling with Dr. Sharon Kahn in the Fall term. Thinking
about that course now, what you liked about it and what you didn't like about it, would you say that there were some things about that course that were valuable to you?

Responses. Yes: 6 (86%); No: 1 (14%)

Question 2
If yes, what would you say was the main value of the course for you?

Sample response 1. It made me aware of how culture bound counselling is and how unavoidable that is. But you can be aware of it and account for it. It can't be culture-free, but you can be aware of your own biases.

Sample response 2. [It increased] my awareness of my own biases and let me see steps that I could take to be a better counsellor when working with a client from another culture.

Sample response 3. It helped expose how subtle and insidious bias can be even in someone who believes himself to be unbiased and nonjudgemental. It underlined the need for me to always be vigilant in watching my actions, behaviours, and thoughts to make sure my biases aren't creeping in.

Question 3
The course focused on the study of social and cultural differences with a particular emphasis on ethnicity and gender. Do you think you experienced any change in your level of ethnic or cultural awareness as a result of the
Response: Yes: 6 (86%); No: 1 (14%)

Question 4

If yes, in what way did your ethnic or cultural awareness change as a result of the course?

Sample response 1. I became more sensitive to the fact that I was operating from my dominant culture value system and a feminist value system and I saw how easily I could impose that on all women clients regardless of their cultural background. I can see now that it's important to become aware of each client's values and beliefs and use treatment approaches that are more in line with the client's framework than my own.

Sample Response 2. The studies presented in class illustrated that counsellors are not any more free of bias than the general population. I was surprised at this and it's going to make me aware of it in the future and watch for my own bias when I'm dealing with a client from another culture.

Sample Response 3. I think it reinforced for me the necessity of entering into the client's world view to better understand him or her and to be more effective as a counsellor. Before the course I was aware of this only peripherally.
Question 5

Do you think you experienced any change in your attitudes toward men or men's roles as a result of the course?

Responses. Yes: 5 (71%); No: 2 (29%)

Question 6

If yes, in what way did your attitudes toward men or men's roles change as a result of the course?

Sample response 1. It reinforced for me the socialization and constraints under which men function in this society.

Sample response 2. I had always recognized women's issues and women's oppression, but I also began to see the restrictions of the traditional male role and the optimum between traditional male and female roles is somewhere in between.

Sample response 3. My understanding of men and men's roles was heightened along the same continuum that I was already understanding it. I saw the same problems with greater clarity and with a broader perspective.

Question 7

Do you think you experienced any change in your attitudes toward women or women's roles as a result of the course?

Responses. Yes: 4 (57%); No: 3 (43%)

Question 8

If yes, in what way did your attitudes toward women or women's roles change as a result of the course?
Sample response 1. I became more sympathetic to the disadvantaged role of women in society. I would be much more sensitized as a counsellor now with women clients and to issues that specifically affect women.

Sample response 2. I became more sensitive to the emotionally charged nature of the issues for women. I hadn't understood that before. I knew the issues existed, but I didn't know how sensitive women appeared to be about them.

Sample response 3. I began to see how subcultural differences play a role in the lives of women who live in this culture. I need to accept where women are at when it comes to their own values and beliefs. I can't superimpose mine. I became a less radical feminist and became a more liberal feminist.

Question 9
Has the course in any way influenced your own approach to counselling clients?

Responses. Yes: 4 (57 %); No: 3 (43 %)

Question 10
If so, how? What do you do differently now that you didn't do before you took the course?

Sample response 1. I take a more sensitive approach now. I'm more aware of my own biases--cross-cultural and gender. For example, I'm aware now of transference and
countertransference issues with opposite sex clients and how that might bias me.

Sample response 2. I don't immediately assume that my perspective is the ideal. Now I can see that I can counsel someone to be in a way that's different than myself. I don't have to counsel them to be North American middle-class people anymore or counsel them to take on North American middle-class values.

Sample response 3. If encountering someone different than myself, I'd be much less presumptuous about my ability to work with them without understanding their culture and everything that's related to them. Now I'd want to avail myself of more information about that person's culture--either from the client or from outside resources.
APPENDIX H

Definitions

Ethnicity

Wayne (1981) used Feinstein's (1974) definition of ethnicity:
A sense of commonality or community derived from networks of family relations which have over a number of generations been the carriers of common experiences. Ethnicity, in short, means the culture of people and is thus critical for values, attitudes, perceptions, needs, modes of expressions, behavior and identity. (Cited in Wayne, p. 9-10)

Ethnic Awareness

Wayne's (1981) definition:
Ethnic awareness is an ability and a sensitivity to recognize the importance of ethnicity in shaping one's behavior, values, and mental health; to be cognizant of one's stereotypes about different ethnic groups; and to question whether a problem a client presents in therapy is idiosyncratic of the person or whether it has broader cultural significance. (p. 10)
APPENDIX I

Comparison of Hispanic and Chinese Cultures

Traditionally, both the Hispanic and Chinese cultures stress the importance of the individual owing her/his primary loyalty to the family. In Hispanic society, for example, familial solidarity has such significance that it is a very serious offence to violate an obligation to kin. According to Kramer (1970), the Hispanic family is a sanctuary in a hostile world and "it is valued above any individual achievement; its needs are put before those of the self" (p. 173).

Similarly, traditional Chinese families stress rigidly defined family roles and the obligations of children to parents (Sue & Kirk, 1972; Sue & Sue, 1972; Sue, 1981). Furthermore, a great emphasis in Chinese culture is placed on family solidarity and the living together under one roof of the extended family (Fong, 1973, cited in Margolis, 1986).

Both the Hispanic and Chinese cultures also value patriarchal family systems in which daughters generally are accorded less freedom and mobility than are sons. For example, Abalos (1986) describes the traditional Latino family as one in which

the father is the source of the mystery ..., the eldest son replaces the father in his absence, and the women exist to serve the needs of the men and the household. The father can coerce, cajole, mediate, and
bargain, but he will not allow female members of the family to physically isolate themselves or to develop an area of autonomous jurisdiction such as a life style that allows them their own jobs, paychecks, and schedules. (p. 66)

Should a Hispanic daughter attempt to question the authority of the father, "a veil of sin, shame, and guilt" (Abalos, p. 66) would quickly surround her.

The patriarchal Hispanic family system is not dissimilar to the Asian American one described by Sue (1981):

In the traditional family, age, sex, and generational status are primary determinants of role behavior. ... Being patriarchal, the father is traditionally the head of the household, and his authority is unquestioned. ... The role of females in the family was that of subservience to males and performance of domestic duties. Women were expected to marry, become obedient helpers of their mother-in-law, and bear children, especially male ones. (p. 121)

Sue (1981) also reports that the primary means used within the Chinese family to keep members in line and to suppress deviations from family norms are the inculcation of guilt and shame and appeals to familial obligation, "If children attempt to act independently, contrary to the wishes of the parents, they are told that they are selfish and
inconsiderate and not showing gratitude for all their parents have done for them" (p. 122).

In light of these similarities between the two cultures, the subject of Vignette #4 was changed from a Hispanic female to a Chinese female and the word "wicked" (which was appropriate to a Hispanic context) was replaced by the word "ungrateful" to more accurately reflect the reality of the Chinese family system.
Scoring Procedure for the Wayne Ethnic Awareness Measure
(Based on Margolis, 1986 and Wayne, 1981)

Level 1

1 = no ethnic awareness

There is no mention of ethnicity or the reference is derogatory.

Level 2

2 = low ethnic awareness

Participant mentions ethnicity of client or relevance of family's values but these are not explored.

Level 3

3 = moderate ethnic awareness

Participant questions role of ethnicity in presenting problem briefly, but either the impact of ethnicity is not explored and/or the subject continues with focus of the response being that of intrapsychic factors.

Level 4

4 = high ethnic awareness

Participant explores the impact of ethnic factor on the presenting problem.

For this study, three judges were trained to score the Wayne measure. These judges were advanced students in the UBC Counselling Psychology program who had completed most or all
of their Master's degree course requirements. They were trained together, by the investigator, in a training session lasting approximately three hours. The training session included a definition and discussion of ethnic awareness and ethnicity as defined by Wayne (see Appendix H), a review and discussion of the five cases, and practice rating the responses of five participants from the study chosen at random.

In the practice rating session, each of the three judges rated the responses to Vignette 1 of the five (randomly chosen) participants. The ratings of all three judges were then compared and discussed, in order to establish a group consensus as to the criteria for rating that vignette. As a result of this consensus, some modifications were made to individual ratings. This process was then repeated for each of the remaining four vignettes. Immediately after the practice session, each judge individually rated the responses of the remaining 26 participants to all five vignettes. There was no comparison, discussion, or modification of these ratings. After the rating process was completed, the three judges' ratings for each individual response were summed and averaged to obtain a final score for each participant's response to each vignette. (For purposes of statistical analysis, the first five data sets rated by the judges were included with the remaining data, even though they had received different and greater rating attention than the other
26 sets. This was necessary because of the small sample size in this study.)
APPENDIX K

Revised Scoring for Men on the RBI

Using Robinson and Follingstad's (1985) method, a high score on any item (taking into account reverse-scored items) would indicate non-traditional behaviour for women, but that same high score on certain items would indicate traditional behaviour for men. (For example, Item #1 in the single form reads: "If trying to get your own way, how likely are you to use tears with a person of the opposite sex within the next year at least once?") As a consequence, Robinson's and Follingstad's criteria for designating certain total score ranges as indicative of traditional or non-traditional behaviour have less validity for male participants.

In order to more accurately assess the scores of male participants, the three judges who scored the Wayne Ethnic Awareness Scale (all of whom had completed a course in Gender Role Issues in Counselling) discussed each item on the two forms of the RBI and reached a consensus as to whether or not to reverse the rating scale in each instance to make it more applicable to male behaviour. This resulted in reversing the scoring for men for all but five items in each of the two forms of the inventory.

Single Form

Reverse scoring for all items but numbers 12, 14, 18, 32 and 34.
Married Form

Reverse scoring for all items but numbers 39, 48, 51, 67 and 68.
APPENDIX L

Table L. 1

Effects of Treatment and Time on the Wayne Ethnic Awareness Measure: ANOVAR Results

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Note. A = treatment; B = time.

(cont. on next page)
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Note. A = treatment; B = time.
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Note. A = treatment; B = time.
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Note. A = treatment; B = time.
Wayne Vig.#5

Between subjects factors

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Within subjects factors

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TOTAL 56.57 57

Note. A = treatment; B = time.
ANOVARs Involving Treatment, Time, and Age

As is shown in Table M.1 and Figure M.1, age showed a differential effect with respect to treatment and time for the RBI (see Table M.1 and Figure M.1). That is, the older participants in the experimental group showed a decrease in RBI scores over time whereas all other participants showed an increase over time. (For the RBI, higher scores indicate more non-traditional sex role behaviours and behavioural intentions.)
Table M.1

Effects of Treatment, Time, and Age on the Robinson Behavioural Inventory (RBI): ANOVAR Results

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Note. A = treatment; B = age; C = time.

* represents significance at the .05 level.
Experimental Group

Note. Solid line represents younger participants, i.e., those under 35 years (younger participants: n=8); dotted line represents older participants, (i.e., those over 35 years (older participants: n=6).

Comparison Group

Note. Solid line represents younger participants, i.e., those under 35 years (younger participants: n=8); dotted line represents older participants, i.e., those over 35 years (older participants: n=7).

Figure M.1. Significant three-way interaction for treatment by time by age: graph of means for experimental and comparison groups for the Robinson Behavioral Inventory (RBI).
ANOVARs Involving Treatment, Time, and Religion

As is shown in Table N.1 and Figure N.1, religion also showed a differential effect with respect to treatment and time for Wayne Vignette #4. The religious participants in the experimental group increased their scores for this vignette over time whereas the non-religious participants in this group decreased their scores. The comparison group's scores remained essentially the same for this vignette.
Table N.1

Effects of Treatment, Time, and Religion on Wayne Ethnic Awareness Measure Vignette #4: ANOVAR Results

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<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. A = treatment; B = religion; C = time.

* represents statistical significance at the .10 level.
Experimental Group

Note. Solid line represents non-religious participants (n=10); dotted line represents religious participants (n=4).

Comparison Group

Note. Solid line represents non-religious participants (n=9); dotted line represents religious participants (n=6).

Figure N.1. Significant three-way interaction for treatment by time by religion: graph of means for experimental and comparison groups for Wayne Ethnic Awareness Measure Vignette #4.
ANOVARs Involving Treatment, Time, and Ethnicity

Similarly, ethnicity showed a differential effect with respect to treatment and time for the RBI. As shown in Table 0.1 and Figure 0.1, minority culture participants in the experimental group increased their RBI scores, whereas in the comparison group, their scores changed very little. The reverse pattern is seen for majority culture participants.
Table 0.1

Effects of Treatment, Time, and Ethnicity on the Robinson Behavioural Inventory (RBI): ANOVAR Results

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F Ratio</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between subjects factors</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>3290.84</td>
<td>1</td>
<td>3290.84</td>
<td>0.67</td>
<td>0.42</td>
</tr>
<tr>
<td>B</td>
<td>3009.60</td>
<td>1</td>
<td>3009.60</td>
<td>0.61</td>
<td>0.44</td>
</tr>
<tr>
<td>AB</td>
<td>1492.68</td>
<td>1</td>
<td>1492.68</td>
<td>0.30</td>
<td>0.59</td>
</tr>
<tr>
<td>S - within</td>
<td>128,575.00</td>
<td>26</td>
<td>4945.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within subjects factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>93.75</td>
<td>1</td>
<td>93.75</td>
<td>1.22</td>
<td>0.28</td>
</tr>
<tr>
<td>AC</td>
<td>3.64</td>
<td>1</td>
<td>3.64</td>
<td>0.48</td>
<td>0.83</td>
</tr>
<tr>
<td>BC</td>
<td>2.02</td>
<td>1</td>
<td>2.02</td>
<td>0.03</td>
<td>0.87</td>
</tr>
<tr>
<td>ABC</td>
<td>269.52</td>
<td>1</td>
<td>269.52</td>
<td>3.52</td>
<td>0.07*</td>
</tr>
<tr>
<td>CS - within</td>
<td>1992.00</td>
<td>26</td>
<td>76.62</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>138,729.05</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. A = treatment; B = ethnicity; C = time.
Experimental Group

Note. Solid line represents majority culture participants (n=10); dotted line represents minority culture participants (n=6).

Comparison Group

Note. Solid line represents majority culture participants (n=11); dotted line represents minority culture participants (n=4).

Figure 0.1. Significant three-way interaction for treatment by time by ethnicity: graph of means for experimental and comparison groups for the Robinson Behavioural Inventory (RBI).
APPENDIX P

Two-way Interactions and Main Effects
Resulting From Three-Factor ANOVARS

The only significant two-way interactions involving treatment were found for ethnicity (Wayne Vignette #4, \( p < .05 \)) and marital status (Wayne Vignette #4, \( p < .05 \)). Significant two-way interactions involving time alone were found for religion (Wayne Vignette #3, \( p < .10 \)) and gender (RBI, \( p < .05 \)).

Significant main effects were found for religion for Wayne Vignette #5 (\( F = 4.63; p = .04; df = 1,23 \)), and for experience with women clients for the RBI (\( F = 3.82; p = .06; df = 1,26 \)) and the TAWS (\( F = 5.60; p = .03; df = 1,26 \)). All main effects were subsequently analyzed using \( t \)-tests. Gender was also analyzed using \( t \)-tests because unequal cell size prohibited its use in the ANOVARS.

\[ \text{T-tests Involving Selected Moderating Variables.} \]
As a follow-up to the ANOVARS, wherever moderating variables were found to have significant main effects, \( t \)-tests were performed. For these analyses, the total sample was used and appropriate means were created by averaging pre- and post-scores for each of the measures.

With respect to the main effect of religion for Wayne Vignette #5, participants who identified themselves as non-religious had a significantly higher mean score than those who identified themselves as religious (\( p < .05 \)). With respect to
the main effect of counselling experience with women clients, those participants who had such experience had significantly higher mean scores on the RBI (p<.10) and significantly lower scores on the TAWS (p<.05) than those who did not have such experience. With respect to gender, results were significant for the RBI (p<.001) and for the TAWS (p<.10) only. For the RBI, men had significantly lower (i.e., more traditional) scores than women, and for the TAWS, they had significantly higher (i.e., less liberal) scores.
Pearson Correlations Between Measures

At the pre-test, the correlations of the greatest magnitude among the Wayne vignettes were achieved between Vignettes #3 and #4 where \( r = .41 \) (\( p = .06 \)) for the experimental group and between Vignettes #2 and #5 where \( r = .58 \) (\( p = .01 \)) for the comparison group. The strongest correlation between any of the Wayne vignettes and the RBI at the pre-test was achieved between Wayne Vignette #2 and the RBI (\( r = .37, p = .09 \)) for the experimental group. There were no significant correlations between any of the Wayne vignettes and the RBI at the pre-test for the comparison group. The strongest correlations between any of the Wayne vignettes and the TAWS at the pre-test were found for Wayne Vignette #4 (\( r = -.45, p = .04 \)) for the experimental group and for Wayne Vignette #1 (\( r = -.45, p = .05 \)) for the comparison group. The correlations between the RBI and the TAWS at the pre-test were \( r = -.35 \) (\( p = .10 \)) for the experimental group and \( r = -.47 \) (\( p = .04 \)) for the comparison group.

At the post-test, the only significant correlation among the Wayne vignettes for the experimental group was between Vignettes #2 and #4, where \( r = .46 \) (\( p = .04 \)). The correlation of the greatest magnitude among the Wayne vignettes for the comparison group was between Vignettes #2 and #5 where \( r = .42 \) (\( p = .07 \)). The correlations of the greatest magnitude between
any of the Wayne vignettes and the RBI at the post-test were between Vignette #3 and the RBI (r=-.30, p=.13) for the experimental group and between Vignette #5 and the RBI (r=.43, p=.06) for the comparison group. The correlation of the greatest magnitude between the Wayne vignettes and the TAWS at the post-test was achieved between Vignette #5 and the TAWS where r=-.46 (p=.04) for the experimental group. None of the Wayne vignettes correlated significantly with the TAWS at the post-test for the comparison group. The correlations between the RBI and the TAWS at the post-test were non-significant for the experimental group and r=-.72 (p=.001) for the comparison group.

The correlations in the two preceding paragraphs are significant at the p<.15 level. A significance level of .15, rather than .10, is used here due to the small sample size (see Tables Q.1 and Q.2).

Pearson Correlations For Each Measure

Each pre-test measure was also correlated with its post-test counterpart. These correlations were calculated for the sample as a whole, then separately for the experimental and comparison groups. For the whole sample, the significant correlations (p<.05) for the Wayne vignettes ranged from r=.44 to r=.70, although for Wayne Vignettes #1 and #4, the correlations were effectively 0. For the RBI, the correlation was r=.97, and for the TAWS, r=.64. There were comparable correlations for the experimental and comparison groups when
calculated separately, except in the cases of Wayne Vignettes #2 and #4 (see Table Q.3).
Table Q.1

Pearson Correlations Between Pre-test Measures for Experimental and Comparison Groups

<table>
<thead>
<tr>
<th></th>
<th>Wayne Vig. 1</th>
<th>Wayne Vig. 2</th>
<th>Wayne Vig. 3</th>
<th>Wayne Vig. 4</th>
<th>Wayne Vig. 5</th>
<th>RBI</th>
<th>TAWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne Vig. 1</td>
<td>.31(^\circ)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Wayne Vig. 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.37(^*)</td>
<td>-</td>
</tr>
<tr>
<td>Wayne Vig. 3</td>
<td>-.38(^*)</td>
<td></td>
<td>.41(^*)</td>
<td>-.38(^*)</td>
<td>-.29(^\circ)</td>
<td>-.28(^\circ)</td>
<td>-</td>
</tr>
<tr>
<td>Wayne Vig. 4</td>
<td></td>
<td>.34(^\circ)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.45(^\wedge)</td>
</tr>
<tr>
<td>Wayne Vig. 5</td>
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<td></td>
<td></td>
<td></td>
<td>.31(^\circ)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>RBI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.35(^*)</td>
</tr>
<tr>
<td>TAWS</td>
<td>-.45(^\wedge)</td>
<td></td>
<td>.35(^*)</td>
<td></td>
<td></td>
<td></td>
<td>-.47(^\wedge)</td>
</tr>
</tbody>
</table>

Note. Upper triangle represents experimental group; lower triangle represents comparison group.
\(^\circ\) p = .11 to .15; \(^*\) p = .06 to .09; \(^\wedge\) p = .01 to .05.
Table Q.2

Pearson Correlations Between Post-test Measures for Experimental and Comparison Groups

<table>
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<th>Wayne</th>
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<th>Wayne</th>
<th>Wayne</th>
<th>Wayne</th>
<th>Wayne</th>
<th>Vig. 1</th>
<th>Vig. 2</th>
<th>Vig. 3</th>
<th>Vig. 4</th>
<th>Vig. 5</th>
<th>RBI</th>
<th>TAWS</th>
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</thead>
<tbody>
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<td>Wayne</td>
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<tr>
<td>Vig. 1</td>
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<tr>
<td>Vig. 4</td>
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<td></td>
<td></td>
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<td>.32°</td>
<td>.28°</td>
<td>-.46^</td>
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<tr>
<td>Vig. 5</td>
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<td></td>
<td>.32°</td>
<td>.28°</td>
<td>-.46^</td>
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<td></td>
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<td>.43*</td>
<td></td>
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<tr>
<td>TAWS</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td>-.72°</td>
</tr>
</tbody>
</table>

Note. Upper triangle represents experimental group; lower triangle represents comparison group.

*p = .11 to .15; *p = .06 to .10; ^p = .01 to .05.
Table Q.3

**Pearson Correlations Between Pre- and Post-test for Each Measure**

<table>
<thead>
<tr>
<th>Group</th>
<th>Vig. 1</th>
<th>Vig. 2</th>
<th>Vig. 3</th>
<th>Vig. 4</th>
<th>Vig. 5</th>
<th>RBI</th>
<th>TAWS</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td></td>
<td>.44</td>
<td>.63</td>
<td></td>
<td>.70</td>
<td>.97</td>
<td>.64</td>
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<tr>
<td>B</td>
<td></td>
<td>.56</td>
<td>.53</td>
<td></td>
<td>.72</td>
<td>.98</td>
<td>.65</td>
</tr>
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<td>C</td>
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<td></td>
<td>.78</td>
<td>.59</td>
<td>.70</td>
<td>.95</td>
<td>.68</td>
</tr>
</tbody>
</table>

**Note.** A = total sample; B = experimental group; C = comparison group. All correlations shown are significant at the .05 level.