AN EXPLORATION OF BEHAVIORAL HEALTH WORKERS’ ATTITUDES TOWARD TREATING PEOPLE WITHOUT HOMES

A Dissertation
Presented to
The Graduate Faculty of The University of Akron

In Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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August, 2014
AN EXPLORATION OF BEHAVIORAL HEALTH WORKER’S ATTITUDES TOWARD TREATING PEOPLE WITHOUT HOMES

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ABSTRACT

This online study explored the nature of behavioral health worker’s attitudes toward treating people without homes (BHATH) with a sample comprised of 252 behavioral health workers residing in the United States. BHATH were examined through a system justification theory framework (Jost & Hunyady, 2002). Accordingly, the project examined the relationships among universal diverse orientation (UDO), intergroup contact with the homeless (IC), social dominance orientation (SDO), general belief in a just world (GBJW), general belief in an unjust world (GBUW), and BHATH. In addition, the project examined the moderating role of SDO, GBJW, and GBUW in the connections between UDO and IC and BHATH. In post-hoc analyses, the mediating role of SDO in the links between UDO and IC and BHATH was assessed.

In support of system justification theory, UDO and IC were positively correlated with BHATH. Furthermore, SDO and GBJW were negatively related with BHATH, and GBUW was positively related with BHATH. UDO was also evidenced to be positively associated with GBUW and negatively related with SDO and GBJW. IC was positively related with SDO and GBJW and was unrelated with GBUW. In contrast to system justification theory, SDO, GBJW, and GBUW were not observed to strengthen the relationships between UDO and IC and BHATH. Finally, SDO was found to partially mediate the links between UDO and IC and BHATH.
ACKNOWLEDGEMENTS

I am very privileged to have numerous people I would like to thank for their support in completing this dissertation.

First, I am very grateful to my doctoral advisor, Dr. Ingrid Weigold. She has been a mentor, teacher, consultant, and a counselor throughout this experience. Also, I would like to extend my thanks to the entire faculty in the Counseling Psychology program at The University of Akron, as well as the staff at The University of Akron, Counseling Center, who communally have shaped my professional identity. In addition, I would like to acknowledge my committee members: Dr. Liang, Dr. Queener, Dr. Speight, and Dr. Tokar. I very much appreciate their willingness to assist with this project and am thankful for their advice. I am also very appreciative to all of the participants who took part in this research.

I want to acknowledge my brother, sisters, in-laws, and friends who have supported, inspired, and humored me as I worked toward personal and professional goals. In addition, I would like to recognize my parents for giving me the courage to go back to school and for helping me to complete this leg of the journey.

Finally, I want to thank Elana Spieth, Mason Spieth, and Mikayla Spieth. Their patience, sacrifice, and love allowed me to complete this project. We share this achievement together.
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CHAPTER I

THE PROBLEM

Homelessness appeared as a crucial topic in the United States (U.S.) in the 1980s when the nation experienced a dramatic upsurge in the number of people without homes (Kingree & Daves, 1997; Toro, 2007). Over the past 30 years, experts have maintained that the U.S. has made little progress in reducing rates of homelessness due to reliance on circuitous and ineffective interventions, as efforts have typically involved treating homeless individuals rather than addressing sociopolitical dysfunction (APA, 2009; Haber & Toro, 2004; Shinn, 2007; Toro, 2007; Toro, Trickett, Wall, & Salem, 1991; Toro & Warren, 1999). To make matters worse, research indicates that behavioral health workers’ disparaging intergroup attitudes prompt homeless individuals to reject important services (Acosta & Toro, 2000; Anderson & Koblinsky, 1995; Hoffman & Coffey, 2008; Kryda & Compton, 2009; Leipersberger, 2007; McGrath & Pistrang, 2007; Padgett, Hawkins, Abrams, & Davis, 2006). Unfortunately, scant studies (e.g., APA, 2009; Lindsey, 1998; Rosenheck & Lam, 1997) have directly measured behavioral health workers’ attitudes toward treating the homeless (BHATH), though these intergroup cognitions are theoretically linked to important outcomes, such as treatment satisfaction, as well as housing acquisition and retention rates (Culhane, Metraux, & Hadley, 2002; Kryda & Compton, 2009; McGrath & Pistrang, 2007; Padgett et al., 2006).
APA (2009) reviewed the homelessness literature and demonstrated that the majority of research pertaining to *attitudes toward homelessness* (*ATH*) surveyed people without homes, members of the general public, or medical providers, rather than behavioral health workers. Behavioral health workers refers to individuals such as psychologists, vocational counselors, social workers, clinical counselors, substance abuse counselors, case managers, mental health trainees, and others involved in providing psychosocial interventions (Aarons, 2004). ATH generally encompasses one’s attribution of the causes of homelessness from either societal-level inequality or from individual-level deviance (Toro et al., 2007). ATH also includes one’s willingness to have interpersonal relations with people without homes (Buck et al., 2005). The majority of research examining ATH evidenced that the general public and health care providers often stigmatize people without homes by blaming them for their low social position (Kryda & Compton, 2009; Leipersberger, 2007; Price, 2009).

**Behavioral Health Workers’ Attitudes Toward Treating the Homeless (BHATH)**

Theorists (e.g., Haber & Toro, 2004) and people without homes (e.g., McGrath & Pistrang, 2007) have maintained that workers’ positive BHATH are fundamental to providing appropriate interventions to homeless individuals. In addition, the APA (APA, 2009), the National Association of Social Workers (NASW, 2008), the Commission on the Accreditation of Rehabilitation Counselors (CCRC, 2009), the National Board for Certified Counselors (NBCC, 2005), and the NAADAC – The Association for Addiction Counselors (NAADAC, 2011) asserted that it is necessary for behavioral health workers to espouse favorable attitudes toward individuals belonging to marginalized groups, such
as people without homes. Although many professional groups, people without homes, and the scholarly literature claim that workers’ ATH substantially impact the quality of treatment for homeless individuals, a review of the literature uncovered minimal studies directly measuring BHATH (APA, 2009, Lindsey, 1998; Rosenheck & Lam, 1997).

Although the examination of BHATH has generally surveyed the homeless themselves (e.g., Kryda & Compton, 2009; Leipersberger, 2007; Wen et al., 2007), it is necessary to directly survey BHATH. Research surveying non-homeless populations’ ATH has prioritized members of the general public with phones (e.g., Toro et al., 2007) and medical care providers (e.g., Buchanan, Rohr, Kehoe, Glick, & Jain, 2004), rather than behavioral health workers (e.g., Rosenheck & Lam, 1997). As one of the few examples of research directly examining BHATH, APA (2009) surveyed approximately 400 psychologists’ and psychological trainees’ ATH and found that many respondents felt compassionate toward members of this population. Unfortunately, the authors neglected to measure several other key constructs, such as participants’ beliefs about society’s responsibility to end homelessness, providers’ level of cynicism about the population, and their motivation to treat people without homes. In addition, more comprehensive ATH research with medical care providers and members of the general public suggests that many people, including medical professionals, attach negative stereotypes to people without homes and tend to blame them for their homelessness (Buck et al., 2005; Zrinyi & Balogh, 2004). For instance, Buck and colleagues (2005) found that a sample comprised of 76 medical doctors tended to agree with the stereotypes that people without homes are physically threatening and often fail to follow treatment
recommendations. Many studies indicate that people espouse less than favorable ATH and blame people without homes for their circumstances (e.g., Acosta & Toro, 2000; APA, 2009; Haber & Toro, 2004; Kryda & Compton, 2009; Leipersberger, 2007; Zrinyi & Balogh, 2004). System justification theory (SJT) provides a means to understand these findings. SJT contends that people often negatively stereotype relatively low status groups, such as the homeless, to rationalize their own privileged social position, thereby defending existing sociopolitical systems (Jost, 2002). According to SJT, most individuals, including behavioral health workers, would be expected to hold some negative attitudes toward people without homes. SJT (Jost & Banaji, 1994; Jost & Hunyady, 2005) will provide the theoretical scaffolding to evaluate BHATH for this study.

**System Justification Theory (SJT)**

Jost and Banaji (1994) developed SJT to comprehensively account for the motivational foundation of people’s intergroup attitudes and sources of prejudice. SJT postulates that individuals are motivated by a psychological drive known as *system justification* to validate dominant sociopolitical structures (Jost & Hunyady, 2002). System justification is the process by which societal inequality is perceived to be fair and desirable (Jost & Banaji, 1994). In order to ignore the ramifications of sociopolitical disparities, individuals stereotype members of oppressed referent groups to justify their low social standing (Jost, Banaji, & Nosek, 2004). SJT contends that peoples’ need to satisfy ego, group, and system justification motivations shape their intergroup attitudes (Jost, Glaser, Kruglanski, & Sulloway, 2003a).
In SJT, many individuals endorse system-justifying ideologies (SJIs), at varying levels, to satisfy system justification motives (Jost & Amodio, 2011). SJIs are belief systems that provide explanations for societal inequality and are hypothesized to shape individuals’ intergroup attitudes (Jost & Hunyady, 2005). There are numerous conservative SJIs, such as Social Dominance Orientation (SDO; Pratto, Sidanius, Stallworth, Bertram, & Malle, 1994), General Belief in a Just World (GBJW; Dalbert, Montada, & Schmitt, 1987), and the more liberal General Belief in an Unjust World (GBUW; Dalbert, Lipkus, Sallay, & Goch, 2001; Lench & Chang, 2007) that are postulated to shape the nature of individuals’ intergroup attitudes, such as BHATH.

Briefly, SDO is an attitudinal preference for intergroup relations to be equal versus unequal (Pratto et al., 1994); GBJW is the tendency to perceive the world as fair (Dalbert et al., 1987); and GBUW is the tendency to perceive that people often do not get what they deserve and do not deserve what they get (Lench & Chang, 2007). With community samples, SDO (Lee, Lewis, & Jones, 1992) and GBJW (Kingree & Daves, 1997) have been significantly and positively linked to unfavorable ATH. SDO has been strongly related to attitudes toward lower status groups (Duckitt, 2006; Duckitt, Birum, Wagner, & du Plessis, 2002; Whitley, 1999). However, a review of the literature suggests that SJIs have not been assessed in relation to BHATH.

SJT strives to appreciate the multiple causes and consequences of endorsing SJIs. SJIs are theorized to stem from epistemic, existential, and relational antecedents (Jost, Federico, & Napier, 2009). Within SJT, epistemic constructs (e.g., openness to experience, cognitive closure, and preference for order, structure, and closure) are
dispositional qualities used to approach diverse situations (Jost et al., 2003a). Existential constructs (e.g., death anxiety, mortality salience, perceptions of a dangerous world) involve individuals’ responses to the awareness of their own mortality and to the omnipresent danger in the world (Jost, Nosek, & Gosling, 2008a). Relational constructs (e.g., intergroup contact, regional sociodemographic diversity) are situational variables that describe aspects of interpersonal connections (Cheung, Noel, & Hardin, 2011). Jost and Hunyady (2005) encouraged researchers to identify specific antecedents to the endorsement of SJIs.

The homelessness literature did not indicate that providers’ anxiety about death nor their general fear of the world was relevant to ATH, though experts have argued that openness to diversity (APA, 2009) and intergroup contact with the homeless (IC; Buck et al., 2005) are relevant to the construct. Universal Diverse Orientation (UDO; Miville et al., 1999) and IC (Allport, 1954; Pettigrew & Tropp, 2006) are epistemic and relational variables, respectively, that seem theoretically linked to the expression of SJIs and ATH. UDO is a dispositional tendency to hold favorable intergroup attitudes and to appreciate differences among socially and culturally diverse groups of people (Ponterotto, 2008). UDO was found to be negatively correlated with the conservative SJI, SDO (Poteat & Spanierman, 2010). UDO has not been examined with behavioral health workers in relation to their ATH, though it has been used in studies examining aspects of these workers’ cultural competence (Miville, Carlozzi, Gushue, Schara, & Ueda, 2006; Thompson, Brossart, Carlozzi, & Miville, 2002; Yeh & Arora, 2003). In addition, intergroup contact describes interpersonal connections between individuals representing
disparate referent groups (Pettigrew & Tropp, 2006). Intergroup contact has been used as a predictor variable in many ATH studies (e.g., Buck et al., 2005), as well as been significantly and positively associated with the adoption of liberal political attitudes (Cheung et al., 2011; Poteat & Spanierman, 2010; Rentfrow, Jost, Gosling, & Potter, 2009). Further, IC has been significantly and positively linked to medical professionals’ positive ATH (e.g., Buchanan et al., 2004; Buck et al., 2005). Among the few studies examining the relationship between intergroup contact and behavioral health workers’ intergroup attitudes, most sampled graduate students pursuing degrees in behavioral health fields (Diaz-Zararo & Cohen, 2001; Merta, Stringham, & Ponterrotto, 1988; Mio, 1989). In line with SJT (Jost & Hunyady, 2002), UDO and IC are potential untested antecedents to the expression of SDO, GBJW, GBUW, and BHATH.

According to SJT (Jost & Hunyady, 2005), SJIs strengthen the relationship of peoples’ intergroup attitudes with social status-, dispositional-, and relational-based predictor variables. However, few studies have actually tested the moderating tendencies of SJIs within an SJT framework. Further, scant literature suggests that the relationship between individuals’ social status, dispositional, and relational qualities and their outgroup attitudes change as a function of SDO and/or GBJW (Correia & Vala, 2003; Dru, 2007; Jost & Burgess, 2000; Oldmeadow & Fiske, 2007; Sibley, Wilson, & Duckitt, 2007), though these relationships have not been examined with GBUW. For example, people who are high in SDO or GBJW would be expected to be lower in IC and to have significantly less favorable outgroup attitudes than those who are low in SDO or GBJW. Also, those with high levels of IC and GBUW would be expected to hold more favorable
outgroup attitudes than those who are low in GBUW. In addition, somewhat more empirical evidence indicates that for relatively high status individuals as compared to low status individuals, adherence to conservative SJIs leads to significantly less favorable attitudes toward low status groups (e.g., Haines & Jost, 2000; Jost & Burgess, 2000; Lee et al., 1992; Pacilli et al., 2011). In conclusion, relatively high status behavioral health workers’ adherence to SDO, GBJW, and GBUW is expected to enhance the relationships of BHATH with IC and UDO.

A primary function of SJT is to increase understanding of the mechanisms underlying intergroup attitudes, such as BHATH (Pacilli et al., 2011). Although scholars have long advocated for a better understanding of BHATH (APA, 2009; Minnery & Greenhalgh, 2007; Rapp & Goscha, 2006; Shinn, 1992), few studies have directly measured the construct. Thus, SJT (Jost & Banaji, 1994; Jost & Hunyady, 2005) will be used as a theoretical framework for understanding BHATH.

**Importance of the Current Study**

APA (2009) commissioned the *Presidential Task Force on Psychology’s Contribution to End Homelessness* to motivate psychologists and other behavioral health workers to improve services for people without homes. Research sampling medical providers (Buck et al., 2005), the U.S. public (Shinn, 2007; Toro et al., 2007), and homeless individuals (Wen et al., 2007) suggest that people often espouse negative stereotypes toward people without homes. In contrast, APA (2009) argued that providers must hold positive ATH to deliver effective services to the homeless. The direct measurement of BHATH is scant thus far in research (APA, 2009; Lindsey, 1998).
Although the systematic study of ATH has generally posed questions to, or focused on, the homeless themselves, it is necessary to directly survey BHATH with non-homeless populations. Liu, Hernandez, Mahmood, and Stinson (2006) argued that researchers must assess providers’ biases around social status, as these topics have been marginalized in the literature. Accordingly, Smith (2008) questioned psychology’s reluctance to assess behavioral health workers’ intergroup cognitions that are possibly responsible for the relatively poor treatment outcomes of underprivileged clients, such as people without homes. Within the broader field of psychology, counseling psychology has a legacy of attending to issues of diversity and social justice (Baker & Subich, 2008; Caldwell & Vera, 2010; Constantine, Miville, & Kindaichi, 2008). APA (2003) acknowledged that counseling psychology has been an integral force in advocating for the importance of multicultural sensitivity and social justice via a resolute and determined emphasis in relevant research, theory, and training. Counseling psychology’s strong commitments to cultural competence and social justice are also evidenced via the field’s literature covering the intergroup attitudes of a variety of behavioral health professionals including family counselors, social workers, clinical psychologists, and school psychologist trainees (Gushue, Constantine, & Sciarra, 2008; Ladany, Inman, Constantine, & Hofheinz, 1997). Accordingly, the outcomes of this study may bring the fields of counseling psychology and homelessness services closer to operationalizing a component of good practices, as people who are homeless acknowledge significantly greater satisfaction with behavioral health services when working with culturally competent providers (Kryda & Compton, 2009).
With housed populations, the ATH construct has been mostly developed and refined from the results of studies surveying medical professionals (Buck et al., 2005; dela Cruz, Brehm, & Harris, 2004) and the general public (Kingree & Daves, 1997; Lee et al., 1992; Toro et al., 2007). ATH research projects were often conducted with small and homogenous samples and/or failed to report participant demographics. In addition, the paucity of studies that examined BHATH ignored research and theory pertaining to intergroup attitudes, potential antecedents to BHATH, and multidimensional conceptualizations of ATH. Accordingly, Haber and Toro (2004) critiqued the majority of homelessness research for not being grounded in theory, which has attenuated the ability to organize findings from similar studies and bridge findings to real world applications.

In response, SJT (Jost & Banaji, 1994; Jost & Hunyady, 2005) will be used as a conceptual framework for evaluating BHATH, since prior research finds that many people attribute homelessness to individual-level rather than system-level dysfunction. Specifically, SJT will provide the scaffolding to examine the proposed relations between UDO, IC, SDO, GBJW, GBUW, and BHATH (Jost & Hunyady, 2005). As a result, the utility of SJT (Jost & Hunyady, 2005) for understanding BHATH will be examined in the current project.

**Hypotheses**

This study will test the following hypotheses:

1. BHATH as measured by the HPATHI-M are significantly and positively related to UDO as measured by the M-GUDS-S.
2. BHATH as measured by the HPATHI-M are significantly and positively related to IC as measured by the IC-S.

3. BHATH as measured by the HPATHI-M are significantly and negatively to SDO as measured by the SDO-S and to GBJW as measured by the GBJW-S, and significantly and positively related to GBUW as measured by the UW-S.

4. UDO as measured by the M-GUDS-S is significantly and negatively related to SDO as measured by the SDO-S and to GBJW as measured by the GBJW-S, and significantly and positively related to GBUW as measured by the UW-S.

5. IC as measured by the IC-S is significantly and negatively related to SDO as measured by the SDO-S and to GBJW as measured by the GBJW-S, and significantly and positively related to GBUW as measured by the UW-S.

6. SDO as measured by the SDO-S significantly moderates the relationship between UDO as measured by the M-GUDS-S and BHATH as measured by the HPATHI-M such that participants endorsing higher levels of SDO will be more likely to endorse less favorable BHATH and lower UDO.

7. GBJW as measured by the GBJW-S significantly moderates the relationship between UDO as measured by the M-GUDS-S and BHATH as measured by the HPATHI-M such that participants endorsing higher levels of GBJW will be more likely to endorse less favorable BHATH and lower UDO.

8. GBUW moderates the relationship between UDO as measured by the M-GUDS-S and BHATH as measured by the HPATHI such that participants endorsing higher levels of GBUW will be more likely to endorse more favorable BHATH and greater UDO.
9. SDO as measured by the SDO-S significantly moderates the relationship between IC as measured by the IC-S and BHATH as measured by the HPATHI-M such that participants endorsing higher levels of SDO will be more likely to endorse less favorable BHATH and lower IC.

10. GBJW as measured by the GBJW-S significantly moderates the relationship between IC as measured by the IC-S and BHATH as measured by the HPATHI-M such that participants endorsing higher levels of GBJW will be more likely to endorse less favorable BHATH and lower IC.

11. GBUW as measured by the UW-S significantly moderates the relationship between IC as measured by the IC-S and BHATH as measured by the HPATHI such that participants endorsing higher levels of GBUW will be more likely to endorse more favorable BHATH and greater IC.
CHAPTER II
LITERATURE REVIEW

Introduction

The United States (U.S.) Department of Housing and Urban Development’s annual report to Congress (HUD; 2011) estimated that on any given day in 2010 there were over 649,000 people living without homes across the nation. Unfortunately, research with homeless participants suggests that behavioral health workers often espouse stigmatizing attitudes toward this large group, leading individuals without homes to disengage from potentially helpful services (Acosta & Toro, 2000; Anderson & Koblinsky, 1995; Hoffman & Coffey, 2008; Kryda & Compton, 2009; Kushel, Vittinghoff, & Haas, 2001; Leipersberger, 2007; Lincoln, Espejo, Plachta-Elliott, 2009; McGrath & Pistrang, 2007; Padgett, Hawkins, Abrams, & Davis, 2006). Behavioral health workers are psychologists, vocational counselors, social workers, clinical counselors, substance abuse counselors, case managers, behavioral health trainees, and others involved in providing psychosocial interventions (Aarons, 2004). Although experts have advocated for tapping behavioral health workers’ attitudes toward treating the homeless (BHATH; Rosenberg, Solarz, & Bailey, 1991), few studies have measured the construct (APA, 2009; Lindsey, 1998; Rosenheck & Lam, 1997).
Kingree and Daves (1997) suggested that attitudes toward homelessness (ATH) are comprised of four factors: that belief that homelessness stems from individual-level dysfunction; the notion that the problem is caused by societal-level dysfunction; the degree of positive cognitions about interacting with the homeless; and the level of optimism about the probability of ending homelessness. 

Partially based on Kingree and Daves’ ATH construct, Buck and colleagues (2005) described health care professionals’ ATH as the motivation to treat people without homes, the belief that homelessness should be resolved by societal change, and cynicism about treating people without homes. In the current study, Buck and colleagues’ ATH construct and corresponding measure will be slightly modified to operationalize BHATH. BHATH is consistent with other ATH constructs found in the literature (Kingree & Daves, 1997; Toro et al., 2007; Wilk, 1999).

The ATH construct has most often been examined in studies surveying people without homes (Acosta & Toro; 2000; Anderson & Koblinsky, 1995; Kryda & Compton, 2009; Leipersberger, 2007; Wen, Hudak, & Hwang, 2007) and to a lesser extent, members of the general public and health care providers (Buchanan, Rohr, Stevak, & Sai, 2007; Buck et al., 2005; Lee at al., 2002; Shinn, 2007; Toro et al, 2007). Research from multiple sources suggests that many people endorse negative ATH and ascribe homelessness to the dysfunction of homeless individuals rather than to the unjust sociopolitical structures that are thought to sustain the problem (Drake, Osher, & Wallach, 1991; Goldman & Morrissey, 1985; Gore, 1990; Haber & Toro, 2004; Hopper & Baumohl, 1994; Lamb & Lamb, 1990; Mowbray & Bybee, 1998; Shinn, 2007; Shinn & Gillespie, 1994; Somerville, 1992; Susser, 1996; Toro, 2007; Toro, Trickett, Wall, &
Salem, 1991; Toro & Warren, 1991, 1999). For example, medical professionals have endorsed negative ATH and assigned homelessness to the personal defects of people without homes (Buchanan, Rohr, Kehoe, Glick, & Jain, 2004; Buchanan et al., 2007; Buck et al., 2005; Minick, Kee, Borkat, Cain, & Oparah-Lwobi, 1998; Price, 2009; Simandl, 1996; Wen et al., 2007; Wilk, 1999; Zrinyi & Balogh, 2004). System Justification Theory (SJT) is a way to explain the above phenomena (Jost & Amodio, 2011; Jost & Banaji, 1994; Jost, Glaser, Kruglanski, & Sulloway, 2003a; Jost & Hunyady, 2005).

SJT proposes that most people are motivated to accept existing social institutions and processes as just, legitimate, and inevitable to conserve cognitive and behavioral resources, often resulting in social stereotyping (Jost & Hunyady, 2002). The propensity of relatively higher status individuals to rationalize inequality by holding negative attitudes toward lower status individuals is a fundamental focus of SJT (Jost, 2002; Jost, Banaji, & Nosek, 2004; Kay, Jimenez, & Jost, 2002; Kay & Jost, 2003). Jost and Hunyady (2002) maintained that as a psychological motive, substantial variation exists in the expression of system justification, though most individuals are somewhat driven to view sociopolitical systems as fair, acceptable, and justifiable.

People adopt system-justifying ideologies (SJIs) and endorse negative attitudes toward marginalized groups to satisfy system justification drives (Jost, Federico, & Napier, 2009; Jost & Hunyady, 2002). SJIs are social, political, and/or economic belief mechanisms that are typically used to rationalize oppression (Jost, Nosek, & Gosling, 2008a). Individuals who strongly endorse SJIs are expected to demonstrate significantly
more negative attitudes toward members of lower status groups, such as the homeless (e.g., Jost & Hunyady, 2002). A number of distinct but allied SJIs have been identified, including Social Dominance Orientation (SDO) and just world beliefs (JWB), which individuals use to explain inequality (Jost et al., 2009). SDO is a tendency to perceive competitiveness among social groups and to view inequality as inevitable (Pratto, Sidanius, Stallworth, & Malle 1994). JWB describes the tendency to evaluate the fairness of the world (Dalbert, Montada, & Schmitt, 1987; Furnham, 2003; Lench & Chang, 2007). Research evidenced that JWB is a multidimensional construct comprised of General Belief in a Just World (GBJW) and General Belief in an Unjust World (GBUW; Dalbert, Lipkus, Sallay, & Goch, 2001; Furnham, 2003; Lench & Chang, 2007). GBJW is a conservative SJI and is the tendency to believe that everyone is treated fairly (Jost & Hunyady, 2002). GBUW is a more liberal sociopolitical ideology and is the tendency to believe that some people are not treated fairly (Dalbert et al., 2001; Lench & Chang, 2007). There has been substantially less research evaluating the causes and consequences of GBUW as compared to GBJW (Furnham, 2003). As expected, studies indicated that emblematic SJIs (i.e., GBJW, SDO, Right-Wing Authoritarianism, Protestant work ethic, political conservatism, meritocratic ideology, opposition to equality, fair market ideology, economic system justification) are reliably positively correlated (Jost & Hunyady, 2002, 2005; Jost et al., 2008a; Oldmeadow & Fiske, 2007), whereas GBJW and GBUW are evidenced to be negatively correlated (Dalbert et al., 2001; Furnham, 2003; Lench & Chang, 2007). GBJW and SDO are conservative ideologies that people use to defend and justify the sociopolitical system (Jost &
and GBUW is a more liberal ideology that people use to challenge the notion of social fairness (Dalbert et al., 2001). SDO, GBJW, and GBUW are being used to operationalize SJIs in this study.

There are both dispositional and situational antecedents to the adoption of SJIs (Jost & Hunyady, 2005). For example, universal diverse orientation (UDO; Miville et al., 1999; Ponterotto, 2008) is a disposition-based constellation of attitudes toward cultural diversity that would be expected to predict the expression of SJIs. Within SJT (Jost et al., 2008a), individuals who appreciate diverse experiences, such as those high in UDO, are expected to be less likely to support SJIs. In support, UDO has been found to be negatively correlated with SDO ($r = -.39, p < .01$; Poteat & Spanierman, 2010). In addition, intergroup contact (Allport, 1954; Tropp & Pettigrew, 2005) is a situation-based variable expected to predict SJIs. Intergroup contact is the relation occurring between individuals belonging to distinct referent groups (Tropp & Pettigrew, 2005). Intergroup contact has also been empirically associated with the expression of system-justifying attitudes and other political behaviors (Cheung, Noel, & Hardin, 2011; Rentfrow, Jost, Gosling, & Potter, 2009; Turner, Hewstone, & Voci, 2007). Within an SJT framework, higher status individuals who have greater levels of contact with lower status people are less likely to espouse conservative SJIs (Cheung et al., 2011). In the current study, IC refers to behavioral health workers’ relations with people without homes. IC and UDO are situational and dispositional antecedents, respectively, that are hypothesized to negatively influence the expression of SDO and GBJW and positively influence the expression of GBUW.

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Research examining SJT suggests that most people, to varying degrees, justify inequality by endorsing conservative SJIs (Jost & Amodio, 2011; Jost & Hunyady, 2005; Jost et al., 2008a; Pacilli, Taurino, Jost, & Toorn, 2011). Furthermore, SJIs impact the degree to which individuals exhibit intergroup bias (Jost & Burgess, 2000; Jost et al., 2004; Jost & Thompson, 2000; Pacilli et al., 2011). For example, research evidenced that higher status individuals who more strongly endorsed SDO (Lee, Lewis, & Jones, 1992) and GBJW (Kingree & Daves, 1997) were significantly more likely to attribute homelessness to individual-level deficits rather than to system-level disparity. Similarly, SJT suggests that the relationship between an individual’s social status-, dispositional-, and situational-based composition (e.g., UDO and IC) and their attitudes toward lower status individuals (i.e., BHATH) is moderated by their adherence to SJIs (e.g., SDO, GBJW, GBUW; Jost & Hunyady, 2002, 2005; Pacilli et al., 2011). In summary, there is a need to understand BHATH (APA, 2009; Price, 2009), and SJT (Jost & Banaji, 1994) seems well suited to view the processes underlying these intergroup attitudes.

By exploring the BHATH of community-based and occupationally diverse professionals, the study also supports the core values of counseling psychology. The field has long advocated for the consideration of cultural competence and social justice issues in behavioral health (Baker & Subich, 2008). For example, Packard (2009) found that distinguished counseling psychologists most frequently cited multicultural competence and social justice as core distinguishing values of the field. For this study, cultural competence is conceptualized by the Tripartite model of multicultural competence, which maintains that the construct involves self awareness (e.g., intergroup
attitudes), knowledge of client’s worldview and cultural context, and the use of culturally relevant treatments (Sue, Arredondo, & McDavis, 1992). Social justice is scholarship and professional action leading to the full and equal participation of all groups in society, including people without homes (Goodman, 2011). Authors have critiqued psychology’s unwillingness to understand factors that lead lower class consumers to be less engaged in psychosocial services than middle class consumers (Smith, 2008; Sue & Lam, 2002). The study supports the cultural competence and social justice missions of counseling psychology by highlighting the importance of better understanding BHATH.

This chapter is comprised of two sections, covering ATH within SJT scaffolding and the proposed antecedents and consequences of SJIs. In the ATH within SJT section, I will describe the significance of BHATH by illustrating how providers’ intergroup attitudes are associated with good behavioral health practices, highlight epistemic, existential, and relational antecedents to SJIs, detail the link between SJT’s rationalization of the status quo and negative ATH, and review research on the moderating tendencies of SJIs. In the antecedents and consequences of SJIs’ section, I further detail the moderation model being tested in this study with the antecedents (i.e., UDO and IC) and consequence (i.e., BHATH) of SJIs (i.e., SDO, GBJW, and GBUW).

**Attitudes Toward Homelessness (ATH) within System Justification Theory (SJT) Scaffolding**

APA (2009) argued that it is important that researchers use psychological theory to research aspects of the homeless problem, such as the examination of BHATH. BHATH are believed to be integral to the provision of appropriate psychosocial services to people
without homes (APA, 2009; Haber & Toro, 2004; Kryda & Compton, 2009; Leipersberger, 2007; Minnery & Greenhalgh, 2007; Shinn, 2007). Unfortunately, numerous studies surveying people without homes suggest that behavioral health workers often espouse stigmatizing attitudes toward the group (Acosta & Toro, 2000; Kryda & Compta, 2009; Leipersberger, 2007). Also, members of the U.S. general public and medical care providers have been observed to display cynical ATH and to attribute homelessness to individual-level dysfunction rather than systemic inequality (Lee et al., 1992; Toro, 2007; Toro et al., 2007; Zrinyi & Balogh, 2004). Thus, although scant studies have directly measured BHATH (APA, 2009; Lindsey, 1998; Rosenheck & Lam, 1997), it seems that providers may hold unfavorable cognitions toward this group.

As an explanation, SJT speculates that people are generally motivated to hold disparaging attitudes toward members of lower status groups, including the homeless, so that existing social, political, and financial structures are perceived as fair and natural (Jost & Banaji, 1994; Jost & Hunyady, 2005). Experts agreed that the large-scale endorsement of negative ATH has hampered the pursuit of alternative political, fiscal, and social schemes to effectively treat homelessness (APA, 2009; Shinn, 2007; Toro et al., 2007). Accordingly, overarching system-justifying cognitions are theorized to be advantageous to the politically privileged while being oppressive to lower-status citizens (Jost & Banaji, 1994; Jost et al., 2009; Toro, 2007; Tyler, 2006). SJT proposes a psychological motive known as system justification, which is the “process by which existing social arrangements are legitimized, even at the expense of personal and group interest” (Jost & Hunyady, 2002, p. 2). Proponents of SJT contend the following: There
is a general motivation to rationalize inequality; the phenomena are observed at an implicit and explicit level; and the tendencies are sometimes strongest among those most harmed by existing sociopolitical policies (Jost & Amodio, 2011; Jost & Hunyady, 2002).

Pacilli and colleagues (2011) argued that fifteen years of scholarly evidence have supported SJT (Jost & Banaji, 1994) as an effective approach for assessing intergroup attitudes and sources of prejudice. Accordingly, this study will employ SJT (Thorisdottir, Jost, & Kay, 2009) to investigate BHATH.

SJT originated in an article by Jost and Banaji (1994) to synthesize and enhance several bodies of research examining intergroup attitudes, including social identity theory, cognitive dissonance theory, just world theory, social dominance theory, and Marxist-feminist approaches. According to Jost and colleagues (2004), social science theories mostly ignored system-justifying motives and attributed intergroup attitudes to either ego- or group-justifying motives. Succinctly, ego justification describes the need to feel legitimate and to maintain an approving self-image (Jost & Hunyady, 2002), group justification is the desire to develop and sustain a positive image of one’s own group (Conley, Rabinowitz, & Rabon, 2010; Jost et al., 2004), and system justification is the motivation to view the social system as just and desirable (Pacilli et al., 2011). SJT contends that peoples’ attitudes about social groups are influenced by their need to satiate ego-, group-, and system-justifying motives (Cheung et al., 2011; Jost et al, 2004).

Jost and colleagues (2004) maintained that, although SJT was influenced by prominent intergroup theories, the approach is unique because it addresses the impact of three motivational forces on individuals’ intergroup attitudes. Researchers who ignored
system justification phenomena struggled to explain findings in multiple studies in which members of lower status sociopolitical groups endorsed unfavorable ingroup stereotypes while, at the same time, endorsed favorable outgroup stereotypes toward higher status groups (e.g., Sniderman & Piazza, 1993). As an example, Overbeck, Jost, Mosso, and Flizik (2004) found that members of lower status groups who scored high on SDO displayed significantly greater outgroup favoritism toward higher status group members. The authors suggested that some individuals from lower status groups express unfavorable ingroup attitudes and approving outgroup attitudes to satiate system justification. From an SJT perspective (Jost & Banaji, 1994), most individuals, to some degree, adopt system-justifying cognitions, such as conservative SJIs (e.g., SDO, GBJW) and negative attitudes toward lower status social groups (e.g., homeless people are dangerous), to satisfy system justification (Jost, Glazer, Kruglanski, & Sulloway, 2003b; Jost & Hunyady, 2002, 2005; Jost et al., 2008a).

In the following subsections, within an SJT framework (Jost & Hunyady, 2005), I describe the importance of positive BHATH to the delivery of adequate services to the homeless, illustrate the way in which epistemic, existential, and relational variables are antecedents to the adoption of SJIs, discuss the likely consequence of rationalization of the status quo on ATH, and then describe the moderation tendencies of SJIs. Specifically, the section highlights the importance of assessing whether or not the relationships of epistemic (i.e., UDO) and situational (i.e., IC) variables and intergroup attitudes (i.e., BHATH) will change as a function of adherence to SJIs (i.e., SDO, GBJW, GBUW). These subsections provide rational for examining BHATH in SJT scaffolding.
Attitudes Toward Homelessness (ATH) and Good Practices. The APA (2009) recommended that all health care providers demonstrate positive ATH to achieve desired homelessness outcomes. In addition, a multiplicity of homelessness research and theory posited that it is necessary for providers to hold favorable ATH to provide effective services (Buchanan et al., 2004; Buchanan et al., 2007; Buck et al., 2005; dela Cruz, Brehm, & Harris, 2004; Minick et al., 1998; Wilk, 1999; Zrinyi & Balogh, 2004). Minnery & Greenhalgh (2007) contend that providers’ encouraging ATH, which are associated with cultural sensitivity, shape treatment outcomes via the establishment of empowering, individualized, and positive working relationships, and that these factors lay the foundation for good practice in the field (p. 645). The authors argued that the term good practice is preferred to “best practice” as it better illustrates the reality that homelessness treatment is in the early stages of maturation (p. 645).

In conflict with system justification drives, theorists have argued that homelessness should first be viewed as a ramification of sociopolitical inequality, rather than emphasizing individual dysfunction (APA, 2009; Edgar & Doherty, 2001; Haber & Toro, 2004; Hopper & Baumohl, 1994; Paradis, 2000; Shinn, 2007; Shinn & Tsemberis, 1998). Researchers maintained that individuals attached to groups excluded from political and economic resources are more likely to become homeless (APA, 2009; Lamb & Lamb, 1990; Shinn, 2007; Toro, 2007). For instance, Shinn (2007) reviewed four studies that reported international data on the composition of homeless populations (Philippot, Lecocq, Sempoux, Nachtergaele, & Galand, 2007; Toro et al., 2007; Firdion & Marpsat, 2007; Okamoto, 2007) and evidenced consistently higher rates of homelessness for
minority group members as compared to majority group members across the nations examined. Thus, behavioral health workers serving people who are homeless may have to challenge their potentially erroneous conservative SJIs to endorse approving BHATH (Minnery & Greenhalgh, 2007).

Regrettably, clinicians might negatively impact treatment outcomes with members of relatively lower status groups by endorsing conservative SJIs and ignoring the way in which systemic oppression impacts consumers’ life circumstances (APA, 2003, 2006, 2009; Sue & Lam, 2002). Numerous studies suggested that people without homes often do not experience good practices and, instead, experience provider prejudice while attempting to access health care (Anderson & Koblinsky, 1995; Kryda & Compton, 2009; Kushel et al., 2001; Leipersberger, 2007; McGrath & Pistrang, 2007; Price, 2009; Wen et al., 2007). Accordingly, the provision of U.S. behavioral health services has been informed by a “deficits-based approaches” to ending homelessness (Haber & Toro, 2004, p. 149). Deficits-based approaches to ending homelessness have been critiqued for being insufficient (APA, 2009; Acosta & Toro, 2000; Tsemberis, Gulcur, Mckae, 2004), needlessly costly (Culhane, Metraux, & Hadley, 2002; Toro & Warren, 1999), and for negatively shaping providers’ ATH (Buck et al., 2005; Haber & Toro, 2004; Kryda & Compton, 2009). As a result, behavioral health providers who rigidly adhere to the more prominent deficits-based explanations for homelessness may offer ineffective and culturally insensitive interventions to people without homes by espousing negative ATH and neglecting the impact of societal oppression (Buchanan et al., 2004; Shinn, 1992; Toro & Warren, 1999).
To make matters more complex, members of the U.S. homeless population are culturally diverse and often belong to multiple referent groups that each experience oppression (Haber & Toro, 2004; Price, 2009). For example, estimates suggested that 25% of homeless youth are lesbian, gay, bisexual, transgender, or questioning (Ryan & Futterman, 1998). Also, when compared to the general population, people who are homeless have higher rates of health conditions such as tuberculosis and HIV/AIDS (Zlotnick & Zerger, 2008). Thus, it is necessary to appreciate that ecological forces (e.g., heterosexism, disability stigma, classism) exacerbate homelessness rates within a nation (Shinn, 2007; Toro, 2007). In addition, higher rates of homelessness among social groups that have faced discrimination illuminate the importance of appreciating homelessness through a culturally sensitive lens (Shinn, 2007; Toro et al., 1991). Behavioral health workers who overlook social disparities and strongly endorse conservative SJIs may be less likely to provide good treatment to people without homes.

Integrated with recent conceptualizations of good or effective practices in homelessness services (APA, 2009; Haber & Toro, 2004; Minnery & Greenhalgh, 2007), culturally competent behavioral health treatment involves appreciating the impact of ecological and contextual factors on individuals’ lives (APA, 2003, 2006; Sue et al., 1982). The concept of culturally competent treatment stems from ethical decision-making theories that describe how a counselor’s core assumptions shape clinical outcomes (Constantine, 2007; Garb, 1997). The Tripartite model of multicultural competence encompasses self awareness, having an appreciation for the client’s worldview and cultural context, and the use of appropriate interventions (Sue et al., 1992).
As an aspect of self awareness, APA (2009) argued that, due to the marginalized status of the homeless population, all providers working with these individuals must explore their attitudes and biases. Positive attitudes toward service recipients are important for the development of empowering provider-recipient relationships (Buchanan et al., 2004; Rapp & Goscha, 2006; Weick, Rapp, Sullivan, & Kisthardt, 1989).

According to people who are homeless, behavioral health workers with positive cultural attitudes make services more accessible and effective (Kryda & Compton, 2009). Within psychology, counseling psychologists have long emphasized the importance of behavioral health workers attending to their intergroup attitudes to move toward more effective services for diverse groups of people (APA, 1956; Caldwell & Vera, 2010; Constantine, Arorash, Barakett, Blackmon, Donelly, & Edles, 2001; Mintz, Jackson, Neville, Illfelder-Kaye, Winterowd, & Loewy, 2009; Miville et al., 2009). In addition, the National Association of Social Workers (NASW, 2008), the Commission on the Accreditation of Rehabilitation Counselors (CCRC, 2009), the National Board for Certified Counselors (NBCC, 2005), and the NAADAC – The Association for Addiction Counselors (NAADAC, 2011) each encouraged their respective members to identify their sociocultural biases, stereotypes, and attitudes to provide culturally sensitive and ethical services.

Thus, BHATH have been theorized to be fundamental to the delivery of adequate and culturally sensitive homelessness services (Minnery & Greenhalgh, 2007; Price, 2009). The literature suggested that it is important for behavioral health workers to address their attitudes toward low status groups, such as BHATH, as a way of delivering good
treatment (APA, 2009; Haber & Toro, 2004). Multiple professional groups (e.g., CCRC, 2009) representing an array of behavioral health workers argued that it is important for providers’ to uncover their intergroup attitudes, which may have been influenced by adherence to SJIs.

**Epistemic, Existential, and Relational Antecedents to System-Justifying Ideologies (SJIs).** Behavioral health workers’ tendency to endorse SJIs may influence their BHATH. Epistemic, existential, and relational variables are understood to influence the adoption of SJIs and to shape outgroup attitudes (Jost et al., 2008a). In line with SJT, a comprehensive examination of intergroup attitudes, including BHATH, should use dispositional and situational constructs as antecedent variables (Thorisdottir et al., 2009). Dispositional antecedents to SJIs comprise individuals’ epistemic characteristics and situational antecedents to SJIs encompass existential and relational phenomena (Jost & Hunyady, 2002, 2005; Jost et al., 2008a).

Jost and colleagues (2004) contend that individuals satiate epistemic, existential, and relational drives by endorsing and/or rejecting SJIs. Within SJT (Jost et al., 2008a), epistemic-related constructs (e.g., openness to experiences and closed mindedness) are dispositional characteristics that individuals use to manage ambiguous and diverse situations. Existential-related constructs (e.g., death anxiety, mortality salience, and fear of loss) are ways that individuals respond to the dangerousness of the world and to their own mortality (Jost et al., 2003a). Relational-type constructs (e.g., IC, regional sociodemographic diversity, and social persuasion) are variables conceptualized as aspects of interpersonal phenomena (Cheung et al., 2011; Jost et al., 2009). In a review,
Jost and colleagues (2009) argued that numerous findings, including two meta-analyses (Jost et al., 2003a; Jost, Pelham, Sheldon, Ni Sullivan, 2003c), identified epistemic, existential, and relational constructs as important potential antecedents to the endorsement of SJIs. Dispositional qualities, such as openness to cultural diversity, and relational phenomena, such as IC, have been highlighted in the ATH literature (APA, 2009), whereas existential phenomena appeared less relevant to these intergroup attitudes. Within the SJT literature, the relationships between dispositional and relational constructs and SJIs were consistently examined in separate models (Cheung et al., 2011; Correia & Vala, 2003; Jost & Burgess, 2000; Jost et al., 2003abc; Thorisdottir et al., 2009).

The epistemic motives affect the manner that people engage the unfamiliar and tolerate ambiguity (Jost et al., 2009). People may be motivated by epistemic forces to endorse SJIs as they navigate sociopolitical environments perceived as diverse, oblique, and/or chaotic (Jost et al. 2003a). A review of the mostly correlational results from studies suggests that people who tend to be less tolerant of ambiguity are more likely to endorse negative intergroup attitudes (Jost, Kruglanski, & Simon, 2010). Within SJT, constructs used to conceptualize epistemic-related antecedents to SJIs include dogmatism, intolerance of ambiguity, openness to experiences, and uncertainty avoidance (Jost et al., 2009; Jost et al., 2003b). Similarly, the homelessness literature emphasized that effective practices with the homeless requires professionals who have an openness to cultural diversity and societal change, and establish relationships based on mutual cooperation (APA, 2009; Buck et al., 2005).
There is evidence indicating empirical relationships between epistemic-related constructs and SJIs (Jost et al., 2008a; Jost et al., 2010). For example, Jost and colleagues (2003a) reported that individuals who endorse conservative SJIs tend to be less open to diverse experience (weighted mean $r = -.32, p < .0001$). In further support, GBJW correlated positively with desire for stability ($r = .21, p < .01$) and negatively with openness to experience ($r = -.26, p < .001$; Wolfradt & Dalbert, 2003). Also, Pratto and colleagues (1994) found that SDO correlated negatively with openness to experience ($r = -.28, p < .01$). Multiple studies evidenced significant negative relationships between endorsement of conservative SJIs and dispositional preferences for new and diverse experiences (Jost et al., 2008a; Poteat & Spanierman, 2010; Wolfradt & Dalbert, 2003).

Theorists have advocated for research to uncover additional epistemic variables that shape the expression of SJIs (Jost & Hunyady, 2005; Jost et al., 2008a). In light of that, UDO (Miville et al., 1999; Ponterotto, 2008; Ponterotto, Utsey, & Pedersen, 2006) is a variable that has been conceptualized as a facet of multicultural personality that is expected to be associated with SJIs. Specifically, UDO entails the emotions, cognitions, and behaviors concerning the fondness and appreciation for cultural diversity (Brummet, Wade, Ponterotto, Thombs, & Lewis, 2007; Miville et al., 1999; Ponterotto et al., 2006). UDO is a dispositional-based attitude impacting the way in which people navigate diverse cultural-based experiences (Ponterotto et al., 2006). Further, UDO was found to be negatively correlated with SDO (Poteat & Spanierman, 2010). UDO has also been found to positively correlate with other epistemic-related variables such as openness to change ($r = .22, p < .001$; Sawyer, Strauss, & Yan, 2005) and openness to experience ($r = \ldots$).
.558, \( p < .01 \); Thompson, Brossart, Carlozzi, & Miville, 2002). Thus, within SJT scaffolding (Jost et al., 2008a), UDO is consistent with an epistemic-related construct.

In a review of the attitudes toward diversity literature, Sawyerr and colleagues (2005) reported that UDO was used in the majority of studies that attempted to measure broad diversity attitudes. UDO entails a general motivation to interact with culturally diverse people (Singley & Sedlacek, 2004), which is important when considering the cultural heterogeneity of the homeless population (APA, 2009). In summary, UDO is an epistemic-related construct that seems relevant to behavioral health workers’ delivery of services to the homeless and would be expected to be significantly associated with the expression of SJIs.

Existential motives shape individuals’ SJIs through their preferences for security and certainty (Jost et al., 2003a). Theories with an existential focus, such as Terror Management Theories (Solomon, Greenberg, & Pyszczynski, 1991), posit that the drive to espouse SJIs may arise from existential desires to cope with the fear of mortality. Constructs used to describe existential-related phenomena include mortality salience, death anxiety, and prevention of loss (Jost et al., 2003a). Numerous studies have indicated an empirical association between existential-related constructs and SJIs (Jost et al., 2008a). For example, Jost and colleagues (2003a) evidenced a strong positive relationship between morality salience and conservative SJIs across eight studies, with a mean weighted effect size of \( r = .50, p < .0001 \). Thus, individuals may be drawn to endorse SJIs to manage existential anxiety (Jost et al., 2009). Within the ATH literature (e.g., APA, 2009; Buck et al., 2005), morality salience, death anxiety, and other
existential-related variables did not appear integral to BHATH. Therefore, this study does not include an existential-based variable in the SJT-based model examining BHATH.

Finally, people may be motivated to adopt or reject particular SJIs as a result of human relations (Jost et al., 2009; Jost & Hunyady, 2005; Jost et al., 2003a). A dearth of empirical studies indicated that relational variables predict the endorsement of SJIs and other political attitudes (Cheung et al., 2011; Conley et al., 2010; Jost, Ledgerwood, & Hardin, 2008b). For example, Rentfrow and colleagues (2009) found that participants’ political behavior was associated with the sociocultural diversity in their region. Also, IC has been empirically linked to sociopolitical attitudes (Pettigrew & Tropp, 2006), as well as medical provider’s ATH (Buchanan et al., 2007). Research has consistently found that health providers’ favorable ATH are positively correlated with IC (Buchanan et al., 2007; Buck et al., 2005; dela Cruz et al., 2004; Rose, Miller, Lyons, & Cornman-Levy, 2002; Wilk, 1999). It seems that inert forms of learning and social persuasion are involved in the diffusion of social, political, and cultural attitudes from person to person (Jost et al., 2009; Jost et al., 2008a; Seers & Levy, 2003). However, little is known about the specific relational factors that lead people to support and/or confront sociopolitical systems (Thorisdottir et al., 2009).

To that end, Cheung and colleagues (2011) extended research exploring the relationship between relational contact and the endorsement of conservative ideologies. Across three experiments, the authors found that participants’ system-justifying cognitions were augmented through sheer inclusion in a game of catch with people who
appeared to endorse system-justifying attitudes. Replicating findings from previous research (Sinclair, Lowery, Hardin, & Coglangelo, 2005), participants who did not share a birthday with their apparently system-justifying partner exhibited significantly less modern racist attitudes, $F(1, 81) = 5.13, p = .03, r^2 = .29$, when they were excluded from engaging with their partners ($M = .07$) then when they were included ($M = .40$). On the other hand, when participants were interpersonally connected to their system-justifying partner via a shared birthday, they demonstrated greater modern racist attitudes when they were excluded from the game ($M = .30$) then when they were included ($M = .23$), though the trend was not significant, $F(1, 81) = .31, p = .58, r^2 = .06$. Unfortunately, the authors did not report corresponding standard deviations with the mean attitude scores.

The authors contend that the pattern of results suggests that even trivial interpersonal contact with apparently system-justifying others may be enough to increase one’s oppressive SJIs and attitudes.

Of course, not all individuals adopt conservative SJIs, and some may, in fact, be persuaded to reject them when these beliefs do not serve relational needs (Jost et al., 2003a; Lane, 1962). Intergroup contact theory maintains that interpersonal relations between individuals from socially stratified groups leads to increasingly favorable intergroup attitudes for higher status individuals (Allport, 1954; Pettigrew & Tropp, 2006). Also, in certain situations, intergroup contact has been associated with reduced endorsement of conservative SJIs and conservative political attitudes (Jost & Hunyady, 2005; Jost et al., 2008ab; Rentfrow et al., 2009). Cheung and colleagues (2011) contend that social interactions among people who differ in social status will, at times, reduce the
system-justifying attitudes of higher status individuals. As partial support, intergroup contact with members of marginalized groups predicted positive attitudes toward these groups (Tropp & Pettigrew, 2005).

In addition, studies consistently demonstrated that medical providers’ level of IC is correlated significantly and positively with their ATH (e.g., Buck et al., 2005). For example, research with 25 medical doctors found a significant and positive change in participants’ ATH from \(M = 46.0\) to \(M = 53.0\), following an educational intervention that involved increased IC (standardized item change = .53, \(p < .001\); Buchanan et al., 2007). In addition, dela Cruz and colleagues (2004) measured 15 family nurse practitioners’ ATH before and after a training program that involved frequent IC. The authors reported a significant positive change \((t = -2.8939, p = .013)\) in participants’ ATH scores from pretest \((M = 3.88, SD = .59)\) to posttest \((M = 4.38, SD = .59)\). Thus, for behavioral health workers, there should be a significant relationship between IC (Pettigrew & Tropp, 2006; Tropp & Pettigrew, 2005) and BHATH. Within an SJT framework (Jost & Hunyady, 2005), the findings suggest that IC might significantly influence SJIs such as SDO, GBJW, and GBUW, as well as intergroup attitudes such as BHATH.

In summary, SJT maintains that peoples’ attitudes toward lower status targets are influenced by the relationships of SJIs and their epistemic, existential, and relational drives (Jost et al., 2004). UDO and IC appear to be theoretically and empirically consistent with epistemic and relational variables, respectively, which would motivate the expression of SJIs and shape intergroup attitudes, such as BHATH. Further, epistemic-
and relational-based variables were highlighted in the ATH literature. Thus, UDO and IC will be the antecedent variables to BHATH in the current study. The SJT and ATH literature indicates that people rationalize the status quo by holding negative ATH and conservative SJIs (Haber & Toro, 2004; Jost et al., 2004; Lee et al., 1992; Pacilli et al., 2011; Shinn, 2007).

**Rationalization of the Status Quo and Attitudes Toward Homelessness (ATH).**

Many experts agree that U.S citizens tend to become homeless because of ongoing systemic oppression, such as housing discrimination, rather than their own personal failings (APA, 2009; Toro, 2007). However, recent research suggested that the broader U.S. society, medical professionals, and behavioral health workers tend to attribute homelessness to the dysfunction of homeless individuals (e.g., Toro et al., 2007). Within SJT, this phenomenon is known as rationalization of the status quo (Jost & Hunyady, 2002). In line with SJT (Jost & Banaji, 1994), behavioral health workers are generally expected to endorse societal shaped conservative SJIs and some negative ATH to rationalize homeless people’s marginalized sociopolitical status. Furthermore, SJT contends that the degree to which people endorse SJIs impacts the degree to which they rationalize the status quo by endorsing unfavorable attitudes toward oppressed groups (Jost & Hunyady, 2002, 2005). The following subsection will support the theoretical foundation for SJT’s rationalization of the status quo (Jost & Hunyady, 2002) by detailing the extant literature examining the U.S. society’s and health care providers’ ATH, as well as the relationship between SJIs and system justifying attitudes and outgroup attitudes.
Jost and colleagues (2009) proposed that individuals adopt SJIs and negative attitudes toward lower status groups from the broader society. According to SJT (Jost & Banaji, 2005), societal forces bolster inequality by promoting conservative SJIs (e.g., SDO, GBJW) and negative stereotypes about low status people. Research involving the general U.S. public suggests that many people hold unfavorable ATH and blame people without homes for their circumstances (Cuddy et al., 2009; Fiske, Cuddy, Glick, & Xu, 2002; Cuddy, Fiske, & Glick, 2007; Toro et al., 2007). Accordingly, behavioral health workers are not immune from inheriting societal biases and may become victims of a cultural conditioning process that imbues them with system-justifying attitudes (Constantine, 2007; Jost et al., 2009; Sue et al., 2007). In support, stereotype formation research suggested that people who are familiar with cultural biases toward a targeted group, but do not themselves subscribe to the content, will regardless experience the automatic activation of the cognition in certain situations (Moskowitz, Gollwitzer, Wasel, & Schaal 1999). Though automatic stereotype activation may be subtle, these cognitive processes may lead to discriminatory behaviors (Devine, 1989; Monteith, Sherman, & Devine, 1998). Consequently, it is important to contextualize BHATH with an understanding of societal ATH (Haber & Toro, 2004; Minnery & Greenhalgh, 2007).

Researchers assessed shared beliefs about homelessness via evaluations of large-scale surveys, print media, and academic research (APA, 2009; Shinn, 2007, Toro, 2007). Large-scale studies indicate that people who are homeless are the targets of classism from U.S. society (Shinn, 2007; Toro et al., 2007). Classism describes the detrimental attitudes and oppressive behaviors directed against people and groups with lower
socioeconomic power (Smith, 2008). Accordingly, people without homes are perceived by many citizens to exist at the bottom of the social scale (Susser, 1996; Swick, 2009). Some scholars argued that people who are homeless are categorized in the underclass, which implies powerlessness, criminality, dependence on state benefits, and rejection of middle class norms (Somerville, 1992). Further, Susser (1996) explained that the homeless are perceived by many people to be in direct conflict with public institutions through substance abuse, the criminal justice system, mental institutions, foster care, vagrancy, or their need for public assistance. Researchers evidenced that the broader U.S. society perceives individuals without homes as offensive and ineffective (Cuddy et al., 2009; Cuddy et al., 2007; Fiske et al., 2002; Toro et al., 2007).

Specifically, Toro et al. (2007) conducted random sample telephone interviews with 1,546 adults residing in Belgium, German, Italy, the United Kingdom (UK), and the U.S. to ascertain international ATH. The authors found that the strongest national effects were for the attitude attributing homelessness to the personal failings of homeless people, $R^2 = .13$, $F(4, 1352) = 48.54$, $p < .001$, as the U.S. respondents ($M = 3.16$) endorsed significantly higher levels as compared to those from Germany ($M = 2.51$), Belgium ($M = 2.83$), the UK ($M = 2.95$), and Italy ($M = 2.59$). The ATH variable consisted of items with four-point Likert scales, suggesting that U.S. respondents tended to attribute homelessness to individual-level dysfunction, thereby rationalizing the sociopolitical system. In addition, the authors found that the U.S. respondents ($M = 50.22$) were significantly more likely to view people without homes as having a substance abuse issue, $R^2 = .09$, $F(4, 1416) = 35.19$, $p < .001$, as compared to the German ($M = 48.90$),
Belgium ($M = 34.88$), UK ($M = 45.04$), and Italian ($M = 32.15$) participants. Also, the U.S. ($M = 42.52$) and UK ($M = 38.96$) respondents were significantly more likely to view people without homes as having a criminal record, $R^2 = .05$, $F(4, 1377) = 16.52$, $p < .001$, as compared to the German ($M = 37.96$), Belgium ($M = 29.75$), and Italian ($M = 31.80$) respondents.

With regard to the media and academic journals, Buck, Toro, and Ramos (2004) examined information on homelessness published from 1974-2003 in the *Chicago Tribune*, the *Los Angeles Times*, the *New York Times*, the *Washington Post*, as well as literature in PsycINFO. The authors suggested that the newspapers demonstrated a concerned focus on the systemic causes of homelessness, whereas 324 professional journal articles were more likely to describe deviant characteristics of homeless individuals. The authors suggested that the mass media might shape the publics’ ATH by attributing the problem to structural-causes, whereas scholarly journals may lead the public to emphasize individualistic-level failures. Overall, research exploring societal ATH indicates that the broader U.S. often rationalizes the status quo by attributing homelessness to individual-level deficits rather than systemic-level inequality (Cuddy et al., 2009; Cuddy et al., 2007; Fiske et al., 2002; Haber & Toro, 2004; Toro et al., 2007).

In further support of rationalization of the status quo, numerous studies surveying homeless participants suggest that a variety of health care providers espouse negative ATH (e.g., Leipersberger, 2007). For example, Wen and colleagues (2007) conducted interviews with 17 homeless men and women to understand how they characterized helpful encounters with health care providers. Regrettably, all 17 participants endorsed
experiencing prejudice while relating with health care workers. In addition, Acosta and Toro (2000) conducted a longitudinal study with 301 homeless participants to examine provider-centered variables associated with treatment satisfaction. Among the 98 participants who appraised at least one soup kitchen and one or more additional program (e.g., community mental health center, substance abuse treatment), the soup kitchens were viewed significantly more favorably, $t(97) = 2.89, p < .05$. The authors maintained that the negative ratings for formal programs involved participants’ perceptions of providers’ stigmatizing ATH. Although researchers tend to question people without homes about the nature of health care workers’ sociocultural attitudes (e.g., Wen et al., 2007), some studies (e.g., dela Cruz et al., 2004) have directly assessed providers’ ATH.

Research directly examining health care providers’ ATH also supports the existence of rationalization of the status quo (e.g., Buchanan et al., 2004; Buck et al., 2005). For example, Buchanan and colleagues (2004) assessed the influence of a two-week rotation for 18 medical students that involved substantial IC. The authors obtained a nonsignificant mean score change ($p = .15$) from pre-intervention ($M = 11.7$) to post-intervention ($M = 12.6$) on the belief that homelessness is caused by the personal defects of homeless people. In contrast, item parcels tapping other aspects of ATH, such as willingness to affiliate with homeless people, evidenced significant positive changes ($p < .004$) from pretest ($M = 7.9$) to posttest ($M = 9.8$). Regrettably, the authors failed to report the standard deviations that correspond to the mean ATH scores. Congruent with SJT (Jost & Banaji, 1994), the pattern of findings suggests that medical providers’ negative stereotypes might crystallize to rationalize the low socioeconomic status of
homeless individuals. The small sample size may have also contributed to the non-significant result.

In addition, within SJT, people who espouse conservative SJIs (e.g., SDO, GBJW) are more likely to rationalize the status quo and direct negative stereotypes toward lower status groups (Jost & Hunyady, 2002). Specifically, Haines and Jost (2000) contend that people justify inequality by accepting SJIs to explain status differences between groups, resulting in increased use of disparaging stereotypes against lower status individuals to defend their social standing. Thus, there should be a significant relationship between an individual’s use of conservative SJIs and their attitudes toward members of lower status groups (Jost et al., 2004).

In support, Pacilli and colleagues (2011) utilized SJT to investigate the impact of SJ on the attitudes of an Italian sample of 142 gay men and 70 lesbians toward same sex versus opposite sex parenting type. As expected, the authors’ analysis yielded a two-way interaction between parenting type and participants’ SJIs scores, $b=-.06$, $SE=.02$, $t(204)=-2.50$, $p < .05$. Specifically, participants with higher SJIs scores as compared to those with lower scores judged same sex parents to be less competent than opposite sex parents, $b=-.11$, $SE=.04$, $t(378)=-2.82$, $p < .01$. The authors argued that the findings bolstered the SJT-based notion that rationalizing the status quo by endorsing SJIs involves “legitimizing the heterosexist beliefs that permeate society” (p. 592).

Also, Jost and Burgess (2000) tested whether or not system-justifying constructs such as SDO and GBJW were associated with peoples’ attitudes toward a female victim of gender discrimination. The authors hypothesized that SJIs would be correlated with
increased negative attitudes on the part of male participants and increased attitudinal ambivalence on the part of female participants toward the victim. As expected, for male participants, there was a significant negative relationship between SDO and four measures of positive attitudes toward the alleged female victim, \( r = -.39, p < .05; r = - .41, p < .05; r = -.52, p < .05; r = -.44, p < .05 \). Thus, in line with SJT (Jost & Hunyady, 2002), relatively higher status males who were elevated in SJI were more likely to rationalize the status quo by espousing negative attitudes toward a comparably lower status group member. In addition, for female participants, there was a significant positive relationship between GBJW and attitudinal ambivalence toward the female victim across three measures \( r = .44, p < .005; r = .34, p < .05; r = .36, p < .05 \). The authors argued that women’s individual differences in GBJW led to mixed attitudes toward a fellow female ingroup member who threatened the status quo, as the female participants’ group and system justification drives were in conflict.

Considering research examining rationalization of the status quo (e.g., Pacilli et al., 2011), many behavioral health workers would be expected to rationalize the relatively low socioeconomic status of the homeless by adopting unfavorable BHATH. In addition, SJT theory and research indicated that individuals’ intergroup attitudes are further shaped by their endorsement of SJIs (Jost et al., 2008a; Jost et al., 2010). Thus, behavioral health workers who strongly endorse SJIs would be even more likely to espouse negative ATH.

**Moderating Tendencies of System-Justifying Ideologies (SJIs).** In SJT (Jost & Hunyady, 2005; Feygina & Tyler, 2009; Pacilli et al., 2011), SJIs moderate the relationships of individuals’ social status-, epistemic-, existential-, and relational-related
characteristics with their intergroup attitudes. There is theoretical support for the notion that peoples’ psychological drives are linked to their intergroup attitudes as a function of their endorsement of SJIs (Jost & Hunyady, 2002, 2005; Jost et al., 2008a; Jost et al., 2010). Further, research examining race, sexual orientation, ethnicity, and regional diversity evidenced that, as tendencies toward system justification increase, members of higher status groups reveal increased negative attitudes toward lower status targets (Jost & Burgess, 2000; Jost et al., 2004; Lee et al., 1992). However, few studies have examined the way in which SJIs impact the relationships between epistemic-, existential-, and relational-related characteristics and intergroup attitudes (Feygina & Tyler, 2009; Jost et al., 2010; Pacilli et al., 2011; Sibley, Wilson, & Duckitt, 2007).

Within SJT scaffolding (Hafer & Choma, 2009; Jost & Hunyady, 2002; Thorisdottir et al., 2009), SDO and GBJW are prototypical conservative SJIs and GBUW is a liberal sociopolitical ideology. The three SJIs are expected to enhance the relationships of social status, as well as dispositional and situational variables with intergroup attitudes (Jost & Hunyady, 2002; Thorisdottir et al., 2009). SDO (Lee, Lewis, & Jones, 1992) and GBJW (Kingree & Daves, 1997) appear to be the only SJIs to have been empirically linked to ATH. In addition, SJT posits that SDO and GBJW moderate the relationships between individuals’ social status, situational, and dispositional compositions and intergroup attitudes (Correia & Vala, 2003; Dru, 2007; Hafer & Choma, 2009; Jost & Burgess, 2000). GBUW, in conjunction with GBJW, is believed to add important information to the JWB (Furnham, 2003), though scant studies have examined GBUW (Dalbert et al., 2001; Lench & Chang, 2007; Loo, 2002), and no research appears to have tested the
constructs’ SJI-type moderating tendencies. GBUW is included in the present study, as some scholars have argued that it is important to measure both GBJW and GBUW to fully operationalize the multidimensional JWB (Dalbert et al., 2001; Furnham, 2003; Lench & Chang, 2007; Loo, 2002). As a result, the following paragraphs will detail relevant findings pertaining to SDO and GBJW, which have generally been examined in independent models without testing the product of these SJIs (Correia & Vala, 2003; Dru, 2007; Jost & Burgess, 2000; Oldmeadow & Fiske, 2007).

Although SJT suggests that peoples’ intergroup attitudes are associated with the interactions between dispositional and situational constructs and adherence to conservative SJIs (Jost & Hunyady, 2005), comparably more studies have demonstrated that social status interacts with SJIs to influence intergroup attitudes (Jost & Burgess, 2000; Nosek, Banaji, & Jost, 2009; Pacilli et al., 2011; Lee et al., 1992; Feygina & Tyler, 2009). For example, Nosek and colleagues (2007) examined whether or not ideological self-placement interacted with respondent race to account for attitudes toward African Americans and European Americans with European American ($n = 255, 590$), African American ($n = 34, 216$), and Other ($n = 72, 834$) respondents. As expected, the strength of the conservative ideology-attitude relationship was enhanced for White American respondents compared to the African American and Other groups (Whites $B = .11, p < .0001$; African Americans $B = .06, p < .0001$; Others $B = .06, p < .0001$). Specifically, strong liberals who were White endorsed slightly more positive attitudes toward White Americans ($M = 6.91$) than African Americans ($M = 6.66$), and strong conservatives who were White endorsed substantially more favorable attitudes toward White Americans ($M$...
that, for higher status heterosexual participants as compared to lower status gay and
lesbian participants, adherence to SJIs were strongly predictive of anti-gay bias on both
implicit ($d = .56, n = 14,038$) and explicit measures ($d = .98, n = 13, 972$). The authors
also found that, for higher status European Americans, endorsement of SJIs was
positively associated with exhibited racial prejudice ($d = 0.30, n = 342$). The findings
supported the SJT theory that social status interacts with SJIs (e.g., SDO, GBJW) to
influence intergroup attitudes.

As a prototypical SJI, SDO is expected to intensify the relationships between peoples’
social status, dispositional, and situational variables and their outgroup attitudes (Jost &
Burgess, 2000; Jost & Hunyady, 2005; Jost et al., 2010). Nonetheless, scant studies have
empirically examined the potential indirect influence of SDO (Duckitt & Sibley, 2009;
Jost & Burgess, 2000; Oldmeadow & Fiske, 2007; Sibley, Wilson, & Duckitt, 2007). In
contrast to SJT, the dual process model of prejudice predicts that SDO mediates the
relationships between relational and personality variables and attitudes toward lower-
status groups (Duckitt, 2000, 2001, 2006). However, the dual process model of prejudice
ignores the potential influence of just world beliefs (Duckitt, Birum, Wagner, & du
Plessis, 2002; Whitley, 1999), and GBJW has been significantly correlated with ATH
(Kingree & Daves, 1997). In support of SJT, SDO has been evidenced to moderate the
relationship between social status- and situational-based constructs and intergroup
attitudes (Dru, 2007; Jost & Burgess, 2000; Oldmeadow & Fiske, 2007; Sibley et al.,
2007). SDO has also been correlated with dispositional-based variables and intergroup
attitudes (Sibley et al., 2007). For example, in study three, Sibley and colleagues (2007) examined the influence of SDO on sexist attitudes via a longitudinal study with data collected from higher status male participants at one month ($n = 218$) and five months ($n = 44$). The authors found that SDO influenced increases in sexist attitudes over the 5-month period ($B = 0.24, p < .05$). The authors argued that the findings were consistent with the SJT assertion that an SDO worldview interacts with life experiences to increase oppressive intergroup attitudes. Further, relatively higher status people who are elevated in SDO tend to display increasingly negative stereotypes and unfavorable attitudes toward lower status people, as derogating these groups explains their marginalized status (Duckitt & Sibley, 2009). These studies indicate that for relatively high status behavioral health workers, SDO might impact the relationships of dispositional and situational experiences with BHATH.

GBJW is also expected to strengthen the relationships between peoples’ social status, dispositional, and situational motivations with their intergroup attitudes (Jost & Hunyady, 2002). GBJW has been found to intensify the relationships of peoples’ social status- and situational-based characteristics with intergroup attitudes (Correia & Vala, 2003; Jost & Burgess, 2000), though there were no studies that assessed the impact of GBJW on the relationship of peoples’ dispositional-based characteristics with intergroup attitudes. As an example of a situation-based study, Correia and Vala (2003) presented participants with an interview of a ‘victim’ diagnosed with human immunodeficiency virus (HIV) and were then told that the victim’s HIV was either contracted in a ‘fair’ or ‘unfair’ manner (p. 388). The researchers tested the interaction of participants’ level of GBJW and the
fairness versus unfairness of the situation with their attitudes toward the victim (p. 388).

A two-way interaction effect between the victim’s innocence and GBJW was found $F(1, 129) = 5.62, p < .05$. Further analysis indicated that, in line with SJT, when the victim was innocent, participants with low GBJW ($M = 2.18$) judged him or her more positively than participants with high GBJW ($M = 1.63$; $F(1, 133) = 3.14, p < 0.05$; one-tailed test).

According to the authors, when peoples’ GBJW tendencies are threatened by witnessing victims of unjust situations, those high in GBJW will derogate outgroup victims more than do those low in GBJW to defend the status quo. In addition, the authors reported that the effect of GBJW on the perception of justice ($F(1, 129) = 11.92, p < .001$) indicated that participants with higher GBJW ($M = 3.05$) perceived the target’s situation to be fairer than those low in GBJW ($M = 2.24$). Accordingly, persons high in GBJW have been found to be more likely than those low in GBJW to judge poverty as a fair societal outcome and to attribute low social status to disadvantaged people’s character and actions (Campbell, Carr, & MacLachlan, 2001; Smith, 1985).

In addition, Oldmeadow and Fiske (2007) examined the moderating tendencies of GBJW and SDO and found mixed support for SJT across two studies. The first study examined if GBJW moderated the degree to which 206 participants assigned competence-related stereotypes to target groups labeled as high or low status. The addition of the interaction term came close to significantly increasing the amount of variance explained in the model, $R^2$ change = 0.02, $F(1, 170) = 3.74, p = 0.055$. Although the interaction was not significant, the authors reported that for those high in GBJW, the target’s status was positively and significantly linked to competence $b = 0.56$, $b = 0.56$, $b = 0.56$, $b = 0.56$.
$B = .66, p < .001$, and for those low is GBJW, the target’s status was also positively and significantly linked to competence, but with somewhat less intensity, $b = .35, B = .41, p < .001$. In the second study, SDO moderated the degree to which 123 student participants applied competence-related stereotypes to target groups presented as high or low status. The inclusion of the interaction term significantly increased the amount of variance accounted for in the model, $\Delta R^2 = 0.05, F(1, 114) = 10.00, p = .002$. Specifically, for those high in SDO, the target’s status was positively and significantly related to competence, $b = 0.84, B = 0.75, p < .001$, and for those low in SDO, the target’s status continued to be positively and significantly associated with competence, though at a significantly lower level, $b = 0.43, B = 0.39, p < .001$. Thus, participants high in SDO were more likely than those low in SDO to view a high status target as more competent.

The authors concluded that when people high in SJIs have intergroup contact with low status outgroups, they tend to endorse negative stereotypes to defend social inequalities. Similarly, behavioral health workers who are high in SDO and GBJW would be expected to endorse more negative BHATH when confronted with homelessness.

In conclusion, SJT (Jost & Banaji, 1994) provides an appropriate lens to view the motivational processes underlying BHATH. SJT accounts for research indicating that health care workers often hold unfavorable ATH by attributing homelessness to the stereotypical deficits of homeless people rather than to sociopolitical inequality (Leipersberger, 2007; McGrath & Pistrang, 2007; Rose et al., 2002; Rosenberg et al., 1991). Within SJT scaffolding (Jost & Banaji, 1994; Jost & Hunyady, 2002), UDO and IC are antecedents to the expression of SJIs, and SJIs shape attitudes toward marginalized
groups. Further, the degree to which comparably higher status behavioral health workers endorse SJIs (e.g., SDO, GBJW, GBUW) is expected to strengthen the relationships of UDO and IC with BHATH. In the existing literature, the moderating properties of SJIs, including SDO and GBJW were typically examined in independent models (Correia & Vala, 2003; Dru, 2007; Jost & Burgess, 2000; Oldmeadow & Fiske, 2007). Furthermore, a review of the literature failed to identify a rational or an empirical precedence to justify testing a three-way interaction model with the product of two SJIs used as a variable. The next section will expand upon the SJT-based model being used to understand BHATH.

**Antecedents and Consequences of System-Justifying Ideologies (SJIs)**

BHATH are expected to shape the effectiveness of psychosocial services for people without homes (APA, 2009; Drake et al., 1991; Haber & Toro, 2004; Tsemberis et al., 2004). APA (2009) argued that psychologists must help end homelessness by developing and testing theories to better address the multifaceted problem, such as examining variables associated with positive and negative BHATH. Accordingly, SJT was created to detail the motivational underpinnings of individuals’ intergroup attitudes and prejudices (Jost & Banaji, 1994).

SJT research indicates that for relatively high status people, adherence to conservative SJIs leads to increasingly negative attitudes toward low status people (Jost & Hunyady, 2002). Further, SJIs have been theorized to influence the relationships of individuals’ epistemic-, existential-, and relational-based characteristics and their intergroup attitudes (Correia & Vala, 2009; Dru, 2007; Feygina & Tyler, 2009; Jost & Hunyady, 2002, 2005;
Examining the empirical relationships among potential antecedents and consequences of SJIs tests the utility of SJT (Jost & Hunyady, 2005) for understanding BHATH. The model being tested is that relatively higher status behavioral health workers’ adherence to SJIs will moderate the relationships of UDO and IC with BHATH.

Within SJT, a complete approach to understanding intergroup attitudes, such as BHATH, must incorporate dispositional and situational antecedent variables (Jost & Hunyady, 2005; Thorisdottir et al., 2009; Jost et al., 2010). Dispositional antecedents to SJIs include epistemic characteristics and situational antecedents to SJIs include existential and relational phenomena (Jost & Hunyady, 2005). Numerous studies have identified dispositional and relational variables that are theoretically and empirically linked to SJIs (Block, 2006; Cheung et al., 2011; Feygina & Tyler, 2009; Jost & Hunyady, 2005; Jost et al., 2003a; Jost et al., 2008a; Nadler, 2002; Oldmeadow & Fiske, 2007; Poteat & Spanierman, 2010; Rentfrow et al., 2009). For example, two of Costa and McCrae’s (1985) Big Five personality dimensions have been empirically associated with SJIs: Openness to experience is significantly higher among liberals, and conscientiousness is significantly higher among conservatives (Jost & Hunyady, 2005). Further, SJT researchers found that openness to experience is negatively associated with conservative ideologies, such as SDO ($r = -.28, p < .01$), Right Wing Authoritarianism ($r = -.32, p < .0001$), and Economic System Justification ($r = -19, p < .001$; Jost et al., 2003a). In addition, research evidenced that intergroup contact, a relational variable, is associated with the expression of SJIs and other sociopolitical attitudes including modern
racist attitudes, conservative ideology, and voting for political candidates (Cheung et al., 2011; Nadler, 2002; Poteat & Spanierman, 2010; Rentfrow et al., 2009). IC has also been positively correlated with ATH (Buchanan et al., 2004; 2007; Buck et al., 2005).

Scholars have encouraged additional research to identify supplementary epistemic and relational constructs that are empirically associated with SJIs and intergroup attitudes (Jost et al., 2009; Jost et al., 2008a; Jost et al., 2003a).

This study highlights dispositional- and relational-related antecedent variables, as these phenomena are emphasized in the homelessness literature (APA, 2009; Buck et al., 2005; Toro et al., 2007). Within SJT literature, the impact of dispositional and relational constructs on SJIs and intergroup attitudes have typically been studied independently (e.g., Cheung et al., 2011; Jost & Hunyady, 2005; Rentfrow et al., 2009). Further, the influence of SDO and GBJW on the relationships between dispositional and relational variables and intergroup attitudes has most often been studied in distinct two-way interaction models (e.g., Correia & Vala, 2003; Dru, 2007; Jost & Burgess, 2000; Oldmeadow & Fiske, 2007; Sibley et al., 2007). Also, with regard to testing moderation hypotheses, Bobko (2001) argued that the addition of more than two predictors is not recommended unless a theory proposes this type of model. Consequently, I will examine the moderating properties of SDO, GBJW, and GBUW on the relationships between UDO and IC and BHATH in separate models.

**Antecedent: Universal Diverse Orientation (UDO).** Within SJT scaffolding (Jost & Hunyady, 2002, 2005), UDO (Miville et al., 1999; Ponterotto, 2008) appears consistent with an epistemic-type variable that would be expected to shape the expression of
individuals’ SJI. UDO has been conceptualized as a facet of multicultural personality and entails an attitude of awareness and acceptance of both diversity and connection among sociocultural groups (Brummett et al., 2007; Ponterotto, 2008; Ponterotto et al., 2006). Consistent with SJT, Poteat and Spanierman (2010) reported that UDO was negatively linked to SDO with a sample comprised of 395 racially diverse college students, ($r = -.39, p < .01$). Further, Thompson and colleagues (2002) found that openness to experience, an epistemic variable often used in SJT research (Jost et al., 2003a; Jost et al., 2010), accounted for 41% of UDO, which suggests that the two constructs are similar. A review of the literature suggests that UDO has not been examined in relation to GBJW, GBUW, or BHATH. Miville, Carlozzi, Gushue, Schara, & Ueda (2006) explained that UDO theory should be refined with studies that test the relationships between UDO and attitudes toward overlooked referent groups (e.g., people without homes).

Studies have used UDO with behavioral health worker participants to examine providers’ appreciations for cultural diversity in treatment contexts (Miville et al., 2006; Thompson et al., 2002; Yeh & Arora, 2003). Theorists suggested that individuals with greater UDO tend to espouse more positive attitudes toward diverse sociocultural groups and may have an enhanced capacity to establish effective cross-cultural clinical relationships (Miville et al., 2006; Yeh & Arora, 2003). For example, Miville et al. (1999) found that UDO as measured by the Miville-Guzman Universality-Diversity Scale was significantly and positively associated with positive racial identity ($r = .48, p < .01$), empathic concern ($r = .29, p < .01$), attitudes toward feminism ($r = .39, p < .01$), and
androgyny \( (r = .24, p < .01) \), and negatively associated with dogmatism \( (r = -.27, p < .01) \) and homophobia \( (r = -.33, p < .01) \). Further, Constantine and colleagues (2001) analyzed data from school counselors and found that after controlling for prior multicultural education, UDO made an additional significant contribution to multicultural counseling knowledge and awareness, \( R^2 = .21, F(4, 95) = 8.37, p < .001 \).

Miville and colleagues (2006) examined the relationship between UDO, emotional intelligence, and empathy with 211 counseling graduate students through a series of hierarchical regression analyses. The authors measured UDO with the total scale score on the Miville-Guzman Universality-Diversity Scale-Short Form (M-GUDS-S; Fuertes et al., 2000). Participants were mostly European American (79.2%), with the remainder of the sample identifying as Native American (5.9%), Hispanic (5.3%), African American (2%), Multiracial (1.5%), Asian American (1%), and Other (5.1%). The authors found that after controlling for the variance associated with gender, emotional intelligence and UDO were associated with increased perspective taking, \( F(1, 206) = 23.26, p < .01, R^2 = .187 \), and increased empathic concern, \( F(1, 206) = 10.71, p < .01, R^2 = .171 \). The authors argued that higher UDO might lead mental health workers to be better equipped to empathize with diverse consumers.

Ponterotto (2008) reviewed research on UDO and found that approximately half of the studies operationalized UDO as a three-dimensional construct with either the M-GUDS (Miville et al., 1999) or M-GUDS-S (Fuertes, Miville, Mohr, Sedlacek, & Gretchen, 2000) and that both measures had equally acceptable psychometric properties. Accordingly, UDO is comprised of the following factors: The cognitive component is
the realistic appreciation and tolerance for cultural similarities and differences (RA); the behavioral component involves intention to seek diverse interpersonal contacts (DC); and the affective component is one’s comfort with human connectedness (CWD; Fuertes et al., 2000). Sawyerr and colleagues (2005) investigated the relationships among gender, race, social-personal values, and the three-factor UDO in a series of hierarchical regression analyses. The authors reported somewhat low internal consistency estimates with this sample of 165 college students, as the coefficient alpha for the total M-GUDS-S was .76, whereas those for RA, DC, and CWD were .59, .74, and .59, respectively. However, most other studies using UDO have obtained comparably higher reliability estimates more in line with Constantine and colleagues’ (2001) study that reported Cronbach’s alphas of .80, .70, and .79 for DC, RA, and CWD, respectively. Sawyer and colleagues (2005) observed a significant negative relationship between peoples’ values for power and CWD ($r = -0.15$, $p < 0.05$), though not for total UDO ($r = -0.13$, $p = ns$), RA ($r = -0.13$, $p = ns$), nor DOC ($r = 0.01$, $p = ns$). Thus, UDO and its three factors were differentially related to individuals’ values for power. The authors indicated that measuring UDO led to a better understanding of how values were related to attitudes toward diversity.

In summary, UDO is a dispositional tendency to hold favorable intergroup attitudes toward diverse outgroups (Ponterotto, 2008), which is integral to serving the homeless population (McGrath & Pistrang, 2007). From an SJT approach (Jost & Hunyady, 2002), UDO would be expected to be negatively associated with SDO and GBJW, and positively associated with GBUW. Jost and colleagues (2008a) argued that not all antecedents of
SJIs are epistemic, positing that situational variables shape these cognitions as well. As an example of a situational variable, IC has been empirically linked to the expression of SJIs (Cheung et al., 2011) and medical providers’ ATH (Buck et al., 2005). Research indicating that IC is positively associated with health providers’ ATH (Buck et al., 2005) mirrors findings from meta-analytic tests of IC theory (Pettigrew & Tropp, 2006). IC will be detailed in the following subsection.

**Antecedent: Intergroup Contact with the Homeless (IC).** In a review of the SJT literature, Thorisdottir and colleagues (2009) argued that relatively few studies investigated the consequences of relational antecedents on system justification, leading the authors to advocate for more research in this area. Scant SJT research found intergroup contact and similar relational variables to influence peoples’ SJIs and sociopolitical attitudes (Cheung et al., 2011; Conley et al., 2010; Poteat & Spanierman, 2010). Intergroup contact describes interpersonal experiences related to people from different sociocultural groups interacting (Tropp & Pettigrew, 2005). IC (Allport, 1954; Pettigrew & Tropp, 2006) is a relational construct theorized to influence SJIs and other sociopolitical attitudes (Rentfrow et al., 2009). For example, Poteat & Spanierman (2010) found that the degree to which SDO was associated with modern racist attitudes varied as a consequence of the sociocultural diversity of the peer groups with which individuals were connected, $Z = 2.18, p = .01$. In addition, behavioral health workers’ intergroup contact with various outgroups has been investigated in some studies (APA, 2009; Nadler, 2002; Seaman, Beightol, Shirilla, & Crawford, 2009). For example, health providers who have increased IC generally endorse more positive ATH (Buck et al.,...
Intergroup contact theory (Allport, 1954; Pettigrew & Tropp, 2006) is the most influential psychological theory addressing the reduction of bias between distinct sociocultural groups. Theorists have long speculated that intergroup contact promotes favorable intergroup attitudes (Baker, 1934). According to the contact hypothesis (Allport, 1954), certain types of intergroup contact should lead to significantly more approving intergroup attitudes. Allport (1954) argued that for contact between groups to reduce prejudice, the following optimal conditions must be present: Group members should have equal status during contact, contact must involve collaboration to reach mutual goals, and societal institutions need to foster intergroup cooperation.

However, recent conceptualizations of contact theory contend that intergroup contact generally reduces prejudice, with or without Allport’s optimal conditions (Pettigrew & Tropp, 2006). Social psychology research has continually demonstrated that mere exposure to outgroup targets significantly enhances outgroup affection (Dixon, Durrheim, and Tredoux, 2007; Oskamp & Jones, 2000; Turner & Crisp, 2010). For example, Dixon and colleagues (2007) sampled South Africans and found a significant positive relationship between intergroup contact and favorable cross-racial attitudes ($r = .54, p < .05$). Furthermore, recent iterations of intergroup contact theory maintained the following: Intergroup contact effects typically generalize to the entire outgroup; results
emerge across a wide array of outgroup targets, settings, and situations; and contact under Allport’s optimal conditions is not necessary but generally promotes more favorable outgroup attitudes (Pettigrew & Tropp, 2006; Turner, Hewstone & Voci, 2007).

Although recent empirical evidence (e.g., Turner & Crisp, 2010) supported intergroup contact theory, past research efforts (e.g., Amir, 1969, 1976) led to conflicting assumptions about the impact of intergroup contact on prejudice. In response, Pettigrew & Tropp’s (2006) meta-analysis of 515 studies with 250,089 participants from 38 nations aimed to test the overall effect of intergroup contact on outgroup prejudice. A majority of the studies (51%) involved racial or ethnic group targets, and many research projects used male and female college students or relatively less often, community-based adults. Also, the majority of study participants were asked to self-report IC and intergroup attitudes. In short, intergroup contact had a general robust effect on outgroup prejudice (Pettigrew & Tropp, 2006). The authors reported that 94% of the samples demonstrated an inverse relationship between intergroup contact and outgroup prejudice and that intergroup contact is significantly linked to reduced prejudice ($r = -.215, p = .0001$).

Further, IC with a specific outgroup target was related to reduced prejudice toward the entire outgroup (mean $r = -.231, p = .001$). The authors evaluated whether or not Allport’s (1954) optimal conditions (i.e., common goals, cooperation, and equal status) were necessary for positive outcomes to occur. Mean comparisons demonstrated no significant differences in prejudice effects for samples rated as having or not having common goals, $Q_b(1) = 1.89, p = .17$, cooperation, $Q_b(1) = 0.03, p = .86$, or equal status, $Q_b(1) = .70, p = .40$. Notably, the finding that intergroup contact generally influences
egalitarian attitudes (Pettigrew & Tropp, 2006) is similar to results obtained in homelessness (e.g., Buck et al., 2005) and SJT (e.g., Cheung et al., 2011) studies.

Within SJT scaffolding, intergroup contact appears to shape peoples’ SJIs and sociopolitical attitudes (Cheung et al., 2011; Conley et al., 2010; Poteat & Spanierman, 2010). For example, studies suggested that individuals’ political orientation and attitudes might be influenced by the degree of sociocultural diversity in their region (Hero, 1998; Lee, Jones, & Lewis, 1990; Lee et al., 1992; Rentfrow et al., 2009). Hero (1998) argued that culturally homogenous regions with little opportunity for intergroup contact tend to have more conservative sociopolitical behavior, whereas culturally heterogeneous regions with more opportunity for intergroup contact display more egalitarian sociopolitical ideologies.

Rentfrow and colleagues (2009) tested a sociodemographic model the involved the impact of regional cultural diversity on statewide voting patterns with two different U.S. samples at two different time periods. Data for Sample One were collected from January 1999 to December 2000 with 238,709 participants (58% female) comprised of Asian American ($n = 11,580$), African American ($n = 7,561$), Latino ($n = 5,073$), Middle Eastern ($n = 3,974$), European American ($n = 201,148$), and ‘Other’ ($n = 7,700$) respondents (p. 327). Data for Sample Two were collected from January 2003 to December 2004 with 273,685 participants (59% female) comprised of Asian American ($n = 13,018$), African American ($n = 15,667$), Latino ($n = 16,025$), Middle Eastern ($n = 2,711$), European American ($n = 207,849$), and ‘Other’ ($n = 15,315$) respondents (p. 327). The authors tested the impact of regional diversity on political orientation by synthesizing
the following data: median family income, percentage of the population 25 years or older with a minimum of a college degree, percentages of individuals with white-collar and blue-collar jobs, percentage of African Americans in the region, and proportion of people living in a city with at least one million residents.

Rentfrow and colleagues (2009) demonstrated that the sociodemographic model significantly predicted the percentage of votes for conservative candidates in the 1996, 2000, and 2004 U.S. presidential elections ($R = .634, p < .001; R = .776, p < .001; R = .754, p < .001$; respectively). More specifically, the percentage of blue-collar workers was positively associated with the percentage of votes for conservative candidates in 1996, 2000, and 2004 ($R = .617, p < .05; R = .615, p < .001; R = .461, p < .05$; respectively). Also, the percentage of residents with a college degree was negatively related to votes for conservative candidates in the 2004 election ($R = -.448, p < .05$). In addition, the model accounted for significant proportions of the variance in the percentage of votes cast for third-party presidential candidates in 1996, 2000, and 2004 ($R = .751, p < .001; .755, p < .001; .740, p < .001$; respectively). Specifically, regression coefficients demonstrated that the regional percentage of African Americans in the region was negatively related to the percentage of votes cast for third-party candidates in 2000 ($R = -.511, p < .001$) and 2004 ($R = -.668, p < .001$), whereas the percentage of white-collar workers was a significantly positive predictor of votes cast for third party candidates in 2000 ($R = .469, p < .01$) and 2004 ($R = .776, p < .01$). The authors argued that research should be conducted to identify potential relational mechanisms linking political attitudes to regional sociocultural diversity.
As one possible mechanism, IC has been observed to have a positive impact on the ATH held by medical professionals and members of the U.S. public in multiple studies (Buck et al., 2005; Buchanan et al., 2007; dela Cruz et al., 2004; Lee et al., 1992; Zrinyi & Balogh, 2004). For example, dela Cruz and colleagues (2004) used a mixed model retrospective pre/post self-assessment survey and focus groups to investigate the ATH of 15 family nurse practitioner students before and after increased IC in a homeless outreach clinic. The authors reported a significant favorable change from pre-test ($M = 4.00, SD = 1.56$) to post-test ($M = 4.80, SD = 1.61$) on the belief that societal factors contributed to the homelessness problem, $t(13) = -2.703, p = 0.17$. Also, from pre-test ($M = 3.00, SD = 1.46$) to post-test ($M = 4.07, SD = 1.28$), participants were less likely to believe that homeless people were often personally at fault for their situation, $t(13) = -2.694, p = .017$. The authors argued that the focus groups’ data revealed that IC contributed to a decrease in negative beliefs about people without homes and increased the perception that societal change was integral to ending homelessness.

In conclusion, consistent with SJT (Jost & Hunyady, 2002, 2005), SJIs have epistemic, existential, and relational antecedents (Jost et al., 2008a). UDO and IC are consistent with epistemic and relational constructs, respectively, which are hypothesized to predict the endorsement of SJIs. In contrast to existential variables, epistemic and relational characteristics have been highlighted in the ATH literature (APA, 2009; Haber & Toro, 2004; McGrath & Pistrang, 2007). There are a number of SJIs, such as SDO, GBJW, and GBUW that people endorse to explain sociopolitical inequality (Jost & Hunyady, 2005). In line with SJT (Jost & Hunyady, 2002, 2005), the degree to which
individuals internalize SJIs, including SDO, GBJW, and GBUW, is hypothesized to intensify the relationships of UDO and IC with BHATH.

**System-Justifying Ideologies: Social Dominance Orientation (SDO).** Jost and Burgess (2000) contend that SDO is a prototypical SJI. Social dominance theory assumes that social systems will eventually arrive at stable, group-based social hierarchies (Sidnanius, Pratto, & Mitchell, 1994). SDO is an attitudinal preference for hierarchical versus egalitarian relations among sociocultural groups of people (Pratto et al., 1994). Although SDO has been more strongly tied to system justification, the construct incorporates both group and system-justifying motives (Jost & Hunyady, 2005; Sidanius, Levin, Federico, & Pratto, 2001). Accordingly, SDO is a “general desire for unequal relations among social groups, regardless of whether this means ingroup domination or ingroup subordination (Sidanius et al., 2001, p. 312).” A review of the literature indicates that dominance orientation has been assessed in relation to GBJW (Pratto et al., 1994), ATH (Lee et al., 1992), UDO (Poteat & Spainerman, 2010), and IC (Nadler, 2002; Poteat & Spanierman, 2010). However, SDO does not appear to have been examined with GBUW, nor measured with a sample comprised of behavioral health workers.

SDO has been found to powerfully predict a broad range of intergroup phenomena and to be an especially robust predictor of generalized prejudice (Altemeyer, 1988; Sidanius & Pratto, 1999). For example, a significant relationship between SDO and both generalized outgroup prejudice ($r = .60, p < .001$; Duckitt, Wagner, Du Plessis, & Birum, 2002) and prejudice toward derogated groups ($r = .38, p < .05$; Asbrock, Sibley, &
Duckitt, 2010) has been observed. Also, as expected, SDO has correlated positively with GBJW ($r = .43$, $p < .01$), sexist attitudes ($r = .46$, $p < .01$), and beliefs in equal opportunity ($r = .51$, $p < .01$), as well as correlated negatively with support for social programs ($r = -.50$, $p < .01$), support for racial policies ($r = -.42$, $p < .01$), and support for gay and lesbian rights ($r = -.32$, $p < .01$; Pratto et al., 1994). In addition, SDO has been positively associated with right wing authoritarianism ($r = .21$, $p < .05$) and the tendency to view the world as a competitive jungle ($r = .55$, $p < .001$; Duckitt et al., 2002). As previously mentioned, SDO is evidenced to be negatively correlated with UDO (Poteat & Spanierman, 2010).

SDO has also been empirically linked to ATH (Lee et al., 1992). Lee and colleagues (1992) examined the relationship between ATH and SDO (Huber, 1973) with a national survey of 1,084 persons living in households with phones. The sample was comprised of White ($n = 953$), Black ($n = 83$), Hispanic ($n = 31$), and Other ($n = 14$) participants, as well as those with no high school diploma ($n = 118$), a high school diploma ($n = 356$), some college ($n = 296$), a college degree ($n = 191$), and a postgraduate degree ($n = 113$). The authors found that for this relatively high status sample (U.S. Census Bureau, 2000), participants who strongly endorsed SDO were more likely to attribute homelessness to the dysfunction of homeless individuals (42.7%) rather than to societal inequality (37.4%), whereas those who more strongly rejected SDO were more likely to attribute the problem to societal causes (64.5%) rather than to homeless individuals (17.5%). In line with SJT, the authors suggested that higher status people with high SDO are significantly more likely to attribute homelessness to individual level deficits.
According to SJT (Jost & Hunyady, 2002), the degree to which individuals endorse SJIs (e.g., SDO, GBJW) intensifies the associations of social status-, dispositional-, and situational-related variables with intergroup attitudes. As an example detailed in the previous section, Jost and Burgess (2000) examined if SDO was associated with higher status males’ negative attitudes toward a lower status female victim of sexism. As expected, the authors observed a significant negative relationship between SDO and four measures of positive attitudes toward the alleged female victim, ($r = -.39, p < .05; r = -.41, p < .05; r = -.52, p < .05; r = -.44, p < .05$). Consistent with SJT (Jost & Hunyady, 2002), relatively higher status males who were elevated in SDO were more likely to rationalize the status quo by espousing negative attitudes toward a comparably lower status group member.

Also, within SJT research and theory, conservative SJIs interact with epistemic motives to predict outgroup attitudes (Jost & Hunyady, 2005; Jost et al., 2010). For example, Jost and colleagues (2010) found that there were effects of liberal versus conservative ideology and high versus low need for cognitive closure on attitudes toward foreigners. Within SJT, cognitive closure is a dispositional-based tendency to close one’s mind to divergent ideas (Jost et al., 2010). Specifically, among those with a high need for cognitive closure, conservative ideology ($M = 2.88, SD = 1.01$) as compared to liberal ideology ($M = 5.29, SD = 1.20$) significantly decreased favorable intergroup attitudes, though the authors neglected to provide all of the statistics to support their claim.

Unfortunately, the influence of the relationships between SDO and epistemic constructs on intergroup attitudes does not appear to have been directly examined in the
literature. In partial support, Sibley and colleagues’ (2007) second study examined dispositional antecedents to 340 males’ sexist attitudes with New Zealand (NZ) European ($n = 244$), Maori ($n = 21$), Pacific Nations ($n = 19$), Asian ($n = 27$), non-European NZ ($n = 18$), Indian ($n = 3$), and Unreported ($n = 8$) male participants. The authors used structural equation modeling to test the relationships between men’s tough-minded personality, social worldview, SDO, and the expression of hostile sexism. The paths between personality and social worldview ($B = .57$, $p < .05$), social worldview and SDO ($B = .70$, $p < .05$), and SDO and sexism ($B = .47$, $p < .05$) were all significant and in the expected direction. In support of SJT (Jost & Hunyady, 2005), personality appeared to have an influence on SDO and SDO appeared to impact intergroup attitudes. However, the authors did not examine whether SDO moderated the relationship between the men’s personality and outgroup attitudes.

In addition, Dru (2007) evaluated the impact of situational-based drives by evaluating three priming conditions on the relationship between 179 French students’ SDO and their attitudes toward various immigrant groups (i.e., Arabs, Africans, Asians). The authors had three conditions that included a control group that was not exposed to an intergroup-related prime. However, in the other two conditions, participants were instructed to read one of two cover stories designed to tap either ingroup cohesion values or intergroup competition values. Results indicated that the prejudice scores obtained for SDO in the ingroup cohesion and control conditions were significantly different from those obtained for the competiveness condition, $t(118) = 2.15$, $p = .033$. The authors maintained that, as expected, SDO enhanced prejudice scores in situations when the need for group
competitiveness was made salient, as opposed to when the need for ingroup identification was made salient.

In summary, consistent with SJT (Jost & Hunyady, 2002, 2005), SDO is expected to augment the relationships of behavioral health specialists’ UDO and IC with BHATH. Research evidenced a significant negative relationship between social dominance tendencies and ATH (Lee et al., 1992). Also, SDO has been found to moderate the relationship between social status- and situational-based variables and intergroup attitudes (Dru, 2007; Jost & Burgess, 2000), as well as to be correlated with dispositional-based variables and intergroup attitudes (Sibley et al., 2007). Along with SDO, GBJW is conceptualized as a prototypical conservative SJI (Jost & Hunyady, 2002).

**System-Justifying Ideologies: General Belief in a Just World (GBJW).** Lerner (1980) is credited with establishing JWB theorizing, which has resulted in a number of distinct JWB-based constructs and corresponding scales. For example, GBJW (Dalbert et al., 1987) was extracted from JWB approaches and is considered a common conservative SJI (Jost & Burgess, 2000), whereas GBUW (Dalbert et al., 2001) was more recently extracted from JWB models and is an atypical liberal ideology. GBJW asserts that people generally get what they deserve in the world (Dalbert et al., 1987). GBJW motivates individuals to view the world as fair and predictable, to rationalize inequalities, as well as to derogate the disadvantaged (Dalbert & Yamauchi, 1994). In line with SJT, when individuals high in GBJW are confronted with inequality, they are thought to hold more negative attitudes toward lower status groups (Dalbert, 1997, 1999). In addition,
GBJW has been found to correlate negatively with ATH (Kingree & Daves, 1997) and GBUW (Dalbert et al., 2001; Lench & Chang, 2007), and to correlate positively with SDO (Pratto et al., 1994). A review of the literature suggests that GBJW has not been examined in relation to UDO, IC, and BHATH. Further, the construct does not appear to have been assessed with behavioral health workers.

With regard to construct validity, as expected, GBJW correlated positively with conformity \((r = .26, p < .001)\) and security \((r = .21, p < .01)\), and negatively with openness to experiences \((r < -.29, p < .001;\) Wolfradt & Dalbert, 2003). Further, Kingree and Daves (1997) sampled 203 undergraduate students to examine the relationships among GBJW, Beliefs about the Causes of Poverty, and ATH with European American (66%), African American (24%), Asian American (8%), and Hispanic (2%) participants. The authors found that GBJW was negatively associated with total ATH \((r = -.14, p < .05)\), positively related to the belief that homelessness was due to personal factors \((r = .17, p < .05)\), and negatively related to the belief that homelessness was due to societal causes \((r = -.22, p < .01)\). In addition, GBJW was linked with the belief that poverty is caused by personal causes \((r = -.16, p < .05)\) and the belief that society does not contribute to poverty \((r = .19, p < .05)\). Thus, people high in GBJW engaged in rationalization of the status quo by being more likely to attribute homelessness and poverty to individual causes, rather than attributing these problems to societal causes.

Within SJT, JWB constructs are theorized to enhance the associations of individuals’ intergroup attitudes with social status-, dispositional-, and situational-based motivations (Jost & Hunyady, 2002). Research has found GBJW to moderate the relationship of
peoples’ social status- and situational-based characteristics with intergroup attitudes (Correia & Vala, 2003; Jost & Burgess, 2000). However, no studies were found that examined the impact of GBJW on the relationship of peoples’ dispositional-based characteristics with intergroup attitudes. As a social status-based example that was detailed in the previous section, Jost and Burgess (2000) tested whether or not GBJW would interact with participants’ gender-based social status to be associated with attitudes toward a female victim of gender discrimination. The authors argued that participants’ sex-based status interacted with individual differences in GBJW to shape intergroup attitudes. Additional support for the moderating tendencies of GBJW comes from Correia and Vala’s (2003) situation-based experiment that was described in the previous section in which 149 male ($n = 35$) and female ($n = 102$) undergraduate student participants were shown an interview of a person with human immunodeficiency virus (HIV). The between-subjects design assessed the impact of participants’ GBJW and the target’s innocence on their attitudes toward the target (p.385). The authors found that participants with low GBJW ($M = 2.18$), rather than high ($M = 1.63$), espoused more positive attitudes toward the target under the innocent condition, $F(1, 133) = 3.14, p < 0.05$. However, when the victim was not innocent, the attractiveness of the target did not change as a result of GBJW ($M = 1.14$ and $M = .74$; $F (1, 133) = 1.62, p > 0.10$). The authors maintained that the results indicated that people high in GBJW confronted with an unfair situation challenged the experience by endorsing less favorable attitudes toward the outgroup individual. In line with SJT (Jost & Hunyady, 2002), GBJW moderated the relationship of participants’ situational-based experiences with outgroup attitudes.
In summary, GBJW has been empirically linked to ATH (Kingree & Daves, 1997). In addition, consistent with SJT, GBJW has been found to moderate the relationship of peoples’ social status- and situational-based characteristics with intergroup attitudes (Correia & Vala, 2003; Jost & Burgess, 2000). However, there appeared to be no studies that measured the influence of GBJW on the relationship of peoples’ dispositional-based characteristics with intergroup attitudes. In JWB theorizing, people are differentially motivated to rationalize and/or deny the fairness of the world and this variability across the two dimensions of JWB is expected to affect the likelihood of endorsing favorable versus unfavorable intergroup stereotypes (Dalbert et al., 2001; Jost & Hunyady, 2002).

Thus, the JWB construct is more fully operationalized when it is comprised of GBJW and GBUW (Dalbert et al., 2001).

**System-Justifying Ideologies: General Belief in an Unjust World (GBUW).**

GBUW indicates that variability exists among individuals’ tendencies to reject the notion of system fairness (Lench & Chang, 2007). GBUW is the attitude that people often do not get what they deserve and do not deserve what they get (Dalbert et al., 2001). The belief that the world is sometimes unjust may help some lower status individuals to cope with adversity by decreasing their expectations of system fairness (Furnham, 2003). GBUW is a more liberal and less traditional sociopolitical ideology (Dalbert et al., 2001), and it is not directly mentioned in the SJT literature. Similarly, the initial theories on JWB (Dalbert et al., 1987; Lerner, 1980) assumed that the construct was bipolar and one-dimensional, with GBJW and GBUW found at opposite ends of the continuum. However, a number of studies using factor analysis suggest that GBJW and GBUW are
orthogonal worldviews that comprise the multidimensional JWB (Dalbert et al., 2001; Furnham, 2003; Lench & Chang, 2007; Loo, 2002). There have been a paucity of studies that have examined GBUW (Dalbert et al., 2001; Furnham, 1985; Lench & Chang, 2007; Loo, 2002), and the construct does not appear to have been examined in relation to UDO, IC, SDO, or BHATH.

Although few studies have examined GBUW, three measures have been created to operationalize the construct (Lench & Chang, 2007). GBUW has been operationalized by the Belief in an Unjust World Scale (UW-S; Dalbert et al., 2001), the Unjust World Views Scale (UJVS; Lench & Chang, 2007), and the Just World and Unjust World Scales (JWUJW; Furnham, 1985). Lench & Chang’s (2007) UJVS correlated negatively with Dalbert and colleagues’ UW-S, $r (394) = -.30, p < .001$. In a review, Furnham (2003) argued that the UW-S had demonstrated adequate construct validity and satisfactory internal consistency and was comparable to the JWUJW. Loo (2002) suggested that researchers use measures of just and unjust world beliefs when operationalizing the multifaceted JWB.

For example, Lench and Chang (2007) used the UJVS to investigate the GBUW construct with 397 undergraduate participants comprised of women (75.9%), as well as Asian American (45%; $n = 178$) and European American (32%; $n = 128$). The other participants were identified as Middle Eastern, Latin American, and African American. The authors theorized that GBUW is a protective coping ideology characterized by a emphasis on unfavorable outcomes and that it should be related to other “defensive coping strategies” (p. 131). As predicted, GBUW was positively correlated with trait
anxiety, $r(395) = .30$, $p < .001$; depression symptoms, $r (395) = .36$, $p < .001$; neuroticism $r(396) = .30$, $p < .001$; and negatively with optimism $r(396) = -.37$, $p < .001$.  Further, the authors reported that consistent with their predictions greater GBUW were correlated positively with greater current anger, $r(396) = .33$, $r < .001$; correlated negatively with tendency to predict favorable outcomes as less likely, $r(396) = -.26$, $p < .001$; and positively correlated with the tendency to predict unfavorable outcomes as more likely, $r(396) = .19$, $p < .001$.  The authors argued that it would be important to examine the nomological network of the GBUW construct with racially diverse community samples.

In summary, few studies have examined GBUW, which is conceptualized as the more liberal ideological dimension of JWB (e.g., Dalbert et al., 2001).  In line with SJT (Jost & Hunyady, 2002), providers who are high in GBUW are expected to demonstrate increasingly favorable BHATH.  According to SJT (Jost et al., 2009), exhibiting scorn for low status outgroups is one of the major consequences of higher status members’ motivation to rationalize the status quo.  Accordingly, people without homes are targets for peoples’ disparaging attitudes in the U.S. making it important to better appreciate the factors shaping these intergroup cognitions (Paradis, 2000; Rosenberg et al., 1991; Shinn, 2007; Toro et al., 2007).

**Consequence: Behavioral Health Workers’ Attitudes Toward Treating the Homeless (BHATH).**  In line with SJT theory and research (e.g., Jost & Hunyady, 2005; Jost et al., 2010; Pacilli et al., 2011), BHATH should be influenced by the interactions of SJIs and social status-, dispositional-, and relational-based variables.  Studies surveying medical professionals and members of the U.S. public demonstrated that sex, race,
sociopolitical orientation, and IC are significantly linked to ATH (Buchanan et al., 2007; dela Cruz et al., 2004; Lee et al., 1992). ATH has also been examined with GBJW (Kingree & Daves, 1997) and SDO (Lee at al., 1992). However, the construct seems not to have been evaluated with UDO and GBUW. Although scant studies surveyed behavioral health workers’ thoughts about homelessness (APA, 2009; Lindsey, 1998; Rosenheck & Lam, 1997), none appear to have assessed potential antecedents to these providers’ ATH.

ATH research and theory indicated that people tend to attribute homelessness to a combination of structural-level deficits (e.g., intergroup discrimination, inequality, classism) and individual-level dysfunction (e.g., work aversion, alcoholism, mental illness, personal choice; Buck et al., 2005; Lee et al., 1992; Shinn, 2007; Toro et al., 2007). Kingree and Daves (1997) conceptualized ATH as involving the four following factors: the belief that homelessness arises from individual-level dysfunction; the thought that the problem stems from societal-level dysfunction; the level of favorable cognitions about interacting with the homeless; and the degree of optimism about ending homelessness. The Attitudes Toward Homelessness Inventory (ATHI; Kingree & Daves, 1997) was created to measure ATH across the four dimensions. As expected, the ATHI showed a significant positive relationship with emotional empathy ($r = .17, p < .05$) and a negative relationship with GBJW ($r = -.14, p < .05$). Buchanan and colleagues (2007) examined the psychometric properties of the ATHI with medical professionals. In support, the authors demonstrated an increase in positive ATH on the ATHI following a 2-week homeless educational curriculum (magnitude of change per item = .63, $p < .001$).
Buck and colleagues (2005) used aspects of the ATHI to construct the Health Professional’s Attitudes Toward Homelessness Inventory (HPATHI). The measure was created to quantify U.S. medical professionals’ beliefs about homelessness and about treating homeless patients. Based on the results of a literature review, expert evaluation, and factor analysis, the authors theorized that medical professionals’ ATH consisted of the following factors: personal mission to treat the homeless, belief that society is responsible for ending homelessness, and skepticism about treating people without homes. Buck and colleagues (2005) explained that it was necessary to construct an ATH instrument grounded in the experience of health care professionals to more adequately measure these providers’ beliefs about serving homeless patients. Accordingly, the BHATH measure for the current study will be a slightly modified version of the HPATHI to tap behavioral health workers’ attitudes about treating people without homes.

With housed populations, the ATH construct has been examined and developed most often with members of the general public (Lee et al., 1992; Toro et al., 2007). For example, Lee and colleagues (1992) measured public opinions about homelessness with a sample comprised of 486 male, 598 female, 953 “White”, 83 “Black”, 31 “Hispanic”, and 14 “Other” community-based participants with phones (p. 661). The authors found that females ($M = 50.3$) were significantly more likely than males ($M = 39.3$) to fault society for homelessness, $b = .534$, $p < .001$. In addition, Blacks ($M = 54.2$) were significantly more likely than Whites ($M = 29.8$) and Hispanics ($M = 32.3$) to believe the U.S. government is primarily responsible for helping people without homes, $b = 1.002$, $p < .01$. Unfortunately, the authors failed to report the standard deviations for the attitudes.
score averages. Further, individuals who lived in communities with people without homes ($M = 75.2; M = 35.9$) were significantly more likely than those that lived in communities without homeless people ($M = 58.2; M = 25.9$) to believe that homelessness is a serious problem, $b = .844, p < .001$, and to believe that the federal government is primarily responsible for ending homelessness, $b = .444, p < .001$, respectively. The authors argued that political party affiliation, political ideology, and IC registered the strongest effects on ATH, which is consistent with SJT (Jost & Hunyady, 2002).

With non-homeless populations, ATH has also been measured in studies with medical professionals (Buck et al., 2005). For example, Zrinyi and Balogh (2004) measured 220 nursing students’ and paramedic officers’ ATH and found that approximately 68% of the sample endorsed less than favorable intergroup attitudes. The study involved a relatively large sample size as compared to similar research (e.g., Buchanan et al., 2004); unfortunately, the authors did not detail the demographic composition of the sample.

Further, a significant gender difference was obtained regarding ATH, $t(218) = -3.12, p = 0.002$, as women generally scored higher than men, which indicated that men generally held unfavorable ATH. In addition, only 60.9% of participants strongly agreed that they would never refuse to administer care for a homeless patient, indicating that roughly 39% of the sample may contemplate withholding medical care with this population. Also, 28.4% of the respondents strongly agreed that patients without homes receive equal medical treatment as other clients. The authors found that IC was linked to decreased tendencies to withdraw from homeless patients ($r = -.28, p < .001$), and personal knowledge about homeless clients was related to reduced fear of the homeless ($r = -.21, p$
The authors suggested that providers’ IC, as well as appropriate training, education, and supervision experiences helped providers develop more culturally sensitive ATH. A study limitation was that the correlations were obtained relationships between individual items, which may attenuate the validity of the authors’ interpretations from the scale. In addition, the study lacked an organizing theory to evaluate the findings in light of other studies on ATH or intergroup attitudes.

In addition, Buchanan and colleagues (2004) assessed the outcome of a 2-week rotation in homeless health care for 18 second- and third-year medical residents. The curriculum included lectures on homelessness and also rotations in clinics regularly accessed by homeless patients. The authors compared the scores from pretest ($M = 46.0$) to posttest ($M = 53.0$), and found that ATH scores became significantly more positive at course completion, $\text{Per-item difference standardized} = .53, p = .001$. The authors argued that IC and education into the causes and consequences of homelessness led to more favorable ATH. Also, Rose and colleagues (2002) conducted research with medical student participants to examine the effectiveness of an interdisciplinary community health curriculum on ATH. The 22 participants who completed the program demonstrated non-significant improvement in ATH scores, $t(1, 21) = .52, p = .24$. However, the pre-test ATH of the intervention group ($M = 16.59$) were significantly higher than the pre-test ATH of the control group ($n= 69$) ($M = 15.66$), $t(1, 21) = -2.09, p < .0003$. The data suggested that individuals who self-selected into the intervention group began the program with more favorable ATH than those who comprised the control group. According to the authors, participant IC and learning about the causes of homelessness
were aspects of the program most likely to decrease prejudicial ATH. A limitation to these studies (Buchanan et al., 2004; Rose et al., 2002) was the use of small and homogenous samples and the lack of a theoretical foundation to more easily appreciate how research findings may inform real world applications. Nonetheless, in light of research assessing medical professionals’ ATH (Price, 2009; Zrinyi & Balogh, 2004), it is conceivable that behavioral health workers may also espouse negative BHATH.

Regrettably, there are few studies that directly measured BHATH (APA, 2009; Lindsey, 1998; Rosenheck & Lam, 1997). As a rare example, Lindsey (1998) surveyed 89 social workers, case managers, and program managers employed in homeless shelters to understand their beliefs about what helps families emerge from homelessness. The authors found that respondents attributed people successfully exiting homelessness to the motivation and positive attitude of homeless individuals, and also emphasized that society constructed barriers for people attempting to exit homelessness. Also, Rosenheck & Lam (1997) compared outreach workers’ and homeless clients’ perceptions of clients’ service needs across seven core domains: mental health treatment, long-term housing, physical health care, substance abuse treatment, public support, dental care, and employment. The authors found that behavioral health workers were significantly more likely than homeless clients to identify mental health \( (M = 74.0, \bar{M} = 43.9) \) and substance abuse services \( (M = 20.4, \bar{M} = 8.3) \) as being among clients’ most important service needs, \( r = -30.1, p < .001; r = -12.1, p < .001 \), respectively. Similar to national surveys (Toro et al., 2007), the findings indicate that behavioral health specialists seemed likely to link homelessness to people without homes’ substance abuse issues.
In addition, APA (2009) documented psychologists and student members’ ATH. Requests to participate in the Web-based survey were sent to a sample of the APA’s membership, which included 4,000 members and 4,000 student members. The authors did not detail the member and student member composition of the 411 individuals who ultimately comprised the sample. The authors argued that the 5.1% response rate was comparable to that obtained in previous member surveys. The authors evaluated respondents’ ATH with six items that were used in international surveys (Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006; Toro et al., 2007). The authors found that members tended to agree (58.7%) or strongly agree (37.6%) with feeling “sad and compassionate” toward people without homes (p. 28) and would also be very willing (88%) to have people without homes housed in their neighborhood. However, less than 20% of participants reported engaging in any type of activities with the homeless (e.g., professional activities, providing donations, volunteerism) more than a few hours per month. When asked to detail the time spent on activities for the homeless, 29.2% of participants reported no activity, 30.2% a few hours per year, and 21.9% a few hours per month. When participants were asked what would get them more involved in working with people who are homeless, 30.2% identified training (APA, 2009). In addition, participants identified the following barriers to working with people who are homeless: 23.6% financial reimbursement for their time, 16.3% funding for their research, and 23.6% compensation for their services. The authors neglected to use an ATH instrument to assess behavioral health specialists’ beliefs about society’s responsibility to end homelessness, their level of cynicism about the homeless population, and their
willingness to treat people without homes. The authors reasoned that increased knowledge about BHATH is integral to clarifying how psychologists can help end the problem.

In conclusion, APA (2009) encouraged researchers to use psychological theory to enhance treatment to end homelessness. Although positive BHATH have been highlighted as integral to providers’ care for people without homes (Kryda & Compton, 2009), there have been few studies (e.g., APA, 2009) assessing these social attitudes. Further, a review of the BHATH literature suggests that studies (e.g., APA, 2009) tended not to use an established intergroup theory to better understand the construct. SJT is a psychological theory proposing that people endorse SJIs and engage in social stereotyping to defend the legitimacy of the social system (Jost & Hunyady, 2002). In SJT theorizing, peoples’ intergroup attitudes, such as BHATH, are shaped by the interaction of social status-, epistemic-, and relational-related variables with SJIs (Jost & Hunyady, 2005). IC (Toro et al., 2007; Zrinyi and Balogh, 2004) and openness and appreciation for cultural diversity (e.g., Leipersberger, 2007) are highlighted as important aspects of favorable ATH. Also, SDO (Lee et al., 1992) and aspects of JWB (Kingree & Daves, 1997) have been empirically linked to ATH. Thus, in this study, SJT is being examined by assessing whether BHATH are significantly associated with the interactions of IC and UDO with GBJW, GBUW, and SDO.

**Summary and Importance of the Current Study**

In this review, literature pertaining to BHATH was challenging to uncover. Further, a review of the counseling and counseling psychology literature contained in *TCP, JCP,*
and *JCD* from 2005 to 2012 found that theory and research related to homelessness were mostly absent from these journals. In response, the study will fill a hole in past research efforts by examining SJT (Jost & Banaji, 1994) through the relationships among UDO, IC, SDO, GBJW, GBUW, and BHATH. The project will also make a major contribution to research and theory relevant to counseling psychologists given that the core values of the field include cultural competence and social justice. It seems that additional research and theory relevant to homelessness treatment efforts are required, as people without homes are affected by disenfranchisement at micro and macro levels, and counseling psychologists have a long history of this type of advocacy. The current project can help move the field of counseling psychology toward the goal of increased research to explore BHATH, which has long been advocated by the APA (e.g., APA, 2009).

The scant research measuring housed peoples’ ATH has overlooked behavioral health workers (APA, 2009) and more often surveyed the U.S. public (Toro et al., 2007) and medical care specialists (Buck et al., 2005). A review of the few studies pertaining to health care specialists’ ATH uncovered research that were mostly atheoretical, that used small and homogenous samples, and that failed to report participants’ demographics. Further, studies examining BHATH overlooked literature pertaining to intergroup attitudes, possible antecedents to BHATH, and multilevel conceptualizations of ATH (APA, 2009; Lindsey, 1998; Rosenheck & Lam, 1997).

In response, this study will directly examine BHATH and will use existing psychological theory pertaining to ATH and intergroup attitudes in general to guide the project. SJT (Jost & Banaji, 1994) provides a practical framework to view the processes
underlying BHATH. The theory explains research findings (Buchanan et al., 2007; Leipersberger, 2007; McGrath & Pistrang, 2007; Rose et al., 2002; Rosenberg et al., 1991) indicating that higher status professionals often ascribe homelessness to the shortcomings of homeless people rather than to sociopolitical oppression. Within SJT scaffolding (Jost & Banaji, 1994; Jost & Hunyady, 2002), relatively higher status behavioral health workers are differentially motivated by UDO and IC to endorse SDO, GBJW, and GBUW. In addition, SJT research and theory (Jost & Hunyady, 2002, 2005) suggests that the degree to which behavioral health workers’ endorse SDO, GBJW, and GBUW will moderate the relationships between IC and UDO and BHATH.

**Hypotheses**

This study will test the following hypotheses:

1. BHATH as measured by the HPATHI-M are significantly and positively related to UDO as measured by the M-GUDS-S.

2. BHATH as measured by the HPATHI-M are significantly and positively related to IC as measured by the IC-S.

3. BHATH as measured by the HPATHI-M are significantly and negatively to SDO as measured by the SDO-S and to GBJW as measured by the GBJW-S, and significantly and positively related to GBUW as measured by the UW-S.

4. UDO as measured by the M-GUDS-S is significantly and negatively related to SDO as measured by the SDO-S and to GBJW as measured by the GBJW-S, and significantly and positively related to GBUW as measured by the UW-S.
5. IC as measured by the IC-S is significantly and negatively related to SDO as measured by the SDO-S and to GBJW as measured by the GBJW-S, and significantly and positively related to GBUW as measured by the UW-S.

6. SDO as measured by the SDO-S significantly moderates the relationship between UDO as measured by the M-GUDS-S and BHATH as measured by the HPATHI-M such that participants endorsing higher levels of SDO will be more likely to endorse less favorable BHATH and lower UDO.

7. GBJW as measured by the GBJW-S significantly moderates the relationship between UDO as measured by the M-GUDS-S and BHATH as measured by the HPATHI-M such that participants endorsing higher levels of GBJW will be more likely to endorse less favorable BHATH and lower UDO.

8. GBUW as measured by the UW-S significantly moderates the relationship between UDO as measured by the M-GUDS-S and BHATH as measured by the HPATHI such that participants endorsing higher levels of GBUW will be more likely to endorse more favorable BHATH and greater UDO.

9. SDO as measured by the SDO-S significantly moderates the relationship between IC as measured by the IC-S and BHATH as measured by the HPATHI-M such that participants endorsing higher levels of SDO will be more likely to endorse less favorable BHATH and lower IC.

10. GBJW as measured by the GBJW-S significantly moderates the relationship between IC as measured by the IC-S and BHATH as measured by the HPATHI-M such that
participants endorsing higher levels of GBJW will be more likely to endorse less favorable BHATH and lower IC.

11. GBUW as measured by the UW-S significantly moderates the relationship between IC as measured by the IC-S and BHATH as measured by the HPATHI such that participants endorsing higher levels of GBUW will be more likely to endorse more favorable BHATH and greater IC.

Definitions

*Attitudes Toward Homelessness (ATH)* encompasses attributes regarding whether homelessness tends to stem from societal-level inequality and/or from individual-level deviance, and also one’s willingness to have interpersonal relations with people without homes (Buck et al., 2005; Toro et al., 2007).

*Behavioral Health Worker’s Attitudes Toward Treating the Homeless (BHATH)* involves the motivation to treat people without homes, the belief that homelessness should be resolved by societal change, and cynicism about treating people without homes, which has been adapted from Buck and colleagues’ (2005) Health Professional’s Attitude Toward the Homeless.

*General Belief in a Just World (GBJW)*; Dalbert, Montada, & Schmitt, 1987) is the tendency to perceive the world as fair (Dalbert et al., 1987).

*General Belief in an Unjust World (GBUW)*; Dalbert, Lipkus, Sallay, & Goch, 2001; Lench & Chang, 2007) is the tendency to perceive that people often do not get what they deserve and do not deserve what they get (Lench & Chang, 2007).

*Intergroup Contact* with the homeless (IC; Allport, 1954; Pettigrew & Tropp, 2006)
relational variable that describes interpersonal connections between individuals representing disparate referent groups.

Just World Beliefs (JWB) describes the tendency to evaluate the fairness of the world (Dalbert, Montada, & Schmitt, 1987; Furnham, 2003; Lench & Chang, 2007) and is a multidimensional construct comprised of GBJW and GBUW (Dalbert, Lipkus, Sallay, & Goch, 2001; Furnham, 2003; Lench & Chang, 2007).

Social Dominance Orientation (SDO; Pratto, Sidanius, Stallworth, & Malle, 1994) is an attitudinal preference for intergroup relations to be equal versus unequal.

System Justification is the process by which societal inequality is perceived to be fair and desirable (Jost & Benaji, 1994).

System-Justifying Ideologies (SJIs) are belief systems that provide explanations for societal inequality and are hypothesized to shape individuals’ intergroup attitudes (Jost & Hunyady, 2005).

System Justification Theory (SJT) contends that people often negatively stereotype relatively low status groups, such as the homeless, to rationalize their marginalized social position, thereby defending existing sociopolitical systems (Jost, 2002).

Universal Diverse Orientation (UDO; Miville et al., 1999) is a dispositional tendency to hold favorable intergroup attitudes and to appreciate differences among socially and culturally diverse groups of people.
CHAPTER III

METHOD

Research with homeless participants suggests that health care providers espouse prejudicial attitudes toward members of this group during service encounters (Anderson & Koblinsky, 1995; Kryda & Compton, 2009; Kushel, Vittinghoff, Haas, 2001; Leipersberger, 2007; McGrath & Pistrang, 2007; Price, 2009; Wen, Hudak, Hwang, 2007). Unfortunately, there are scant published studies (e.g., APA, 2009; Lindsey, 1998; Rosenheck & Lam, 1997) that directly measured behavioral health workers’ attitudes toward treating people who are homeless (BHATH). In response, this research design will be a non-experimental survey with convenience sampling to explore the nature of BHATH.

Participants

Upon the completion of data screening, the final sample consisted of 252 behavioral health workers. The demographic characteristics of the sample are detailed in Tables 3.1, 3.2, and 3.3. To determine eligibility for this study tapping United States-based adults’ BHATH, respondents provided demographic information regarding their job title, state residence, and age. Accordingly, participants were not retained in this study if they failed to indicate their job title, state residence, and age. In terms of job title, 27.4% \(n = 69\) identified as case managers, 19.4% \(n = 49\) identified as behavioral health supervisors,
15.9% \((n = 40)\) identified as therapists, 12.3% \((n = 31)\) identified as social workers, 7.9% \((n = 20)\) identified as counselors, 7.5% \((n = 19)\) identified as psychologists, 4.8% \((n = 12)\) identified as trainees in the behavioral health field, 3.2% \((n = 8)\) identified as clinicians, 0.4% \((n = 1)\) identified as housing coordinators/case managers, 0.4% \((n = 1)\) identified as a nurse/social worker, 0.4% \((n = 1)\) identified as a vocational counselor, and 0.4% \((n = 1)\) identified as a peer mentor. In addition, 79.1% \((n = 199)\) indicated that they resided in Ohio, 11.9% \((n = 30)\) indicated California, 1.6% \((n = 4)\) indicated Florida, 1.6% \((n = 4)\) indicated Kentucky, 1.6% \((n = 4)\) indicated Georgia, 1.2% \((n = 3)\) indicated South Carolina, 0.8% \((n = 2)\) indicated Texas, and 0.4% \((n = 1)\) indicated that they lived in either Colorado, Illinois, North Carolina, Washington, Pennsylvania, or New York. Participants used a Likert scale to indicate their age and the responses ranged from 1 (18 to 25) to 6 (58 or older) \((M = 3.58, SD = 1.56)\). Specifically, data about participant job title, state residence, and age are detailed in Table 3.1.
### Table 3.1 Participant Job Title, State Residence, and Age

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title (N=252)</td>
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</tr>
<tr>
<td>Case Manager</td>
<td>69</td>
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</tr>
<tr>
<td>Supervisor</td>
<td>49</td>
<td>19.4</td>
</tr>
<tr>
<td>Therapist</td>
<td>40</td>
<td>15.9</td>
</tr>
<tr>
<td>Social Worker</td>
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<td>12.3</td>
</tr>
<tr>
<td>Counselor</td>
<td>20</td>
<td>7.9</td>
</tr>
<tr>
<td>Psychologist</td>
<td>19</td>
<td>7.5</td>
</tr>
<tr>
<td>Trainee</td>
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<tr>
<td>Clinician</td>
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<td>3.2</td>
</tr>
<tr>
<td>Housing Manager</td>
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</tr>
<tr>
<td>Nurse/SW</td>
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<td>0.4</td>
</tr>
<tr>
<td>Vocational Couns.</td>
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<td>0.4</td>
</tr>
<tr>
<td>Peer Mentor</td>
<td>1</td>
<td>0.4</td>
</tr>
</tbody>
</table>

| Residence (N=252) |     |          |
| Ohio              | 199 | 79.1     |
| California        | 30  | 11.9     |
| Florida           | 4   | 1.6      |
| Kentucky          | 4   | 1.6      |
| Georgia           | 4   | 1.6      |
| South Carolina    | 3   | 1.2      |
| Texas             | 2   | 0.8      |
| Colorado          | 1   | 0.4      |
| Illinois          | 1   | 0.4      |
| North Carolina    | 1   | 0.4      |
| New York          | 1   | 0.4      |
| Pennsylvania      | 1   | 0.4      |
| Washington        | 1   | 0.4      |

| Age (N=252) |     |          |
| Minimum     | 14  | (1) 18-25 years |
| Maximum     | 46  | (6) > 58 years  |
| Mean        |     | (3.58)     |
| SD          |     | (1.56)     |

*Note.* (#) = Point on the Likert-scale.
Table 3.2 Participant Gender, Race/Ethnicity, Field of Study, Income, and Educational Level

<table>
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<tr>
<th>Variable</th>
<th>n</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (N=250)</strong></td>
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<td></td>
</tr>
<tr>
<td>Female</td>
<td>191</td>
<td>75.8</td>
</tr>
<tr>
<td>Male</td>
<td>59</td>
<td>23.4</td>
</tr>
<tr>
<td><strong>Race/Ethnicity (N=251)</strong></td>
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<td></td>
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<tr>
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<td>207</td>
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<tr>
<td>Black</td>
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<td>Hispanic</td>
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</tr>
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<td>Multiracial</td>
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<td>1.6</td>
</tr>
<tr>
<td>International</td>
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<td>1.2</td>
</tr>
<tr>
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<td><strong>Field of Study (N=252)</strong></td>
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</tr>
<tr>
<td>Counseling</td>
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<td>18.7</td>
</tr>
<tr>
<td>Other</td>
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<td>16.3</td>
</tr>
<tr>
<td>Sociology</td>
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<td>3.2</td>
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<td>Nursing</td>
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<tr>
<td>Maximum</td>
<td>8</td>
<td>(9) &gt; $150,000</td>
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<tr>
<td>Mean</td>
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<tr>
<td>SD</td>
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<td>(1.78)</td>
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<tr>
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</tr>
<tr>
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<tr>
<td>Maximum</td>
<td>32</td>
<td>(7) Doctoral</td>
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<tr>
<td>Mean</td>
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<td>(5.56)</td>
</tr>
<tr>
<td>SD</td>
<td></td>
<td>(.90)</td>
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</tbody>
</table>

*Note.* (#) = Point on the Likert-scale; HS/GED = High School Diploma or General Equivalency Diploma.
Table 3.3 Participant Percentage of Homeless Clients, Years Serving the Homeless, Tenure in Behavioral Health Field, Population(s) Typically Served, and Homeless Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>$n$</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Percentage of Homeless Clients (N=252)</strong></td>
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<td></td>
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<tr>
<td>Maximum</td>
<td>20</td>
<td>100</td>
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<tr>
<td>Mean</td>
<td></td>
<td>16.33</td>
</tr>
<tr>
<td>Standard Deviation</td>
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</tr>
<tr>
<td><strong>Years Serving the Homeless (N=252)</strong></td>
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</tr>
<tr>
<td>Minimum</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Maximum</td>
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<td>35</td>
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<tr>
<td>Mean</td>
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</tr>
<tr>
<td>Standard Deviation</td>
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</tr>
<tr>
<td><strong>Tenure in Behavioral Health (N=248)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td>3</td>
<td>(1) &lt; 6 months</td>
</tr>
<tr>
<td>Maximum</td>
<td>38</td>
<td>(9) &gt; 25 years</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>(6.01)</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td></td>
<td>(2.02)</td>
</tr>
<tr>
<td><strong>Population(s) Typically Served (N=252)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DD</td>
<td>194</td>
<td>77</td>
</tr>
<tr>
<td>Vocational</td>
<td>19</td>
<td>76.6</td>
</tr>
<tr>
<td>Medical Care</td>
<td>192</td>
<td>76.2</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>190</td>
<td>75.4</td>
</tr>
<tr>
<td>Homeless</td>
<td>111</td>
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<tr>
<td>Substance Use</td>
<td>106</td>
<td>42.1</td>
</tr>
<tr>
<td>Other</td>
<td>75</td>
<td>29.8</td>
</tr>
<tr>
<td><strong>Homeless Status (N=251)</strong></td>
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</tr>
<tr>
<td>Homeless History</td>
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</tr>
<tr>
<td>Never Homeless</td>
<td>226</td>
<td>89.7</td>
</tr>
</tbody>
</table>

*Note.* (#) = Point on the Likert-scale; DD = Developmental Disability.
The percentages for other demographic variables detailed in the paragraphs below do not always equal 100% because some participants neglected to respond to specific data points and were retained in the study. In reference to gender, 75.8% \((n = 191)\) identified as female, whereas 23.4% \((n = 59)\) identified as male. With regard to race/ethnicity, 82.1% \((n = 207)\) identified as European American/White, 11.5% \((n = 29)\) identified as African American/Black, 2.4% \((n = 6)\) identified as Hispanic/Latino/Latina, 1.6% \((n = 4)\) identified as Multiracial, 1.2% \((n = 3)\) identified as International, and 0.8% \((n = 2)\) identified as Other. Participants used a Likert scale to indicate their current household income and the responses ranged from 1 \((Less \ than \$10,000)\) to 9 \((More \ than \$150,000)\) \((M = 4.38, SD = 1.78)\). Participants also used a Likert scale to indicate their highest educational level completed and the responses ranged from 2 \((High \ School\ Diploma/GED)\) to 7 \((Doctoral \ or \ Medical \ Degree)\) \((M = 5.56, SD = .90)\). For the highest field of study completed, 31.7% \((n = 80)\) indicated social work, 23.4% \((n = 59)\) indicated psychology, 18.7% \((n = 47)\) indicated counseling, 16.3% \((n = 41)\) indicated other, 3.2% \((n = 8)\) indicated sociology, 2.4% \((n = 6)\) indicated nursing, 2.0% \((n = 5)\) indicated business education, 1.6% \((n = 4)\) indicated education, and 0.8% \((n = 2)\) indicated medical doctor. Data about participant gender, race/ethnicity, income, educational level, and highest field of study are detailed in Table 3.2.

Participants also provided demographic information pertaining to professional and personal experience with homelessness and tenure in the behavioral health field. Participants specified the percentage of their current clients/consumers who are homeless and the most common responses were the following: 41.3% \((n = 104)\) indicated that 0%
of their current clients were homeless, 20.4% (n = 59) indicated that 1% of their current clients were homeless, 7.9% (n = 20) indicated that 100% of their current clients are homeless, 5.2% (n = 13) reported that 10% of their current clients are homeless, and 3.6% (n = 9) indicated that 50% of their current clients are homeless. Further, respondents reported the number of years, over their career, providing services to homeless people, which ranged from 0 years (10.7%, n = 27) to 35 years (0.4%, n = 1).

In addition, 9.9% (n = 25) of respondents indicated that they had been homeless and 89.7% (n = 226) indicated that they had not been homeless. Respondents also reported the population/s of clients/consumers that they typically served. Specifically, 77% (n = 194) primarily served people with a developmental disability, 76.6% (n = 193) primarily served people seeking vocational services, 76.2% (n = 192) primarily served people seeking medical care, 75.4% (n = 190) primarily served people who are homeless, 42.1% (n = 106) primarily served people with a substance use disorder, and 29.8% (n = 75) primarily served other populations. Participants used a Likert scale to indicate tenure in the social service/behavioral health field and the responses ranged from 1 (Less than 6 months) to 9 (More than 25 years) (M = 6.01, SD = 2.02). Data about percentage of homeless clients, tenure serving the homeless, personal experience with homelessness, population primarily served, and tenure in the behavioral health field are detailed on Table 3.3.

Measures

The online survey consisted of a demographic questionnaire and measures tapping the following constructs: universal diverse orientation (UDO), intergroup contact (IC), social
dominance orientation (SDO), general belief in a just world (GBJW), general belief in an unjust world (GBUW), and BHATH. The following survey instruments were presented in a counterbalanced order.

**Demographic Questionnaire.** The following demographic variables were included on the demographic questionnaire: age, gender, race/ethnicity, personal experience with homelessness, highest level of education completed, household income, state residence, field of study for highest degree completed, current job title at agency, tenure in social services, tenure at current agency, and the population primarily served. (See Appendix A)

**M-GUDS-S.** The 15-item M-GUDS-S (Fuertes, Miville, Mohr, Sedlacek, & Gretchen, 2000) was used to measure the UDO construct (See Appendix B). UDO has been conceptualized as an aspect of multicultural personality (Ponterotto, 2008). UDO is the attitudes, cognitions, and behaviors regarding the appreciation of similarities and differences among people (Miville, Carlozzi, Gushue, Schara, & Ueda, 2006). On the M-GUDS-S, respondents are asked to indicate their level of agreement with each of the 15 statements using a Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree), with higher scores indicating an overall orientation toward diversity.

Fuertes et al. (2000) M-GUDS-S was constructed by administering the original 45-item M-GUDS (Miville et al., 1999) to three samples of somewhat racially diverse graduate and undergraduate students and extracting the highest loading 5 items from each of the three factors. Fuertes and colleagues (2000) conducted two sets of confirmatory factor analyses on the M-GUDS-S, which supported a three-factor structure \( x^2 (85, N = 206) = 143.84, p < .001; \) NNFI = .94; GFI = .92; CFI = .95 and \( x^2 (87, N = 184) = 123.43, \)
The factors extracted were the following: 1) A behavioral facet known as Diversity of Contact, which accounted for 10% of the variance; 2) a cognitive aspect labeled Relativistic Appreciation that explained 10% of the variance; and 3) an affective and evaluative portion referred to as Comfort with Differences that accounted for 10% of the variance (Fuertes et al., 2000). The M-GUDS-S was designed to measure overall UDO and/or UDO across the three factors (Fuertes et al., 2000). This study used the total scale of M-GUDS-S to operationalize UDO, as SJT inspired research (e.g., Jost & Hunyady, 2005) operationalized personality with a single construct.

Miville and colleagues (2006) reported a coefficient alpha of .74 for the overall M-GUDS-S, though reliability estimates for two subscales were less than .60. On the other hand, Constantine, Arorash, Barakett, Blackmon, Donelly, & Edles (2001) reported Cronbach’s alphas of .80, .70, and .79 for Diversity of Contact, Relativistic Appreciation, and the Comfort with Differences subscales, respectively. The M-GUDS test-retest reliability coefficient was .94 for the total score (Miville et al., 1999). With regard to construct validity, the 15-item scale correlated ($r = .77, p < .001$) with the M-GUDS total score (Fuertes et al., 2000). In addition, Miville and colleagues (1999) found that the M-GUDS-S was significantly associated with cognitive empathy ($B = .26, p < .01$) and affective empathy ($B = .13, p < .05$). Miville et al., (1999) found UDO with the M-GUDS-S not to correlate with social desirability ($r = .17, p = N.S.$).

In a review, Ponterotto (2008) explained that the M-GUDS-S seems to have substantial research utility. However, Fuertes et al. (2000) identified the need to study the validity of the M-GUDS-S with various demographic populations and in varied
settings. Sawyerr, Strauss, and Yan (2005) encouraged researchers to continue to explore the UDO construct with a sample of working people who are diverse in age and work experience. Consistent with system justification theory (SJT; Jost & Hunyady, 2002), UDO would be conceptualized as an epistemic-type antecedent to individual’s endorsement of system-justifying ideologies. The Cronbach’s alpha coefficient obtained for the M-GUDS-S in the present study was similar to that reported in previous research ($\alpha = .83$; see Table 4.1).

**IC-Scale.** IC with the homeless was measured with Tropp and Pettigrew’s (2005) IC-S, which is a four-item self-report measure designed to tap both quantity and quality dimensions of the construct (See Appendix C). IC is direct exposure and closeness with outgroup members (Pettigrew & Tropp, 2006). Tropp and Pettigrew (2005) developed the IC-S to tap the construct with various outgroups. On the first and second items, respondents are asked to enter the number of outgroup members they know and the number of outgroup members they consider close friends. Consistent with previous IC research (e.g., Tropp & Pettigrew, 2006), the data from these two items are later collapsed across a 7-point likert scale ranging from 1 (zero) to 7 (more than 15). For the third and fourth items, participants respond to each of the questions using a Likert scale ranging from 1 (very distant) to 7 (very close). Across the four-items, higher scores indicate greater familiarity with outgroups.

The four items comprising Pettigrew and Tropp’s (2005) IC-S were observed to be correlated, $r = .71$, $p < .001$, and were averaged to create an overall measure of IC ($\alpha = .82$). The authors found that IC was associated positively with the following outgroup
attitudes: favorability ($r = .27, p < .01$), anticipated liking ($r = .29, p < .001$), and positive emotions ($r = .21, p < .05$). Multiple studies (e.g., Zrinyi & Balogh, 2004) indicated that health professionals’ with increased work-related contact with homeless people are significantly more likely to endorse favorable ATH. In SJT (Jost & Hunyady, 2002), IC has been conceptualized as a relational variable (Cheung, Noel, & Hardin, 2011), and found to significantly relate to individuals’ endorsement and/or rejection of system-justifying cognitions. The Cronbach’s alpha coefficient obtained for the IC-S in the present study was similar to that reported in previous research ($\alpha = .71$; see Table 4.1).

**SDO-Scale.** SDO was operationalized with Pratto, Sidanius, Stallworth, Bertram, & Malle’s (1994) 14-item self-report SDO-S (See Appendix D). SDO is the human tendency to favor and/or allow inequality among social and cultural groups (Pratto et al., 1994). The SDO-S (Pratto et al., 1994) is a series of statements regarding social equality among groups. Respondents indicate their reaction to each of the statements using a Likert scale ranging from 1 (*very negative*) to 7 (*very positive*), with higher scores indicating a greater tendency toward SDO. Duckitt, Wagner, du Plessis, & Birum (2002) argued that SDO scales measure enduring system-justifying attitudes. Accordingly, the SDO-S (Pratto et al., 1994) has been found to have good temporal stability over a 3-month interval ($r = .81, p < .01$). Furthermore, Pratto and colleagues (1994) obtained an average internal consistency estimate of $\alpha = .83$ with data from 13 studies involving 1,952 racially diverse college participants.

A number of studies evidenced the construct validity of the SDO-S (Cohrs, 2005; Pratto et al., 1994). For example, SDO correlated positively with right wing
authoritarianism ($r = .56$, $p < .001$) and with endorsement of disparaging outgroup attitudes ($r = .29$, $p < .001$), and negatively with universalism ($r = -.68$, $p < .001$) and benevolence ($r = -.25$, $p < .001$; Cohrs, 2005). The SDO-S has also been found to correlate positively with GBJW ($r = .43$, $p < .01$), cultural elitism ($r = .51$, $p < .01$), and the belief in equal opportunity ($r = .51$, $p < .01$; Pratto et al., 1994). SDO has accounted for large amounts of variance in hostility toward a variety of outgroup targets including gays, Blacks, and women (Altemeyer, 1998; Pratto, 1999; Stellmacher, 2004). In SJT (Jost & Hunyady, 2002), SDO is a system-justifying ideology expected to shape unfavorable BHATH. The Cronbach’s alpha coefficient obtained for the SDO-S in the present study was similar to that reported in previous research ($\alpha = .96$; see Table 4.1).

**GBJW-Scale.** The GBJW construct was operationalized with Dalbert, Montada, & Schmitt’s (1987) six-item self-report GBJW-S. (See Appendix E). GBJW reflects an individual’s beliefs regarding justice in the world (Dalbert et al., 1987; Lench & Chang, 2007). On the GBJW-S, respondents are asked to indicate their level of agreement with each of the statements using a Likert scale ranging from 1 (*strongly agree*) to 6 (*strongly disagree*), with higher scores indicating an orientation toward GBJW. Lench and Chang (2007) obtained internal consistency estimates of $\alpha = .91$ with a multiethnic college sample comprised of Asian Americans (32%, $n = 178$), White (32%, $n = 128$), and Latino/Latina, African American, and Middle Eastern participants.

Dalbert and colleagues’ (1987) scale has faced extensive validation studies. Many studies have supported the construct validity of the scale (Dalbert, 1999; Dalbert, Lipkus, Sallay, and Goch, 2001; Dalbert & Yamauchi, 1994). GBJW correlated negatively ($r = -$
with the belief that the world is unjust (Dalbert et al., 1987). Also, Dalbert and colleagues (2001) found that GBJW correlated negatively with GBUW ($r = -.59, p < .001$), and correlated positively with religiosity ($r = .24, p < .05$). Over two studies, Dalbert (1999) found that GBJW correlated positively, ($r = .54, p < .001$) and ($r = .53, p < .001$), with personal belief in a just world. In addition, individuals who endorsed a stronger preference for entrenched political parties were significantly more likely to espouse GBJW ($M = 2.66, SD = .83$) than those who opposed established political groups ($M = 2.16, SD = .73$), $T(171) = 3.57, p < .001$ (Dalbert et al., 2001). In SJT (Jost & Hunyady, 2002), GBJW is a system-justifying ideology expected to be negatively associated with BHATH. The Cronbach’s alpha coefficient obtained for the GBJW-S in the present study was similar to that reported in previous research ($\alpha = .85$; see Table 4.1).

**UW-Scale.** The GBUW construct was represented by the four-item UW-S (Dalbert et al., 2001; See Appendix F). GBUW is an individual’s beliefs about injustice in the world (Dalbert et al., 2001). Further, GBUW is the tendency to be cynical about the fairness of world events (Lench & Chang, 2007; Dalbert et al., 2001). The UW-S is a self-report instrument with a series of statements reflecting attitudes about injustice (Lench & Chang, 2007). The UW-S taps one’s level of agreement with statements using a Likert scale ranging from 1 (totally disagree) to 6 (totally agree), with higher scores indicating a greater GBUW orientation (Dalbert et al., 2001).

Dalbert and colleagues (2001) obtained a low internal consistency estimate of $\alpha = .67$ with a sample comprised of introductory psychology students at three German
Universities and a lower internal consistency estimate $\alpha = .51$ for a sample comprised of Hungarian prisoners and prison guards. The authors observed a negative correlation between GBJW and GBUW, $r = -0.62$. However, the results of confirmatory factor analysis bolstered the hypothesis that the multidimensional just world beliefs construct is comprised of GBJW and GBUW, as the two factor random error model was the best fitting model tested, and was a good fit to the data, $X^2 = 14.04$, $p = 0.520$ (Dalbert et al., 2001). The authors maintained that the GBJW and GBUW could not be confined to the same factor without significant loss of data, as the two-factor model was a better fit to the data than the one-factor model, $X^2 = 23.48$, $p < 0.001$. From a SJT approach (Jost & Hunyady, 2002), GBUW is a system-rejecting ideology expected to positively impact BHATH. The Cronbach’s alpha coefficient obtained for the UW-S in the present study was much higher than that reported in previous research ($\alpha = .87$; see Table 4.1).

**HPATHI-M.** The HPATHI (Buck et al., 2005; See Appendix G) was modified (HPATHI-M; See Appendix H) to assess BHATH. The HPATHI is a 19-item self-report measure of health professional’s ATH. The items are rated on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*), with larger scores reflecting more positive professional attitudes toward people without homes. The modification to the HPATHI involved replacing the following terms: ‘primary care provider’ with ‘behavioral health worker’ on item seven; ‘doctors’ with ‘behavioral health workers’ on item 12; ‘patients’ with ‘clients or consumers’ on items 11, 15, 16 and 17; ‘medicine’ with ‘behavioral health field’ on item 13, and ‘medical recommendations’ with ‘behavioral health recommendations’ on item 11 to create the HPATHI-M.
With regard to the HPATHI, Cronbach’s alphas of .87 have been reported along with a test-retest Pearson $r$ coefficient of .69 (Buck et al., 2005). Buck et al. (2005) suggested that HPATHI might comprise 3 factors including general attitudes toward the homeless, confidence in capacity to work with the homeless, and interest in treating the homeless. Cronbach’s alphas were observed at .66, .43, and .77 respectively. The HPATHI-M was designed to generate both a combined measure of BHATH and a measure across the three factors. Further, Buck et al., (2005) used the total scale score of the HPATHI-M to examine the relationship between BHATH and IC. Due to the uneven internal consistency across the subscales (Buck et al., 2005), this study utilized the total scale score of the HPATHI-M to measure BHATH.

Buck and colleagues (2005) evidenced the construct validity of the HPATHI via a moderate Pearson’s correlation ($r = .68$) with a different measure of attitudes toward the homeless (i.e., Attitudes Toward the Homeless Inventory; Kingree & Daves, 1997). Further, extreme group comparisons indicated that respondents who had more than one year of experience working with the homeless ($M = 4.10$, $SD = .28$) scored significantly higher on the HPATHI, $F(2, 157) = 6.19$, $p = .003$, than those who had less than one month of experience ($M = 3.91$, $SD = .30$). Consequently, the authors argued that increased IC with the homeless as opposed to medical training was related to more positive attitudes toward the homeless. Unfortunately, the study neglected to report the racial and social class characteristics of the sample. HPATHI-M will measure BHATH. The Cronbach’s alpha coefficient obtained for the HPATHI-M in the present study was similar to that reported for the HPATHI in previous research ($\alpha = .92$; see Table 4.1).
Procedures

Before initiating participant recruitment, the study was approved by The University of Akron’s Institutional Review Board (see Appendix I). Participants were recruited using convenience sampling through emails disseminated at behavioral health organizations, behavioral health professionals’ Listservs (e.g., state psychological association Listserv), and by word of mouth. To reach appropriate providers at their places of employment, organizations were selected from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) behavioral health treatment facility locator website (SAMHSA, 2013). SAMHSA’s website provides a list of organizations, broken down by region, that provide substance abuse, mental health, and/or other behavioral health treatment (SAMHSA, 2013). I divided the United States (U.S.) into the South, the Northeast, the Midwest, and the West, and randomly selected 50 SAMHSA organizations from each region. However, I purposefully selected two CMHCs from the Midwest due to their increased likelihood of participation based on existing working relationships. Once the 200 behavioral health organizations and two Listservs were selected, I obtained the e-mails for the administrators representing these sites and contacted them with a request to forward the attached participant e-mail invitation to their contacts (see Appendix J). Participants were encouraged to forward the email link to others whom they believed would be appropriate for this study. Although each site was contacted three times, only five organizations indicated that they had forwarded the email.

The email invitation forwarded to potential participants included an overview of the study, participant eligibility, the primary investigator’s contact information, and an
implanted web link to the online survey (see Appendix J). After clicking on the web link, potential participants were directed to the online questionnaires hosted by Qualtrics.com. The first page of the survey was a letter of participation and informed consent form that provided a brief introduction to the study’s purpose and procedures, eligibility requirements, associated risks and benefits, data anonymity, payments to participants, and contact information for the primary investigator’s advisor (see Appendix K). After reading the letter of participation and informed consent form, potential participants then read the following statement: “To access the online survey, please click the arrow icon”. Respondents who refused participation did not click the arrow icon. Respondents who chose to engage in the survey clicked the arrow icon, which demonstrated their informed consent to participate.

After clicking the arrow icon, participants were directed to the survey and asked to respond to a series of open-ended and Likert-type items. At any point in the survey, participants had the option to discontinue. Upon completion of the survey, participants were offered the option of forwarding their e-mail addresses to the principle investigator to be included in a raffle for one of four $50 Target gift cards. Thus, the participant’s contact information was not associated with the online survey to ensure anonymity. All data were transferred from Qualtrics into an SPSS file.

This recruitment method was used for all 202 organizations in an attempt to obtain the desired sample size for conducting moderation studies. Aguinus, Beaty, Boik, and Pierce (2005) reviewed moderation studies and found that the average effect size in tests of moderation is only 0.009. To account for this, the authors recommended a standard for
Effect sizes to be 0.005, 0.01, and 0.025 for small, medium, and large, respectively. Thus, a cautioned approach to performing a statistical analysis with multiple regression models in a general linear framework with an effect size $f^2$ of .025, an error probability of .05, and power level of .80 required approximately 250 respondents. The final sample included 252 behavioral health workers, which was congruent with the recommended sample size for the purpose of the present study. The power analysis was conducted with G*Power (Buchner, Faul, & Erdfelder, 1992).

**Main Statistical Analyses**

After data screening, demographic and other important variables of interest (i.e., UDO, IC, SDO, GBJW, GBUW, BHATH) underwent descriptive analyses. As reported in the previous subsection, Cronbach’s alpha coefficients were obtained for the M-GUDS-S, IC-S, SDO-S, GBJW-S, UW-S, and HPATHI-M total scales. A zero-order correlation matrix was calculated for the total scores of the M-GUDS-S, IC-S, SDO-S, GBJW-S, UW-S, and HPATHI-M. Hypotheses 1-5 were addressed through this correlation matrix.

Hypotheses 6-11 were addressed through two multiple regression analyses to investigate main and interactive effects of participant UDO and IC and system justifying ideologies (i.e., SDO, GBJW, GBUW) on BHATH. In SJT literature, the influence of dispositional (e.g., UDO) and relational (e.g., IC) constructs on system justifying ideologies and intergroup attitudes have typically been studied independently (e.g., Jost & Hunyady, 2005). Also, the impact of SDO and GBJW on the relationships between dispositional and relational variables and intergroup attitudes has most often been studied.
in two-way interaction models (e.g., Correia & Vala, 2003; Dru, 2007; Jost & Burgess, 2000; Oldmeadow & Fiske, 2007). In addition, for testing moderation hypotheses, Bobko (2001) argued that the inclusion of more than two predictors is not suggested unless a theory proposes this type of model. Thus, I examined the moderating properties of SDO, GBJW, and GBUW on the relationships between UDO and IC and BHATH in separate analyses.

Prior to the regression analyses, scores for UDO, IC, SDO, GBJW, and GBUW were transformed into deviation units by subtracting their sample means to produce revised sample means of zero (i.e., centered) to reduce multi-collinearity between the interaction terms and other predictor variables (Tabachnick & Fidell, 2001). In the first analysis, the antecedent variable (i.e., UDO) was entered in Step 1, main effects (i.e., UDO, SDO, GBJW, GBUW) were entered in step 2, and interaction effects (i.e., UDO X SDO, UDO X GBJW, UDO X GBUW) were entered in Step 3. In the second analysis, the independent variable (i.e., IC) was entered in step 1, main effects (i.e., IC, SDO, GBJW, GBUW) were entered in Step 2, and interaction effects (i.e., IC X SDO, IC X GBJW, IC X GBUW) were entered in Step 3. Evidence for a moderator effect was assessed in Step 3 of both analyses by a statistically significant increment in $R^2$ and beta weight (Bobko, 2001). All analyses used SPSS to calculate interactions between the continuous between-subjects scores of UDO, IC, SDO, GBJW, and GBUW.
CHAPTER IV
RESULTS

This chapter details the analyses performed on the data collected. Initially, preliminary analyses utilized to clean the data are detailed. Next, the main analyses used to satisfy the hypotheses are discussed. Finally, post-hoc analyses focusing on the role of social dominance orientation (SDO) as a mediator are illustrated.

Data Screening

A total of 303 participants endorsed the informed consent and started the online survey. Upon completion of data collection, the data set was screened for participant eligibility, missing data, univariate and multivariate outliers, normality, and multicollinearity. Eligibility was determined by reviewing each respondent’s age, job title, and state residence as reported on the demographics questionnaire. The present study focused on adult behavioral health workers who reside in the United States (U.S.). Thus, participants were maintained in the study if they indicated that they currently worked in the behavioral health field, were 18 years old or older, and resided in the U.S. For this study, the term behavioral health worker refers to individuals involved in providing psychosocial treatment to enhance people’s health and wellbeing (Aarons, 2004). Consistent with this definition, individuals with the following job titles were eligible to participate: psychologists, vocational counselors, social workers, clinicians,
counselors, therapists, substance abuse counselors, case managers, peer mentors, behavioral health supervisors, and trainees in these fields. A total of 48 surveys (15.8%) were removed from the study due to missing information on participants’ work status, age, and state residence, as well as for excessive missingness across the other instruments.

Data were screened for missing values, following the recommendations detailed by Parent (2013) and Tabachnick and Fidell (2007). According to Tabachnick and Fidell (2007), the pattern of missing data is more important than the amount missing. Specifically, missing values spread randomly across a data matrix create fewer problems than missing values that cluster around specific items or scales. In this study, there was no clear bias in the missingness of data evidenced by no single item having more than two missing values. Thus, it was assumed that the data could be treated as missing completely at random. Since fixed recommendations for permissible missingness of data has not been established (Parent, 2013; Tabachnick & Fidell, 2007), surveys with more than 20% of missing data, either in a single questionnaire or across the entire survey, were excluded from analysis. This resulted in 48 participants (15.8%) being removed from the sample due to large amounts of missing data. Surveys with missing data that were retained in the study include the following: On the 14-item Social Dominance Orientation Scale (SDO-S; Pratto, Sidanius, Stallworth, Bertram, & Malle, 1994), a total of two missing data points out of 255 were observed with no participants missing more than a single data point (7.1% missingness); on the 6-item General Belief in a Just World Scale (GBJW-S; Dalbert, Montada, & Schmitt, 1987), a total of two missing data points
out of 255 were observed with no participants missing more than a single data point (16.7% missingness); on the 19-item Health Professional Attitudes Toward the Homeless Inventory-Modified (HPATHI-M; Buck et al., 2005), a total of six missing data points out of 255 were observed with no participants missing more than a single data point (5.3% missingness); and on the 15-item Miville-Guzman Universality-Diversity Scale-Short Form (M-GUDS-S; Fuertes, Miville, Mohr, Sedlacek, & Gretchen, 2000), a total of thirteen missing data points out of 255 were observed with 11 participants missing no more than one single data point (6.7% missingness) and two participants missing two data points (13.3% missingness). For the surveys with missing data, the available item analysis scale mean for each participant was obtained and substituted for missing data on the scale (Parent, 2013). Unfortunately, the 48 participants whose surveys were excluded failed to respond to the demographics questions in the survey, which made it impossible to determine if they differed significantly from those who were retained.

In addition, data were assessed for univariate and multivariate outliers using the process detailed by Tabachnick and Fidell (2007). Accordingly, no univariate outliers were identified, and none were removed based on a z-score value exceeding $z > 3.29$, $p < .001$. Further, screening was executed for multivariate outliers by examining Mahalanobis distances exceeding the probability of $p < .001$ (Tabachnick & Fidell, 2007). Three multivariate outliers were identified and removed using this criterion.

The data were also assessed for multivariate normality to make certain that it met the normality assumption fundamental to multiple regression analysis. Because this sample comprised more than 200 cases, skewness and kurtosis were visually examined with
SPSS frequency histograms and expected normal probability plots for each of the variables (Tabachnick & Fidell, 2007). Visual inspection for general belief in a just world (GBJW), general belief in an unjust world (GBUW), intergroup contact with the homeless (IC), and universal diverse orientation (UDO) suggested that their levels of skewness and kurtosis were congruent with the normality assumption and did not require transformation of the variables. However, visual inspection of the data for SDO was found to have substantial positive skewness, and the data for behavioral health workers’ attitudes toward treating the homeless (BHATH) was found to have substantial negative skewness. Thus, for both SDO and BHATH, a logarithm transformation was conducted (Tabachnick & Fidell, 2007). Upon completion of the transformations, a visual inspection of SDO and BHATH indicated that their levels of skewness and kurtosis met the normality assumption.

Multicollinearity was examined through bivariate correlation, tolerance, VIF, and collinearity diagnostics. Correlation tables were examined to assess if there was bivariate multicollinearity among the variables greater than or equal to .90 (Tabachnick & Fidell, 2007). The highest correlation was -.79 between SDO and BHATH. Although the bivariate correlation between SDO and BHATH was less than .90, the high correlation suggested that the variables were approaching redundancy. To gain a better understanding of the relationship between SDO and BHATH, I followed the process detailed by Osborne (2003) to calculate the disattenuated correlation between SDO and BHATH (r* = -.84). The correlation between SDO and BHATH with the measurement variance removed suggests that these are very similar constructs. As SDO was an
antecedent variable and BHATH an outcome variable, both were retained, although
results were interpreted in light of this strong correlation. In addition, Tolerance (.31 - .84), VIF (1.19 – 3.20), and collinearity diagnostics for two models with five variables
and a DV were used to examine multivariate multicollinearity with the current sample.
In summary, the analyses suggest that multicollinearity was not affecting this data set.

A series of univariate analyses of variance (ANOVAs) were then conducted to
determine if differences between psychologists and other behavioral health workers,
between participants who have been homeless and those who have not been homeless,
and between males and females might affect the primary analyses. Considering that
participants who are doctoral-level psychologists might differ from participants with
other degrees, an ANOVA was performed to evaluate the potential dissimilarity on
BHATH. This analysis led to a non-significant statistic at the $p < .05$ level, $F(1, 251) = .32, ns$. Also, given that participants who had been homeless themselves might be
substantially different from participants without such experience, an ANOVA was
executed to assess the potential difference on BHATH. This analysis also led to a non-
significant statistic at the $p < .05$ level, $F(1, 251) = 1.11, ns$. Finally, because previous
SJT-based research has found significant differences between males and females on
intergroup attitudes (e.g., Jost & Burgess, 2000), an ANOVA was conducted to gauge the
potential difference of gender on BHATH. Once again, this analysis led to a non-
significant statistic, $F(1, 251) = 1.36, ns$. Overall, these analyses failed to indicate
differences based on profession, homeless status, and gender that would impact the
primary analyses.
Main Statistical Analyses

The current section will detail the study’s hypotheses and corresponding findings. The primary variables’ means, standard deviations, and Cronbach’s alpha levels are found in Table 4.1. For all analyses, UDO was operationalized by the M-GUDS-S (Fuertes, et al., 2000), IC was operationalized by the IC-S (Tropp & Pettigrew, 2005), SDO was operationalized by the SDO-S (Pratto et al., 1994), GBJW was operationalized by the GBJW-S (Dalbert et al., 1987), GBUW was operationalized by the UW-S (Dalbert et al., 2001), and BHATH was operationalized by the modified HPATHI (Buck et al., 2005). The correlations testing Hypotheses 1-5 will be discussed, followed by the hierarchical regression analyses examining Hypotheses 6-11, and ending with the analyses conducted to assess the two post-hoc hypotheses.
Table 4.1 Descriptive Statistics and Internal Consistencies

<table>
<thead>
<tr>
<th>Scale</th>
<th>M</th>
<th>SD</th>
<th>Α</th>
<th>Possible Range</th>
<th>Observed Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-GUDS-S</td>
<td>4.72</td>
<td>.55</td>
<td>.83</td>
<td>1-6</td>
<td>3.13-6.00</td>
</tr>
<tr>
<td>IC-S</td>
<td>3.81</td>
<td>1.31</td>
<td>.71</td>
<td>1-7</td>
<td>1.00-7.00</td>
</tr>
<tr>
<td>SDO-S</td>
<td>2.77</td>
<td>1.45</td>
<td>.96</td>
<td>1-7</td>
<td>1.00-6.93</td>
</tr>
<tr>
<td>GBJW-S</td>
<td>3.18</td>
<td>.96</td>
<td>.85</td>
<td>1-6</td>
<td>1.00-6.00</td>
</tr>
<tr>
<td>UW-S</td>
<td>3.78</td>
<td>1.12</td>
<td>.87</td>
<td>1-6</td>
<td>1.00-6.00</td>
</tr>
<tr>
<td>HPATHI-M</td>
<td>3.63</td>
<td>.67</td>
<td>.92</td>
<td>1-5</td>
<td>1.58-4.68</td>
</tr>
</tbody>
</table>

Note. N = 252. M-GUDS-S = Miville-Guzman Universality-Diversity Scale-Short Form; IC-S = Intergroup Contact Scale; SDO-S = Social Dominance Orientation Scale; GWJW-S = General Belief in a Just World Scale; UW-S = Belief in an Unjust World Scale; HPATHI-M = Health Professional Attitudes Toward the Homeless Inventory-Modified.

Hypotheses 1-5.

Hypotheses 1-5 were evaluated by examining the strength and direction of specific bivariate relationships among the antecedent, moderating, and outcome variables. The correlations between the main variables used in the current study can be seen in Table 4.2. The five hypotheses collectively predicted that the outcome variable (i.e., BHATH) would be significantly related to the antecedent variables (i.e., UDO, IC) and the moderating variables (i.e., SDO, GBJW, GBUW), and UDO and IC would be significantly related to SDO, GBJW, and GBUW.

Hypotheses 1-3 examined if BHATH had the expected correlations with the relational (i.e., IC), epistemic (i.e., UDO), and ideological (i.e., SDO, GBJW, GBUW) variables used in the current study. Hypothesis 1 predicted that BHATH would be significantly
and positively related to UDO. A positive correlation indicated that behavioral health workers with high levels of UDO were more likely to have approving BHATH ($r = .53, p < .001$). For Hypothesis 2, as expected, the results indicated that IC and BHATH were positively related ($r = .35, p < .001$). Hypothesis 3 suggested that BHATH would be significantly and negatively related to SDO and GBJW, and significantly and positively related to GBUW. In support, significant correlations indicated that behavioral health workers with high SDO ($r = -.79, p < .001$) and GBJW ($r = -.49, p < .001$) were less likely to endorse favorable BHATH. Also, a significant relationship suggested that higher levels of GBUW were related to more favorable BHATH ($r = .59, p < .001$). Thus, as expected, BHATH had significant relationships with the antecedent variables and moderating variables used in the study.

Hypotheses 4 and 5, respectively, predicted that UDO and IC would be significantly and negatively related to SDO and to GBJW, and significantly and positively related to GBUW. In line with Hypothesis 4, SDO ($r = -.46, p < .001$) and GBJW ($r = -.36, p < .001$) were negatively related to UDO. Furthermore, a positive correlation was found between GBUW and UDO ($r = .39, p < .001$). Thus, behavioral health workers who were higher in UDO were more likely to endorse liberal ideologies and less likely to endorse conservative ideologies. However, there was mixed support for Hypothesis 5, which asserted that IC would be significantly and negatively related to SDO and GBJW, and significantly and positively related to GBUW. In support, behavioral health workers with greater IC were found to endorse less SDO ($r = -.17, p = .008$) and GBJW ($r = -.14, p = .025$), although these correlations were small. In addition, a non-significant relationship
between GBUW and IC ($r = .11, p < .071$) suggested that the constructs were not related. Thus, IC was related to adherence to conservative ideologies but not adherence to liberal ideology. Overall, the findings support the majority of the first five hypotheses, which predicted the nature of specific bivariate relationships in the study.

Table 4.2 Bivariate Correlations Among M-GUDS-S, IC-S, SDO-S, GBJW-S, UW-S, and HPATHI-M

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. M-GUDS-S</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. IC-S</td>
<td>.27**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. SDO-S</td>
<td>-.46***</td>
<td>-.17**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. GBJW-S</td>
<td>-.36***</td>
<td>-.14*</td>
<td>.49***</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. UW-S</td>
<td>.39***</td>
<td>.11</td>
<td>-.64***</td>
<td>-.70***</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>6. HPATHI-M</td>
<td>.53***</td>
<td>.35***</td>
<td>-.79***</td>
<td>.49***</td>
<td>.59***</td>
<td>-</td>
</tr>
</tbody>
</table>

Note 1. $N = 252$. M-GUDS-S = Miville-Guzman Universal Diversity Orientation-Scale Short Form; IC-S = Intergroup Contact Scale; SDO-S = Social Dominance Orientation Scale; GBJW-S = General Belief in a Just World; UW-S = Belief in an Unjust World Scale; HPATHI-M = Health Professional Attitudes Toward the Homeless Inventory-Modified.

* $p < .05$, ** $p < .01$, *** $p < .001$ (two-tailed).

Hypotheses 6-11.

Hypotheses 6-11 predicted that behavioral health workers’ adherence to each of the three ideologies would moderate the relationships between their UDO and IC and BHATH. Preceding the analyses, scores for UDO, IC, SDO, GBJW, and GBUW were transformed into deviation units by subtracting their sample means to produce revised
sample means of zero (i.e., centered) to reduce multicollinearity between the interaction terms and other antecedent variables (Tabachnick & Fidell, 2007). The five hypotheses were examined through hierarchical regression analyses.

Hypotheses 6-8, respectively, maintained that SDO, GBJW, and GBUW each significantly moderate the relationships between UDO and BHATH such that participants endorsing lower levels of a conservative SJI or higher levels of a liberal ideology would tend to have more favorable BHATH and greater UDO. The independent variable (i.e., UDO) was entered in Step 1 of the analysis and accounted for significant variance in BHATH, $R^2 = .28, \beta = .53, p < .001$. The main effects (i.e., UDO, SDO, GBJW, GBUW) were entered in the second step and led to a significant increase ($\Delta R^2 = .39, p < .001$) in the amount of variance accounted for in BHATH. Also, Step 2 yielded significant main effects for UDO ($\beta = .19, p < .001$) and SDO ($\beta = -.63, p < .001$), though not for GBJW ($\beta = -.06, ns$) and GBUW ($\beta = .07, ns$). The interaction effects (i.e., UDO X SDO, UDO X GBJW, UDO X GBUW) were entered in Step 3 and accounted for a non-significant increase ($\Delta R^2 = .00, ns$) in the variance accounted for in BHATH. Not surprisingly, Step 3 failed to yield significant interaction effects for UDO X SDO ($\beta = -.07, ns$), UDO X GBJW ($\beta = .01, ns$), and UDO X GBUW ($\beta = -.02, ns$). Total variance accounted for in BHATH was .67. Thus, the model failed to support the three hypotheses, which predicted that SDO, GBJW, and GBUW each strengthen the relationships between UDO and BHATH. However, the analysis evidenced that SDO contributed significant additive effects when regressed with UDO on BHATH. The analyses can be seen in Table 4.3.
Table 4.3 Regression for Relation of Universal Diverse Orientation and Ideology to Behavioral Health Workers’ Attitudes Toward the Homeless

<table>
<thead>
<tr>
<th>Variable</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>( R^2 )</th>
<th>Δ( R^2 )</th>
</tr>
</thead>
<tbody>
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<td>Step 1</td>
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<td></td>
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<tr>
<td>UDO</td>
<td>.53</td>
<td>.13</td>
<td>.01</td>
<td>.28</td>
<td>.28***</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UDO</td>
<td>.19***</td>
<td>.05</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDO</td>
<td>-.63***</td>
<td>-.39</td>
<td>.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBJW</td>
<td>-.06</td>
<td>-.01</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBUW</td>
<td>.07</td>
<td>.01</td>
<td>.01</td>
<td>.67</td>
<td>.39***</td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>UDO</td>
<td>.20***</td>
<td>.05</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDO</td>
<td>-.62***</td>
<td>-.39</td>
<td>.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBJW</td>
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<td>-.01</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBUW</td>
<td>.07</td>
<td>.01</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UDO X SDO</td>
<td>-.07</td>
<td>-.07</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UDO X GBJW</td>
<td>.01</td>
<td>.00</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UDO X GBUW</td>
<td>-.02</td>
<td>-.00</td>
<td>.01</td>
<td>.67</td>
<td>.00</td>
</tr>
</tbody>
</table>

*Note 1. N = 252. UDO = Universal Diverse Orientation; SDO = Social Dominance Orientation; GBJW = General Belief in a Just World; GBUW = Belief in an Unjust World; BHATH = Behavioral Health Workers’ Attitudes Toward the Homeless.

* p < .05, ** p < .01, *** p < .001 (two-tailed).

Hypotheses 9-11, respectively, predicted that SDO, GBJW, and GBUW each significantly intensify the relationships between IC and BHATH such that participants endorsing less allegiance to a conservative ideology or more allegiance to a liberal ideology will be more likely to endorse favorable BHATH and greater IC. The independent variable (i.e., IC) was entered in Step 1 and accounted for significant variance in BHATH, \( R^2 = .12, \beta = .35, p < .001 \). In Step 2, main effects (i.e., IC, SDO,
GBJW, GBUW) were entered and led to a significant increase ($\Delta R^2 = .57$, $p < .001$) in the amount of variance accounted for in BHATH. Also, the analysis highlighted significant effects for IC ($\beta = .22$, $p < .001$) and SDO ($\beta = -.66$, $p < .001$), though not for GBJW ($\beta = -.07$, $ns$) and GBUW ($\beta = .09$, $ns$). For Step 3, the interaction effects (IC X SDO, IC X GBJW, IC X GBUW) were entered and led to a non-significant increase ($\Delta R^2 = .00$, $ns$) in the amount of variance accounted for in the outcome variable. Accordingly, the step failed to produce a significant interaction effect(s) for IC X SDO ($\beta = -.02$, $ns$), IC X GBJW ($\beta = .01$, $ns$), and IC X GBUW ($\beta = .04$, $ns$). Total variance accounted for in BHATH was .69. As a result, the data failed to support the hypotheses that SDO, GBJW, and GBUW moderate the relationships between IC and BHATH. However, the analysis evidenced that SDO accounted for significant additional variance in BHATH with IC as the antecedent variable. On the whole, the findings failed to support hypotheses 6-11, which predicted that SDO, GBJW, and GBUW will each exaggerate the relationships between UDO and IC and BHATH. The analysis can be seen in Table 4.4.
Table 4.4 Regression for Relation of Intergroup Contact and Ideology to Behavioral Health Workers’ Attitudes Toward the Homeless

<table>
<thead>
<tr>
<th>Variable</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>IC</td>
<td>.35</td>
<td>.03</td>
<td>.01</td>
<td>.12</td>
<td>.12***</td>
</tr>
<tr>
<td>Step 2</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IC</td>
<td>.22***</td>
<td>.02</td>
<td>.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDO</td>
<td>-.66***</td>
<td>-.41</td>
<td>.03</td>
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<td></td>
</tr>
<tr>
<td>GBJW</td>
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<td>-.01</td>
<td>.01</td>
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<td></td>
</tr>
<tr>
<td>GBUW</td>
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<td>.01</td>
<td>.69</td>
<td>.57***</td>
</tr>
<tr>
<td>Step 3</td>
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<td></td>
</tr>
<tr>
<td>IC</td>
<td>.21***</td>
<td>.02</td>
<td>.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDO</td>
<td>-.67***</td>
<td>-.41</td>
<td>.03</td>
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</tr>
<tr>
<td>GBJW</td>
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<td>-.01</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBUW</td>
<td>.09</td>
<td>.01</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IC X SDO</td>
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<td>-.01</td>
<td>.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IC X GBJW</td>
<td>.01</td>
<td>.00</td>
<td>.01</td>
<td>.69</td>
<td>.00</td>
</tr>
<tr>
<td>IC X GBUW</td>
<td>.04</td>
<td>.00</td>
<td>.01</td>
<td></td>
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</tr>
</tbody>
</table>

*Note 1. N = 252. IC = Intergroup Contact; SDO = Social Dominance Orientation; GBJW = General Belief in a Just World; GBUW = Belief in an Unjust World; BHATH = Behavioral Health Workers’ Attitudes Toward the Homeless.

* $p < .05$, ** $p < .01$, *** $p < .001$ (two-tailed).


In the current study, SDO had a relationship with BHATH that did not fully support SJT (Jost & Hunyady, 2002), and the data seemed more consistent with the dual process model of prejudice (Duckitt, 2000, 2001, 2006). For example, SDO, GBJW, and GBUW did not moderate the relationships between UDO and IC and BHATH, which is incongruent with SJT (Jost & Hunyady, 2005). However, unlike GBJW and GBUW,
SDO accounted for significant additive variance in the epistemic and relational models. Furthermore, SDO and BHATH were highly correlated and had the strongest bivariate relationship examined in the study. Based on the findings involving SDO and the other SJIs, the dual process model of prejudice (Duckitt, 2001) seemed a better framework to view the data. As discussed in the previous chapter, the dual process model of prejudice (Duckitt, Wagner, du Plessis, & Birum, 2002; Whitley, 1999) predicts that SDO explains rather than strengthens the relationships between epistemic and relational variables and attitudes toward low status groups. Based on the dual process model theory and the current data, two post-hoc analyses were conducted to test whether SDO mediated the relationships between UDO and IC and BHATH.

Frazier, Barron, and Tix’s (2004) steps for mediation were used in both analyses to test whether SDO mediated the relationships between UDO and IC and BHATH. Frazier et al. (2004) suggested four steps to assess mediator effects. First, establish if the antecedent variable (i.e., UDO or IC) is related to the outcome variable (i.e., BHATH) by regressing the antecedent variable on the outcome variable. Next, test the strength of the path between the moderating variable (i.e., SDO) and the antecedent variable (i.e., UDO or IC) by regressing the moderating variable on the antecedent variable. Third, examine if the moderating variable is significantly related to the outcome variable by regressing the outcome variable concurrently on both the mediating variable and the antecedent variable. The third step generates two estimates: An estimate of the relationship between the mediator variable (i.e., SDO) and the outcome variable (i.e., BHATH) while controlling for the antecedent variable (i.e., UDO or IC), and an estimate of the
relationship between the antecedent variable (i.e., UDO or IC) and the outcome variable (i.e., BHATH) while controlling for the mediator variable (i.e., SDO). In the fourth step, determine if there was a significant reduction in the variance accounted for by the antecedent variable (i.e., UDO or IC) on the outcome variable (i.e., BHATH) with the mediator variable (i.e., SDO) in the model. The authors indicated that a Sobel test (Sobel, 1982) was an appropriate method to use in the fourth step. A Sobel test was calculated for the present study with quantpsy.org.

Post-hoc Hypothesis 1 predicted that SDO would mediate the relationships between UDO and BHATH. Following the recommendations by Frazier et al. (2004), I regressed BHATH on UDO, which was significant, $R^2 = .28$, $F (1, 250) = 97.03$, $p < .001$. Then, I regressed SDO on UDO, which was also significant, $R^2 = .21$, $F (1, 250) = 66.40$, $p < .001$. Finally, I regressed BHATH on SDO and UDO, which was significant, $R^2 = .66$, $F (2, 249) = 243.05$, $p < .001$. In addition, Sobel’s test was calculated to determine if the relationship between UDO and BHATH was significantly attenuated after insertion of SDO into the model. I obtained the unstandardized regression coefficient and the standard error for the relationships between UDO and SDO ($b = -.18$, $SE = .02$), UDO and BHATH with SDO in the model ($b = .05$, $SE = .01$), and SDO and BHATH with UDO in the model ($b = -.43$, $SE = .03$). Sobel’s test indicated that there was a significant reduction in the variance accounted for by UDO on BHATH with SDO in the model ($t = 7.44$, $SE = .01$, $p < .01$). Frazer et al. (2004) maintained that when the association between the antecedent variable and the outcome variable is significantly smaller when the mediator is in the model then when the mediator is not in the model, but remains
larger than zero, the results indicate partial mediation. Thus, I found evidence that SDO partially mediated the relationship between UDO and BHATH, as SDO accounted for some, but not all, of the relationship between UDO and BHATH.

Post-hoc Hypothesis 2 predicted that SDO would mediate the relationship between IC and BHATH. In line with Frazier (2004), I regressed BHATH on IC, which was significant, $R^2 = .12$, $F(1, 250) = 34.51$, $p < .001$. Then, I regressed SDO on IC, which was also significant, $R^2 = .03$, $F(1, 250) = 7.14$, $p = .008$. Finally, I regressed BHATH on SDO and IC, which was significant, $R^2 = .67$, $F(2, 249) = 257.93$, $p < .001$. In addition, Sobel’s test was calculated to determine if the relationship between IC and BHATH was significantly attenuated following inclusion of SDO. I obtained the unstandardized regression coefficient and the standard error for the relationship between IC and SDO ($b = -.03$, $SE = .01$), between IC and BHATH with SDO in the model ($b = .02$, $SE = .00$), and between SDO and BHATH with IC in the model ($b = -.47$, $SE = .02$). Sobel’s test indicated that there was a significant reduction in the variance accounted for by IC on BHATH with SDO in the model ($t = 2.68$, $SE = .01$, $p = .007$). As a result, I found evidence that SDO partially mediated the relationship between IC and BHATH, as SDO explained some but not all of the association between IC and BHATH.

Overall, the data for the current study provided mixed support for the project’s hypotheses. Specifically, UDO was found to be significantly correlated with BHATH, SDO, GBJW, GBUW in the expected directions. Also, IC was observed to be significantly correlated with BHATH, SDO, and GBJW in the predicted direction, though IC was not related to GBUW. In addition, SDO, GBJW, and GBUW did not moderate
the relationships between UDO and IC and BHATH. However, in post-hoc analyses, SDO did partially mediate the relationships between UDO and IC and BHATH. The following chapter will further discuss the study’s results.
CHAPTER V
DISCUSSION

Introduction

This chapter reviews the purpose and the findings of the present study in the context of the extant literature. Additionally, strengths and limitations of the project will be detailed. In conclusion, implications for research, practice, and counseling psychology will be considered.

Review of the Study

Prior research with homeless participants suggested that health care providers often espouse prejudicial attitudes toward this group during service encounters. Unfortunately, there are scant published studies that directly measured behavioral health workers’ attitudes toward treating people who are homeless (BHATH). In response, this research design was a non-experimental survey with convenience sampling to gauge the nature of BHATH. System justification theory (SJT; Jost & Banaji, 1994; Thorisdottir, Jost, & Kay, 2009) was used as the lens to observe BHATH in the current study. To that end, the bivariate and multivariate relationships among BHATH, universal diverse orientation (UDO), intergroup contact with the homeless (IC), social dominance orientation (SDO), general belief in a just world (GBJW), and general belief in an unjust world (GBUW)
were evaluated. SJT proposes that people are differentially driven by dispositional (e.g., UDO) and relational (e.g., IC) variables to rationalize inequality through the internalization of system-justifying ideologies (Jost & Hunyady, 2005). Further, SJT research indicated that conservative system-justifying ideologies, such as SDO and GBJW, moderate the relationships between dispositional and situational variables and intergroup attitudes (Cheung et al., 2011; Correia & Vala, 2003; Thorisdottir et al., 2009). In the present study, the relationships between behavioral health workers’ UDO and IC and their level of BHATH were expected to intensify as a function of the degree to which they endorsed liberal (i.e., GBUW) and conservative (i.e., SDO, GBJW) ideologies. Specifically, it was expected that behavioral health workers higher in SDO and GBJW would report less favorable BHATH and lower UDO and IC, and those higher in GBUW would report more favorable BHATH and greater UDO and IC.

The purposes of the current study were to measure BHATH with an occupationally diverse sample of behavioral health workers and to assess the utility of SJT (Jost & Hunyady, 2005) for understanding the construct. Eleven hypotheses were derived based on SJT (Jost & Hunyady, 2005) and were evaluated via correlations and hierarchical regression analyses. In addition, two post-hoc predictions were examined via regression analyses.

**Review of the Research Hypotheses and Results**

In the present study, the examination of the bivariate relationships between BHATH and UDO, IC, SDO, GBJW, and GBUW provided support for Hypotheses 1 through 3. For Hypothesis 1, as expected, behavioral health workers’ BHATH were positively
correlated with multicultural personality, such that higher levels of UDO were associated with more favorable intergroup attitudes. Also, in line with Hypothesis 2, IC was significantly and positively related to BHATH. Hypothesis 3 maintained that BHATH are significantly and negatively related to SDO and GBJW, and positively related to GBUW. In support, the results indicated that behavioral health workers with higher levels of conservative ideologies held less favorable BHATH and those with higher levels of liberal ideology held more favorable intergroup attitudes.

Hypotheses 4 and 5 were tested through the examination of the bivariate relationships between UDO and IC and SDO, GBJW, and GBUW. Hypothesis 4 predicted that UDO is negatively related to SDO and to GBJW, and positively related to GBUW. As expected, those higher in UDO endorsed lower SDO and GBJW and endorsed greater GBUW. There was mixed support for Hypothesis 5, which asserted that IC is significantly and negatively related to SDO and to GBJW, and significantly and positively related to GBUW. As expected, negative relationships were observed between IC and SDO and GBJW. However, a non-significant relationship between IC and GBUW indicated that the variables were unrelated.

Hypotheses 6 through 8 inaccurately predicted that the relationships between UDO and BHATH would be enhanced by SDO, GBJW, and GBUW. Hypothesis 6 predicted that SDO significantly moderates the relationship between UDO and intergroup attitudes such that participants endorsing lower levels of SDO will be more likely to endorse higher levels of BHATH and UDO. First, UDO accounted for significant variance in BHATH. The addition of the three ideologies led to a significant increase in the amount
of variance accounted for in BHATH. Further, SDO contributed significant additive effects. However, adding the interaction variables led to a non-significant increase in the amount of variance accounted for in BHATH. Hypothesis 7 and 8 predicted that GBJW and GBUW, respectively, would moderate the relationships between UDO and BHATH such that participants endorsing lower levels of GBJW or higher levels of GBUW will be more likely to endorse positive intergroup attitudes and multicultural personality. GBJW and GBUW did not account for variance over and above UDO. Further, neither facet of just world beliefs moderated the relationships between UDO and BHATH. Thus, the data failed to support the hypotheses that adherence to liberal or conservative ideology moderates the relationship between multicultural personality and intergroup attitudes.

Hypotheses 9 through 11 suggested that SDO, GBJW, and GBUW would interact with IC to account for significant variance in BHATH. These three hypotheses were also not supported. Specifically, Hypothesis 9 maintained that SDO significantly moderates the relationship between IC and BHATH such that participants endorsing lower levels of SDO will be more likely to endorse favorable BHATH and greater IC. As expected, IC accounted for significant variance in intergroup attitudes. The addition of the ideologies yielded a significant increase in the amount of variance accounted for in BHATH. In addition, SDO accounted for significant unique variance in BHATH with IC, GBJW, and GBUW in the model. Even so, there were no interaction effects between IC and SDO on BHATH. Hypotheses 10 and 11 maintained that GBJW and GBUW, respectively, would moderate the relationships between IC and BHATH such that participants endorsing lower levels of GBJW or higher levels of GBUW would be more likely to endorse
favorable BHATH and higher levels of IC. Neither GBJW nor GBUW contributed
unique variance on intergroup attitudes with IC and SDO. In addition, the analyses failed
to generate significant interaction effects between GBJW and GBUW and IC on
BHATH. Consequently, the analyses failed to support the hypotheses that adherence to
liberal and conservative ideologies augments the relationships between IC and intergroup
attitudes.

Post-hoc Hypotheses 1 and 2 were generated after observing the current study’s data
highlighting the relevance of SDO to BHATH and considering relevant theory on
intergroup prejudice. Specifically, SDO accounted for significant unique variance with
UDO and IC as antecedent variables and was also highly correlated with BHATH. As a
result, analyses were conducted to test whether SDO mediated the relationships between
UDO and IC and BHATH. In line with the dual process model of prejudice (Duckitt,
2001), the post-hoc hypotheses predicted that SDO would mediate the relationships
between UDO and IC and BHATH. To assess the post-hoc hypotheses, Frazier, Barron,
and Tix’s (2004) steps for mediation and Sobel’s Test (Sobel, 1982) were used. Taken
together, I found evidence that SDO partially mediated the relationship between
multicultural personality and intergroup attitudes, as the conservative SJI accounted for
some of the relationship between UDO and BHATH. Post-hoc Hypothesis 2 predicted
that SDO would mediate the relationship between IC and BHATH. Following the same
process, the SJI partially mediated the relationship between IC and intergroup attitudes,
as SDO accounted for a substantial proportion of the relationship between IC and
BHATH.
Implications for Psychological Theory

As this was an exploratory project, a major goal of the study was to measure BHATH with a wide range of behavioral health workers. Accordingly, an important result emerged that should be highlighted at the outset: Behavioral health workers’ average ratings were slightly above the scale midpoint for BHATH. This in itself is noteworthy because it suggests that the sample perceived treating people without homes as slightly positive. This finding was generally consistent with APA (2009), indicating that behavioral health providers tend to hold slightly positive ATH. In contrast, studies such as Zrinyi and Balogh (2009) found that health care professionals endorsed slightly negative ATH. Thus, behavioral health workers might be expected to hold slightly positive BHATH.

The substantial variance in BHATH that was accounted for via the analyses was another major finding of the study. For example, SDO was very highly related to BHATH and was more linked to the dependent variable than GBJW and GBUW. The findings are congruent with the dual process model of prejudice (Duckitt, 2001), which predicts that SDO will be more relevant than other system justifying ideologies (e.g., GBJW and GBUW) when intergroup inequality is particularly salient. Accordingly, in the United States, people who are homeless are generally perceived to exist at the bottom of the social class ladder (Susser, 1996), which highlights inequality and would likely make SDO more relevant. Thus, it seems important of further explore the utility of using SDO as a proxy for BHATH, as the constructs are theoretically and empirically linked.

Further, the combinations of UDO, SDO, GBJW, and GBUW and IC, SDO, GBJW, and
GBUW accounted for 39% and 57% of the variance in BHATH, respectively. The findings strongly support the utility of combining personality and relational constructs with system justifying ideologies to account for BHATH. In addition, the high percentage of variance accounted for with these combinations of variables made it unlikely that the addition of the interaction variables would significantly increase the variance accounted for in BHATH. Overall, the study supported the utility of using UDO, IC, and SDO to better understand BHATH.

In addition, many findings in the present study were consistent with SJT (Jost et al., 2003). For example, BHATH correlated negatively with conservative political ideologies and positively with liberal political ideology. Thus, as predicted, behavioral health workers with higher levels of SDO or GBJW were significantly more likely to endorse unfavorable BHATH, and those with higher levels of GBUW were more likely to endorse favorable BHATH. The significant relationships observed between ideological beliefs and attitudes toward low status groups were consistent with prior SJT-based research (e.g., Duckitt, Wagner, Du Plessis, & Birum, 2002; Jost et al., 2003, 2004; Jost et al., 2008; Pacilli, Taurino, Jost, & van der Toorn, 2011). In addition, the findings bolster previous research examining the relationships between conservative SJIs and ATH (e.g., Lee et al., 1992) by suggesting that adherence to SDO or GBJW is related to less favorable ATH. The present study found evidence to support some SJT hypotheses, such as internalizing conservative SJIs leads to more disparaging attitudes toward low-status groups, whereas internalizing liberal ideologies leads to more favorable attitudes. Thus, there was some support for using SJT as a framework for understanding BHATH.
The results of the current study indicating that UDO had positive relationships with SDO and GBJW and a negative relationship with GBUW also reinforced SJT (Jost & Hunyady, 2005). The findings that behavioral health workers with epistemic tendencies toward cultural diversity were less likely to espouse conservative SJIs and more likely to espouse liberal ideology were consistent with similar studies motivated by SJT (e.g., Ferderico & Goren, 2009). However, previous SJT research (Ferderico & Goren, 2009; Jost et al., 2003a; Jost & Hunyady, 2005) typically measured the relationships between SJIs and epistemic constructs, such as cognitive closure or openness to experience, whereas the present study used UDO as the personality variable. In response to scholars (e.g., Jost & Hunyady, 2005) who argued that the proposed relationships between epistemic tendencies and liberal ideologies should be empirically examined, the current study evaluated the relationship between UDO and GBUW. The assumption that individuals with epistemic tendencies toward diversity are more likely to adhere to liberal ideology was supported. In summary, the present study indicated that behavioral health workers’ epistemic proclivities toward cultural diversity correlated with their adherence to liberal and conservative ideologies suggesting that ideological affinity varies systematically as a function of deeply rooted personality tendencies.

Although research animated by SJT has mostly focused on epistemic motivations (Jost et al., 2008), the current project assessed the potential impact of relational motivations. In line with past research (Rentfrow, Jost, Gosling, & Potter, 2009), IC was negatively related to adherence to conservative sociocultural attitudes, which suggests that relations with lower-status groups is related to less conservative beliefs. Unlike
previous literature (Rentfrow et al., 2009), IC with low-status groups was unrelated to endorsement of liberal ideologies. GBUW may not have had the expected relationship with IC due to the construct validity of the GBUW-S. Accordingly, JWB theorists (Dalbert, Lipkus, Sallay, & Goch, 2001) argued that the validity of the GBUW-S needs further exploration, as few studies have examined the scale in relation to relevant measures. In addition, scant SJT studies (Chueng et al., 2011; Rentfrow et al., 2009) have measured the relationship between IC and liberal ideologies, suggesting that this aspect of SJT warrants further scrutiny. Specifically, individuals’ intergroup relations with low status groups might not lead to greater adherence to liberal ideologies but may result in lower adherence to conservative SJIs. Overall, inequitable systems may relinquish in part because system-justifying attitudes are challenged via relationships with low status group members.

The SJT hypotheses (Jost & Hunyady, 2002) predicting that SJIs interact with epistemic and relational variables to predict intergroup attitudes were not supported in the present study. The data conflicted with the few published studies (e.g., Correia & Vala, 2003; Federico & Goren, 2009) that measured this aspect of SJT. For example, Correia and Vala (2003) found that GBJW interacted with intergroup contact, leading participants higher in GBJW to espouse significantly more negative intergroup attitudes than those lower in the SJI. However, in this study, conservative and liberal ideologies did not strengthen the relationships between UDO and IC and BHATH, as the combinations of IC and UDO with SDO, GBJW, and GBUW provided a good fit to BHATH and left little additional variance for the interaction variables. Nonetheless, this project bolsters the
view that adherence to SJIs accounts for unique variance in intergroup attitudes over and above that contributed by epistemic and relational variables. It is unclear if the lack of interaction effects in the two models is a function of the mediating effect of SDO uncovered in the post-hoc analyses or some other factors. Although the moderating tendencies of SJIs were not observed in the current study, the findings underscore the importance of SJIs for explaining BHATH.

The results of the post-hoc analyses indicating that SDO partially mediated the relationships between UDO and IC and BHATH were congruent with the dual process model of intergroup attitudes (Duckitt, 2000, 2001). The dual process model proposes that two ideological attitudes, right wing authoritarianism (RWA) and SDO, explain the relationships between intergroup prejudice and epistemic and relational motivations (Duckitt, 2006; Whitley, 1999). RWA is thought to cause unfavorable attitudes toward groups perceived as threatening social control, such as rock stars, whereas SDO is thought to cause unfavorable attitudes toward socially subordinate groups, such as the homeless (Duckitt, 2001). Similar to the post-hoc findings, Duckitt, Birum, Wagner, and du Plessis (2002) found in two studies that personality had indirect effects on attitudes toward low status groups mediated through SDO. Thus, the post-hoc results of the current project are more in line with the dual process model than SJT, as SDO appears to play a more unique role in explaining BHATH than would be predicted by SJT.

The unique role of SDO in the current project suggests that it is especially important for understanding BHATH and also the relationships between IC and UDO and BHATH. In line with the current study, SDO has often been conceptualized as a social attitude and
has been powerfully linked to diverse political, ideological, and intergroup phenomena (e.g., Duckitt et al., 2002). Further, the dual process model of prejudice and SJT both conceptualize SDO as a social attitude that explains the relationships between personality and relational constructs and intergroup attitudes (Duckitt et al., 2002; Jost & Hunyady, 2002). However, Pratto, Sidanius, Stallworth, and Bertram (1994) conceptualized SDO as a personality variable that predicts social and political attitudes and created the SDO-S to operationalize the construct. Although the SDO-S was created as a measure of enduring social dominance tendencies, researchers have suggested that the SDO-S comprises statements of social attitudes and beliefs (Pratto et al., 1994; Sidanius & Pratto, 1994). Further, two SEM studies (Duckitt, 2001; Duckitt et al., 2002) evidenced that SDO mediated the relationships between personality and social worldview and intergroup attitudes and failed to support the alternative model in which SDO was a personality/antecedent variable. SDO has also been observed to be significantly reactive to situational manipulations (Altemeyer, 1988; Duckitt & Fisher, 2003; Schmitt, Branscombe, & Kappen, 2003). These findings suggest that SDO is a social attitude rather than personality, which leads to questions about the social and epistemic underpinnings of the construct and about the way in which SDO affects intergroup attitudes (Duckitt, 2006). The current study suggests that SDO is a social attitude that moderates the relationships between UDO and IC and BHATH.

The present study is also important to research and theory pertaining to intergroup contact theory (Allport, 1954; Pettigrew & Tropp, 2006). The significant positive relationship between behavioral health workers’ level of IC and BHATH reinforces
similar literature (e.g., Pettigrew & Tropp, 2006), suggesting that increased exposure to
outgroup members is related to favorable attitudes toward this group. In addition, the
result is similar to previous studies measuring the relationships between health care
providers’ ATH and IC (e.g., Buck et al., 2005; dela Cruz et al., 2004). For example,
Buchanan et al. (2007) found that medical doctors with greater IC reported significantly
more favorable ATH. In summary, the present study supports intergroup contact theory,
as participants with greater IC endorsed more favorable BHATH.

The findings added important information to the UDO literature (e.g., Miville et al.,
1999). For example, the strong positive association between multicultural personality
and BHATH suggests that the nomological network of UDO includes BHATH.
Although UDO literature (Yeh & Arora, 2003) maintained that the epistemic construct
comprises global attitudes about cultural diversity, UDO had not been examined with
social class attitudes. Although the finding suggests that UDO involves social class
attitudes, it will be important to directly measure the relationships between UDO and
additional relevant social class constructs (e.g., working poor, one percent).

Finally, some findings were relevant to the just world beliefs literature (e.g., Dalbert
et al., 2001). Specifically, the strong correlation between GBJW and GBUW suggested
that the constructs are too similar to be orthogonal, which is in line with early
conceptualizations of the belief in a just world construct (Rubin & Peplau, 1973). Initial
thoughts about just world beliefs proposed a unidimensional variable with the belief in a
just and unjust world at opposite ends of the same continuum (Rubin & Peplau, 1973,
1975). However, latter research obtained correlations near zero between GBJW and
GBUW, which led scholars to suggest that the variables are orthogonal (Furnham, 1985). The significant relationship between GBJW and GBUW obtained in the current study suggests that it may be unnecessary to measure the variables separately. On the other hand, IC was significantly related to GBJW and was not related to GBUW, suggesting that the two just world belief variables are tapping unique aspects of the construct. Overall, the current findings mostly support the notion that GBJW and GBUW are orthogonal, though the uneven relationships between the variables and IC highlight the need to continue evaluating the just world beliefs constructs.

Unexpectedly, GBJW and GBUW failed to add significant unique variance to BHATH when controlling for SDO, IC, and UDO, whereas, SDO was found to contribute significant unique variance in the two regression analyses. It appeared that the exceptionally strong relationship between SDO and BHATH substantially reduced additional variance to be accounted for by GBJW and GBUW. As a result, it seems that SDO, GBJW, and GBUW are not interchangeable when it comes to BHATH, as would be suggested by SJT. The results are more congruent with the dual process model of prejudice (Duckitt, 2001), which maintains that SDO is a unique construct for understanding attitudes toward groups that are perceived as falling on a continuum of sociocultural power, such as people without homes. The results indicate that SJIs are not transposable and that SDO is more relevant to BHATH.

The study adds to the literature on behavioral health worker’s intergroup attitudes, UDO, and system-serving ideologies. Strengths and limitations of the study will be discussed next.
Study Strengths and Limitations

The current exploratory study adds to the scant literature on BHATH by measuring this construct with more than 250 workers in a broad range of behavioral health occupations. The majority of existing research on ATH sampled the general public (e.g., Lee et al., 1999), medical providers (e.g., Buck et al., 2005), or the homeless themselves (e.g., Leipersberger, 2007), leading to an incomplete understanding of BHATH. Thus, a unique strength of this study was to measure BHATH, in its own right, with a sample of occupationally diverse behavioral health workers.

Another strength of the present study was the use of a comparably large sample of behavioral health workers to test a relatively complex theoretical model to predict variability in providers’ ATH. With the exception of one published study (e.g., APA, 2009), the vast majority of research measuring health care providers’ ATH (e.g., Buchanan et al., 2004, 2007; Buck et al., 2005; dela Cruz, Brehm, & Harris, 2004; Lindsey, 1998; Minick et al., 1998; Rose et al., 2002; Zrinyi & Balogh 2004) sampled less than 200 participants. The smaller samples used in the extant homelessness literature were used to examine correlations between ATH and relevant constructs, such as IC. In contrast, the larger sample obtained for the present study supported the examination of more complex relationships. As a result, the multi-level analyses supported the notion that SJIs contribute significant variance in BHATH over and above personality- and relationship-based motivations.

In addition, the present study collected, reported, and analyzed important demographic variables, whereas the majority of similar studies neglected to report this
information. For example, a review of the ATH literature indicated that participants’
gender, race, social class, and previous/current homeless status were not reported, which
made it difficult to determine how the results generalized to a diverse workforce. In
contrast, the present study obtained and scrutinized important demographic data about
participants to better understand about how the findings might be informative to other
workers. Further, analyzing demographic data indicated that there were no differences on
BHATH across gender and personal experience with homelessness. Also, previous ATH
studies (e.g., Buck et al., 2005) typically sampled providers within specific professional
groups (e.g., medical doctors), whereas this study sampled occupationally diverse
behavioral health professionals. As a result, this study indicated that psychologists did
not differ from other behavioral health workers on BHATH.

Although the present study had strengths, it also suffered from multiple limitations.
As a primary example, the project did not actually test the SJT-based (Jost & Hunyady,
2005) assumptions about the directional relationships among the variables, which
necessitates longitudinal methods. Thus, the hypotheses predicting that adherence to
system-justifying ideologies strengthens the relationships between relational and
epistemic motivations and that adherence to system-justifying ideologies strengthens
intergroup attitudes were not actually evaluated in this study. Based on the results of the
current study, it is equally possible that BHATH predict SJIs and SJIS predict UDO and
IC. In addition, the findings can neither prove that intergroup relations, multicultural
personality, and ideologies affect BHATH, nor the possibility that a third variable
accounts for the observed relationships.
Additional limitations in the present study are related to the use of online recruitment and convenience sampling methods that collectively threaten external validity. As detailed by Heppner, Wampold, and Kivlighan (2008), the use of internet-based recruitment and non-randomized sampling procedures limit the representativeness of a study’s sample. For example, behavioral health workers working offline would have been unable to participate in the current survey and they may differ on BHATH from those who completed the online survey. It was also impossible to estimate how many workers chose not to respond to the e-mail invitation, and they may differ in meaningful ways from those that finished the study. In addition, given that participants were largely behavioral health providers based in Ohio, the findings might not generalize to those outside of the state. Furthermore, workers with more positive attitudes toward the homeless may be overly represented in the sample, as three of the seven organizations that indicated that they forwarded the study’s recruitment letter to their stakeholders had the mission to end homelessness. Consequently, the sample may have been overly comprised of workers with favorable BHATH. Accordingly, because the informed consent indicated that the study was exploring attitudes about diversity, it seems plausible that workers who are sensitive to multicultural issues were more likely to complete the study. If the sample is overly represented by workers who value multicultural issues, the results indicating mostly positive BHATH may not generalize to workers who do not support multiculturalism. Overall, the project’s results must be interpreted with an understanding of the sample’s composition that limits the generalizability of the findings to Ohio-based workers with internet access who often work with the homeless.
The use of the modified HPATHI (Buck et al., 2005), HPATHI-M, to tap BHATH in
the present study may have inadequately explicated the construct. The HPATHI (Buck et
al., 2005) was validated with a sample of medical doctors to measure health care
providers’ attitudes toward treating the homeless and the scale had not been used with
behavioral health workers. Heppner et al (2008) maintained that the use of measures
with suspect construct validity might lead to erroneous assumptions about the
relationships among variables. The very strong correlation between BHATH and SDO
suggests that these constructs are close to redundant, which leads to questions about the
construct validity of the HPATHI-M, as it has undergone far less empirical scrutiny than
the SDO-S. If the HPATHI-M is inappropriately related to SDO, the results would
overestimate the importance of SDO for understanding BHATH as well as underestimate
the importance of GBJW and GBUW and the interaction terms for explaining BHATH.
The operationalization of BHATH, with the HPATHI-M, might be excessively
intertwined with SDO, leading to inaccurate interpretations of the data.

The study’s results might have also been affected by the HPATHI-M inadvertently
tapping social desirability. The HPATHI-M has never been examined in relation to
social desirability, and Heppner, Wampold, and Kivlighan (2008) maintained that social
desirability is more likely to confound the operationalization of cultural sensitivity. In
the present study, the average BHATH across participants was somewhat positive,
suggesting that these behavioral health workers might have been motivated to respond in
socially desirable ways to avoid being overtly cynical about homelessness. If the
findings were affected by social desirability, the results would overestimate the cultural
competence of behavioral health workers serving the homeless and underestimate the urgency for intervention. It is perhaps equally likely that behavioral health workers employed at agencies that typically serve the homeless are more likely to genuinely endorse favorable BHATH. A measure of social desirability was not included in the study because the variable is not expected to affect SJT phenomena (Jost & Hunyady, 2002). Overall, the construct validity of the HPATHI warrants further scrutiny, as it has only been cited in one paper (e.g., Buck et al., 2005) and was modified for use with behavioral health workers in the current project.

Finally, the choice of SJT as a theoretical framework presented some limitations to the present study. SJT (Jost & Hunyady, 2002) suggests that the process of endorsing prejudicial attitudes is influenced by the interaction of SJIs and epistemic and relational variables. Thus, SDO, GBJW, and GBUW were expected to intensify the relations between UDO and IC and BHATH. However, ideological views did not strengthen the relationships between multicultural personality and intergroup relations and intergroup attitudes, though SDO partially mediated these relationships. Thus, the mechanisms underlying BHATH differed from what would have been expected with SJT, and, therefore, the theory may have led to false assumptions about the construct. In contrast, the dual process model of prejudice (Duckitt, 2001) suggests that SDO mediates the relationships between personality and social variables and intergroup attitudes, which is more consistent with the present study’s post-hoc findings. As a result, the dual process model may have been a better fit than SJT to examine BHATH. Although the use of SJT might have been a limitation of the present study, a number of the hypotheses generated
from the SJT literature (e.g., Jost & Hunyady, 2005) were supported, indicating that SJIs are an important part of understanding BHATH.

Although the current study had limitations, the strengths of the study led to important findings pertaining to BHATH. Overall, the current study is inimitable in its attempt to use an established theory of intergroup attitudes to address empirically challenging questions pertaining to BHATH. Next, future areas for research are considered in light of the findings.

**Suggestions for Future Research**

Based on the present study’s results, strengths, and limitations detailed above, several different research projects are proposed for future inquiry. One broad area would be to address some of the methodological problems in this project. Specifically, investigators might sample behavioral health workers residing across the U.S., use mixed methods to better understand BHATH, and test the directional hypotheses implicit in relevant theories on intergroup attitudes. In addition, it would be useful to further examine theories on intergroup cognitions to enhance knowledge about BHATH. For example, examining the utility of the dual process model (Duckitt, 2001) for predicting variability in BHATH would be an important addition to the ATH literature. The following subsection will detail each of these research directions, beginning with rectifying some of the sampling procedures used in the present study.

Researchers measuring BHATH might consider using recruitment strategies that complement the findings of the current study. Accordingly, very few people reported whether they had shared information about the current research project with stakeholders,
which might indicate that these systems were unmotivated to partake in the study. Similarly, APA (2009) reported a very low rate of participation for an internet-based survey on psychologists’ ATH. As a result, researchers might survey BHATH in-person for future studies to possibly enhance participation. In-person methods also provide knowledge about the rate of participation among individuals in a study. In addition, offering incentives (e.g., access to data, training programs) to behavioral health establishments might boost sampling efforts for future BHATH research. Also, because research findings have been mixed, it seems important to measure differences in BHATH across specific types of workers (e.g., social workers versus substance abuse counselors) to determine if there are important differences between these groups. For example, the current project found no significant difference between psychologists and other providers on BHATH, whereas Zrinyi and Balogh (2004) reported significant differences between paramedics and nurses on ATH. Thus, future projects might determine if behavioral health providers across occupations hold different BHATH to determine whether specific behavioral health professions require enhanced training to serve people without homes. Lastly, providers motivated to complete the study might have had more favorable BHATH, which may have led to the slightly positive attitudes reported by workers. Consequently, it seems important to survey behavioral health workers across a variety of organizations to get a more complete sense of BHATH. The ATH literature would benefit from research complementing the study’s recruitment and sampling process.

Additional studies using the HPATHI (Buck et al., 2005) and the HPATHI-M would test how adequately the scales measure providers’ ATH. In the present study, the
HPATHI was modified, HPATHI-M, and used to reflect BHATH. Consequently, it may be necessary to examine the psychometric properties of the HPATHI-M with samples of behavioral health workers, including factor analysis to determine if the proposed three-factor structure holds. The nomological network of the HPATHI and the HPATHI-M also needs to be examined via correlations with relevant variables, such as social desirability. Moreover, the use of longitudinal methods to examine the sensitivity of the instruments to important changes overtime seems essential, such as examining participants’ deviations in scores on the HPATHI and HPATHI-M with increased IC and/or sensitivity training. Finally, it seems crucial to examine the clinical utility of the instruments by examining relationships between the scales and treatment outcomes, such as consumers’ satisfaction with services.

It may also be important to create a new understanding of BHATH through qualitative methods. Due to the lack of attention in this area, the HPATHI (Buck et al., 2005) was the only validated measure constructed to tap health care providers’ ATH and it was not specifically created to measure BHATH. Consequently, constructing a new understanding of BHATH through qualitative means with behavioral health workers may enhance knowledge about the construct. For instance, it may be helpful to conduct focus group interviews with behavioral health workers to better appreciate their thoughts, feelings, and behaviors involved with treating the homeless. Conducting qualitative analyses on BHATH would enhance understanding the construct.

Finally, the further examination of theoretical models of intergroup attitudes to predict BHATH appears necessary. Research motivated by the dual process model
(Duckitt et al., 2002) suggests that SDO explains the relationships between epistemic and relational motivations and attitudes toward low status groups, whereas SJT (Jost & Hunyady, 2002) maintains that the SJI will shape these relationships. Consequently, the findings indicating that SDO partially mediates the relationships between IC and UDO and BHATH bolsters the extant dual process research (Duckitt et al., 2002). Thus, it may be important to examine BHATH through a dual process model framework with a new sample of workers, which would involve examining whether the two ideological attitudes dimensions of SDO and Right Wing Authoritarianism mediate the relationships between personality and social worldview and BHATH. In addition, it appears necessary to test the predictions generated from SJT (Jost & Hunyady, 2005) and the dual process model (Duckitt, 2001) regarding the directional nature of relevant epistemic, relational, ideological, and attitudinal variables via longitudinal methods. In conclusion, researchers might further examine the utility of theoretical models to predict variability in BHATH. The next section will detail how the findings from the present study might be used to inform treatment efforts.

**Implications for Clinical Practice**

The findings from the present study may be useful for behavioral health workers in settings that provide assessment, consultation, counseling, outreach, and other psychosocial services to people without homes. The findings might also be used to inform clinical practice for those serving people without homes, such as emphasizing the importance of measuring workers’ BHATH for hiring, evaluation, and training purposes; assessing professionals’ intergroup experiences, multicultural personality, and adherence
to system justifying ideology for recruitment, appraisal, and instructional processes; and using SJI-based theoretical models to conceptualize BHATH for clinical purposes.

The current project may highlight the importance of measuring BHATH to enhance psychosocial treatment. The use of the HPATHI-M indicated that although many behavioral health workers endorsed favorable attitudes, many others endorsed ambivalent and/or unfavorable BHATH. Further, the result was congruent with APA (2009), which found that psychologists generally held somewhat favorable views about the homeless, though few professionals actually treated people without homes. Health care workers’ favorable ATH are understood to be congruent with “good practice” (e.g., Minnery & Greenhalgh, 2007, p.645). Similarly, the Tripartite model (Sue, Arredondo, & McDavis, 1992) maintains that self awareness into one’s intergroup attitudes and biases is a critical facet of cultural competence. The exploration of BHATH is an early step toward attending to multicultural competence issues affecting people without homes.

Experts suggested that professionals serving the homeless should critically explore their BHATH to support accurate decision making when choosing treatment recommendations (APA, 2009). Providers serving the homeless often complete open ended needs assessments and then make recommendations that have a profound impact on homeless clients (APA, 2009). For example, many people who are homeless benefit most from expedited housing subsidies that rapidly end homelessness episodes (APA, 2009; Shinn & Tsemberis, 1998). Unfortunately, providers use subjective methods that are affected by their biases. Thus, it is important for providers to understand their BHATH to make effective treatment recommendations (APA, 2009).
Considering the importance of BHATH, organizations serving the homeless might consider measuring their employees’ and applicants’ ATH with validated scales, such as the HPATHI (Buck et al., 2005). The present findings might also lead educators to gauge the effectiveness of continuing education efforts by measuring differences in BHATH before and after programming. The present study highlighted the importance of objectively assessing BHATH by demonstrating that there is variability in behavioral health workers thoughts, feelings, and behaviors about treating people without homes.

For providers serving the homeless, the present study suggests that SDO is the mechanism by which UDO and IC predict BHATH. In addition, the very high correlation between SDO and BHATH underscores the importance of the SJI for understanding the intergroup attitude. Considering the importance of SDO, two strategies to improve services for the homeless will be discussed. First, it seems important to develop educational programming that challenges behavioral health workers serving the homeless to explore their social dominance attitudes through consciousness raising exercises. For example, providers might discuss research identifying inequality and discrimination in the health care, employment, and criminal justice sectors to critically evaluate the notion that inequality is inevitable due to the inherent differences among groups of people. Previous research has found that SDO can be influenced by situational factors (e.g., Duckitt & Fisher, 2003), which suggests that the social attitude could be influenced via educational efforts. Second, SDO might be used as an alternative to directly measuring BHATH to reduce the likelihood of socially desirable responding for hiring, training, and evaluation purposes. For example, administrators representing
agencies that serve the homeless might assess workers’ SDO as a way to screen job candidates applying for employment. The relationship between individuals’ SDO and BHATH and ATH suggest that those high in SDO would be less likely to provide good practices with the homeless, which makes it important to assess and utilize the construct.

UDO, IC, GBJW, and GBUW were also significantly associated with BHATH, which indicates that behavioral health professionals might consider assessing workers’ orientation to these constructs to enhance service for people without homes. For example, UDO was positively linked to BHATH, which is congruent with relevant studies, such as Yeh and Arora (2003), who found that multicultural personality and cultural sensitivity were significantly and positively related in a sample of behavioral health workers. As a result, clinical supervisors might consider staff’s multicultural tendencies when assigning behavioral health workers to specific positions, such as a homeless outreach team. The results were also congruent with numerous studies (e.g., Buck et al., 2005) indicating that providers with more IC held more favorable ATH. Consequently, job candidates with greater IC might be favored, as they would be more likely to hold favorable BHATH. Finally, the significant correlations between behavioral health worker’s GBJW and GBUW and BHATH, in the current study, were in line with just world theory. Similar to the present study, (Kingree & Daves, 1997) found that community members high in GBJW were more likely to hold negative attitudes toward the homeless. The findings suggest that workers’ beliefs about justice might be considered in reference to their ability to provide culturally sensitive behavioral health services to people without homes. Behavioral health organizations serving the homeless
would benefit from evaluating workers’ personality tendencies, IC, and adherence to conservative and liberal ideologies to provide culturally sensitive services for people without homes.

In the current study, many of the predictions about the impact of liberal and conservative ideology on BHATH were supported. For example, conservative SJIs were associated with less favorable BHATH, which is consistent with prior ATH research (e.g., Lee et al., 1992). As a result, clinical supervisors and educators may consider using theories of intergroup attitudes that emphasize the role of ideology, such as SJT (Jost & Hunyady, 2002) or the dual process model (Duckitt, 2001), when developing programming. Trainings may involve helping participants be thoughtful about the validity of their sociopolitical beliefs and the way in which these beliefs affect BHATH. Counseling psychologists have been at the forefront of developing curriculum and training to enhance the cultural effectiveness of occupationally diverse providers.

**Implications for Counseling Psychology**

Counseling psychologists have emphasized cultural competence and social justice issues for decades (Baker & Subich, 2008). Recently, Packard (2009) conducted interviews with notable counseling psychology professionals to identify values that distinguish the discipline and found that the most frequently selected core distinguishing values chosen were multicultural competence and social justice. Nonetheless, these domains have not integrated in a way that supports homelessness treatment efforts. Similarly, psychologists have questioned the field’s reluctance to uncover variables, such as intergroup attitudes, responsible for earlier treatment termination for poorer clients in
comparison to their wealthier counterparts (APA, 2006; Smith, 2008; Sue & Lam, 2002). The current project is an important addition to cultural competence and social justice aspects of the counseling psychology literature by assessing BHATH with occupationally diverse and community based providers.

Counseling psychologists have long argued that behavioral health providers’ intergroup attitudes affect their multicultural competence (e.g., Sue et al., 1992). One particularly influential model of multicultural competence, the Tripartite model (Sue et al., 1992), was developed by counseling psychologists and conceptualizes competence as the following: self awareness into one’s own cultural values and attitudes; empathy for the client’s worldview and sociocultural context; and the use of culturally appropriate interventions. Counseling psychologists have directly assessed the multicultural competence, using aspects of the Tripartite model, with a vast array of professionals including family counselors, social workers, clinical psychologists, and trainees in school psychology programs (Gushue, Constantine, & Sciarra, 2008; Ladany, Inman, Constantine, & Hofheinz, 1997). The examination of BHATH with occupationally diverse providers fills a gap in the literature pertaining to self awareness aspects of multicultural competence with the homeless.

To fully appreciate the gap that the current project fills in the counseling psychology literature, it is important to have a contextualized understanding of the multicultural competence movement. Briefly, before the mid-20th century, multicultural competence issues were mostly neglected in the scholarly literature (Atkinson & Israel, 2003). Arredondo and Perez (2003) explained that the movement began to be integrated with the
broader field of psychology over the mid to late 20th century. Jackson (1995) conducted a review of the scholarly literature over the 1950s and found that the multicultural literature emphasized the educational achievement, educational assessments issues, testing bias, and vocational development domains mostly in reference to African Americans. Energized by the Civil Rights movement and implementation of the Civil Rights Act of 1964, the groundwork was laid for the multicultural competence movement to address issues of wellbeing for people of color and other oppressed groups (Ponterotto, 2008). The multicultural competence movement penetrated the curriculum of counseling psychology programs more slowly, as McFadden and Wilson (1977) found that in the 1960s and 1970s, only 1% of counseling psychology programs offered a multicultural counseling course. However, since the 1980s, counseling psychology has made substantial progress in establishing an inclusive agenda that values diversity (Baker & Subich, 2008). Specifically, Hills and Stozier (1992) surveyed counseling psychology programs and found that 87% of all counseling psychology programs offered at least one multicultural competence course. The exploration of BHATH is counseling psychology’s first step in the direction of directly attending to multicultural competence issues affecting people without homes.

The APA (2009) argued that due to the marginalization of the homeless population in general, professionals working with the homeless should engage in an exploration of their BHATH to make appropriate and unbiased treatment recommendations. In addition, Sue and colleagues (1992) emphasized the need for practitioners to identify and address their multifaceted intergroup attitudes and biases to provide helpful and useful intergroup
treatment. Accordingly, when serving the homeless, providers are often responsible for conducting complex needs assessments and making appropriate treatment recommendations (APA, 2009). Further, many people who are homeless will benefit from simple interventions, such as streamlined housing subsidies, which have been found to be one of the best predictors of housing stability for formerly homeless families (APA, 2009; Shinn & Tsemberis, 1998). Unfortunately, the creation of needs assessments that determine an optimal combination of housing and supportive services for individuals without homes remains allusive (Shinn, 2007). Thus, providers are left using unstructured interviews to determine consumers’ needs, which requires an individualized and non-biased approach. Consequently, it is necessary for providers to engage in self exploration to ensure that unfavorable BHATH are not affecting treatment recommendations (APA, 2009). For example, Haber and Toro (2004) maintained that providers biases may lead to unnecessary and time consuming treatment recommendations (e.g., day treatment programs) for people without homes that do not directly lead to their goals (i.e., housing, jobs). In summary, the relevant literature suggests that self aware providers are necessary to effectively partner with clients who are homeless.

The study pushes counseling psychology in the direction of issues related to homelessness by highlighting the importance of understanding BHATH, which supports the field’s emphasis on social justice. Prilleltansky (2008) indicated that psychology has a long history of blaming the victim and that it remains necessary to consider the roles power and oppression when assessing treatment systems. Vera and Speight (2003)
suggested that counseling psychologists pursuing social justice might move beyond individual level interventions and instead address the effectiveness of entire treatment systems.

In addition, counseling psychologists are often motivated by social justice values to work in community mental health centers (CMHCs) that regularly serve people without homes (Interagency Council on the Homeless [ICH], 1999). Counseling psychology students have expressed interest in working at community mental health centers (CMHCs) that often treat people without homes (ICH, 1999). As an example, Fitzgerald and Osipow (1988) surveyed counseling psychology students and found that approximately 42% of participants would seek employment with CMHCs upon completion of training, whereas roughly 13% indicated that working for a CMHC would be their ideal choice. Counseling psychologists interested in following through with our field’s avowed interest in, and commitment to, social justice can advocate for the importance of appreciating CMHC staffs’ BHATH to shape the effectiveness of programming for people without homes. In summary, the current project is congruent with the core values of multicultural competence and social justice by filling a large gap in the homelessness treatment literature pertaining to providers’ BHATH.

**Conclusion**

This study measured BHATH with an occupationally diverse sample of professionals. Moreover, it examined these intergroup attitudes through a SJT prism (Jost & Hunyady, 2002). While many findings were congruent with SJT, not all of the results were consistent with this theory. For example, the post-hoc analyses were consistent with the
dual process model of prejudice (Duckitt, 2001). Nonetheless, using this well-developed theoretical framework in the current study not only enhanced the ATH literature, it also provided an important scaffold to intergroup theory.

In the present study, behavioral health workers generally exhibited slightly favorable BHATH, though many exhibited less favorable attitudes. Providers with disparaging BHATH are ill equipped to treat members of this population (APA, 2009). The results suggested that variability in BHATH were related to personality tendencies, social relations, and adherence to conservative and liberal ideologies, which reinforce SJT (Jost & Hunyady, 2002) and the dual process model of prejudice (Duckitt, 2001). Further, the data indicated that endorsement of the three ideologies did not moderate the relationships between IC and UDO and BHATH, though endorsement of SDO partially mediated the relationships between these constructs. Although the findings were more consistent with the dual process model of prejudice than SJT, there are remaining questions about the utility of both theories for predicting BHATH.

Based on the information from this study, it is recommended that educators, behavioral health organizations, behavioral health workers, and researchers appraise BHATH to enhance treatment for people without homes. Furthermore, ideological beliefs, IC, and multicultural tendencies are a fertile area to assess workers’ ability to appropriately treat people without homes. Although the study provides compelling preliminary evidence that SDO partially mediates the relationships between IC and UDO and BHATH, more information is required to better understand the mechanisms underlying BHATH to enhance treatment outcomes with this population.
REFERENCES


McFadden, J., & Wilson, T. (1977). *Non-White academic training with counselor education rehabilitation counseling, and student personnel programs.* Unpublished manuscript.


APPENDICES
APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

Please click on/write in the appropriate response for each question:

1. *In general, approximately what percentage of your current clients or consumers are homeless people?* ___________

2. *How many years have you been providing services to homeless people?* _________

3. *What is your age?*
   - 18 to 25 _____
   - 26 to 33 _____
   - 34 to 41 _____
   - 42 to 49 _____
   - 50 to 57 _____
   - 57 or older _____

4. *What is your gender?* Male_____ Female______ Transgender_______

5. *What is your current job title at your organization?* __________________

6. *What is your Race/Ethnicity?*
   - African American/Black____
   - Asian American____
   - European American/White____
   - Hispanic/Latina/Latino____
Native American/American Indian____
International ____ (please specify ________)

6. Multiracial ____
   Other (please specify) ____________________

7. What is your highest educational level completed?
   Some High School____
   High School Diploma/GED____
   Some College____
   Associates Degree____
   Bachelors Degree____
   Masters Degree____
   Doctoral or Medical Degree____

8. What was the field of study for your highest educational level completed?
   Business Education____
   Education____
   Nursing____
   Psychology____
   Social Work____
   Counseling____
   Medical Doctor____
   Sociology____
   Other (please specify below)_____

9. What is your current household income?
   Less than $10,000______
10. Have you ever been homeless? yes  no

11. What is your state residence?

12. How long have you worked in the social service/behavioral health field?
   Less than 6 months
   Less than 1 year
   1 to 2 years
   3 to 5 years
   6 to 8 years
   9 to 12 years
   13 to 18 years
   19 to 24 years
   25+ years

13. How long have you worked at your current agency?
   Less than 6 months
   Less than 1 year
   1 to 2 years
   3 to 5 years
14. *What population of clients/consumers do you work with primarily?*

- People experiencing a chronic mental illness
- People with a developmental disability
- People with a substance use disorder
- People with co-occurring disorders
- People seeking vocational services
- People seeking medical care
- People who are homeless
- Other (please explain)
**APPENDIX B**

**MIVILLE-GUZMAN UNIVERSALITY-DIVERSITY SCALE – SHORT FORM**

(M-GUDS-S)

**Instructions:** Please indicate how descriptive each statement is of you by filling in the number corresponding to your response.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Disagree a little bit</td>
<td>Agree a little bit</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>1</td>
<td>_____</td>
<td>I would like to join an organization that emphasizes getting to know people from different countries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>_____</td>
<td>Persons with disabilities can teach me things I could not learn elsewhere.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>_____</td>
<td>Getting to know someone of another race is generally an uncomfortable experience for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>_____</td>
<td>I would like to go to dances that feature music from other countries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>_____</td>
<td>I can best understand someone after I get to know how he/she is both similar and different from me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>_____</td>
<td>I am only at ease with people of my race.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>_____</td>
<td>I often listen to music of other cultures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>_____</td>
<td>Knowing how a person differs from me greatly enhances our friendship.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>_____</td>
<td>It’s really hard for me to feel close to a person from another race.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>_____</td>
<td>I am interested in learning about the many cultures that have existed in this world.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11.____ In getting to know someone, I like knowing both how he/she differs from me and is similar to me.

12.____ It is very important that a friend agrees with me on most issues.

13.____ I attend events where I might get to know people from different racial backgrounds.

14.____ Knowing about the different experiences of other people helps me understand my own problems better.

15.____ I often feel irritated by persons of a different race.

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Permission is granted for research and clinical use of the scale. Further permission must be obtained before any modification or revision of the scale can be made.
APPENDIX C

INTERGROUP CONTACT SCALE (IC-S)

1) How many homeless people do you know? _________

2) How many homeless people would you consider friends?___________

3) How close do you feel to the homeless people that you know? very close (7), close (6), slightly close (5), neither close nor distant (4), slightly distant (3), distant (2), very distant (1)

4) How close do you feel to the one homeless person with whom you have had the closest relationship? very close (7), close (6), slightly close (5), neither close nor distant (4), slightly distant (3), distant (2), very distant (1)
APPENDIX D
SOCIAL DOMINANCE ORIENTATION SCALE (SDO-S)

Please choose the option that best fits your feeling about the statement provided:

(very positive (7), positive (6), slightly positive (5), neither positive nor negative (4),
slightly negative (3), negative (2), very negative (1))

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Some groups of people are simply not the equals of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Some people are just more worthy than others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>This country would be better off if we cared less about how equal people were.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Some people are just more deserving than others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>It is not a problem if some people have more of a chance in life than others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Some people are just inferior to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>To get ahead in life, it is sometimes necessary to step on others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Increased economic equality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>Increased social equality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10</td>
<td>Equality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>If people were treated more equally we would have fewer problems in this country.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>In an ideal world, all nations would be equal.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>13</td>
<td>We should try to treat one another as equals as much as possible.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>14</td>
<td>It is important that we treat other countries as equals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
**APPENDIX E**

**GENERAL BELIEF IN A JUST WORLD SCALE (GBJW-S)**

Circle the number which corresponds to this judgment.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Slightly Agree</th>
<th>Slightly Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I think basically the world is a just place.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>I believe that, by and large, people get what they deserve.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>I am confident that justice always prevails over injustice.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>I am convinced that in the long run people will be compensated for injustices.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>I firmly believe that injustices in all areas of life (e.g., professional, family, politic) are the exception rather than the rule.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>I think people try to be fair when making important decisions.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
## APPENDIX F

### BELIEF IN AN UNJUST WORLD SCALE (UW-S)

Read each statement carefully and decide to what extent you personally agree or disagree with it. Circle the number which corresponds to this judgment.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Totally agree</th>
<th>agree</th>
<th>slightly agree</th>
<th>slightly disagree</th>
<th>disagree</th>
<th>Totally disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A lot of people suffer an unjust fate.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I feel that even important decisions are often unfair.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I basically believe the world is an unjust place.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I feel that people won’t be compensated for injustices too often.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G

HEALTH PROFESSIONAL’S ATTITUDE TOWARDS THE HOMELESS
INVENTORY (HPATHI)

Please *choose* the option that best fits your feeling about the statement provided. Use the following scale for your answers.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Homeless people are victims of circumstance.</td>
<td></td>
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<td>2  Homeless people have the right to basic health care.</td>
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<td>3  Homelessness is a major problem in our society.</td>
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<td>4  Homeless people choose to be homeless.</td>
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<td>5  Homeless people are lazy.</td>
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<td>6  Health-care dollars should be directed toward serving the poor and homeless.</td>
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<td>7  I am comfortable being a primary care provider for a homeless person with a major mental illness.</td>
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<td>8  I feel comfortable being part of a team when providing care to the homeless.</td>
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<td>9  I feel comfortable providing care to different minority and cultural groups.</td>
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<td>10. I feel overwhelmed by the complexity of the problems that homeless people have.</td>
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Male Female

BAYLORID

Thank you for participating in this voluntary survey. By completing this questionnaire you are consenting to participate in this survey. A study number will be assigned to you so we can examine your answers over time. The information that you provide will be fully confidential.

If physician, indicate specialty: ______________________________________________

Your name (Last, First): _______________________   Date: _______________________   Age: ________   Gender: <
11. I understand that my patients’ priorities may be more important than following my medical recommendations.

12. Doctors should address the physical and social problems of the homeless.

13. I entered medicine because I want to help those in need.

14. I am interested in working with the underserved.

15. I enjoy addressing psychosocial issues with patients.

16. I resent the amount of time it takes to see homeless patients.

17. I enjoy learning about the lives of my homeless patients.

18. I believe social justice is an important part of health care.

19. I believe caring for the homeless is not financially viable for my career.
APPENDIX H

HPATHI-M

5 - Strongly Agree
4 - Disagree
3 - Neither Agree nor Disagree
2 - Agree
1 - Strongly Disagree

1. Homeless people are victims of circumstance.
2. Homeless people have the right to basic health care.
3. Homeless is a major problem in our society.
4. Homeless people choose to be homeless.
5. Homeless people are lazy.
6. Health-care dollars should be directed toward serving the poor and homeless.
7. I am comfortable being a behavioral health worker for a homeless person with a major mental illness.
8. I feel comfortable being part of a team when providing care to the homeless.
9. I feel comfortable providing care to different minority and cultural groups.
10. I feel overwhelmed by the complexity of the problems that homeless people have.
11. I understand that my clients’ or consumers’ priorities may be more important than following my behavioral health recommendations.
12. Behavioral health workers should address the social problems of the homeless.
13. I entered social behavioral health field because I want to help those in need.
14. I am interested in working with the underserved.
15. I enjoy addressing psychosocial issues with clients or consumers.
16. I resent the amount of time it takes to see homeless clients or consumers.
17. I enjoy learning about the lives of my homeless clients or consumers.
18. I believe social justice is an important part of health care.

19. I believe working with the homeless is not financially viable for my career.
APPENDIX I

NOTICE OF APPROVAL

Office of Research Administration
Akron, OH 44325-2102

NOTICE OF APPROVAL

February 20, 2013

Russell E. Spieth
3078 Meadowbrook Boulevard
Cleveland Heights, Ohio 44118

Re: IRB Number 20130219 "An Exploration of Behavioral Health Workers' Social and Cultural Attitudes"

From: Sharon McWhorter, IRB Administrator

Thank you for submitting your IRB Application for Review of Research Involving Human Subjects for the referenced project. Your application was approved on February 20, 2013. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

☐ Exemption 1 – Research conducted in established or commonly accepted educational settings, involving normal educational practices.

☒ Exemption 2 – Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.

☐ Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.

☐ Exemption 4 – Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.

☐ Exemption 5 – Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.

☐ Exemption 6 – Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

Cc: Ingrid Weigold - Advisor
Cc: Valerie Callanan – IRB Chair

☒ Approved consent form's enclosed
Dear Agency Administrator,

My name is Russell Spieth, and I am a doctoral candidate in the Department of Counseling at The University of Akron. I am conducting research regarding social and cultural attitudes with a sample of behavioral health workers under the direction of my research advisor Dr. Ingrid K. Weigold.

We would like to enlist your assistance with forwarding the attached Letter of Participation and Informed Consent document to all of the behavioral health employees in your organization and/or to your professional and student affiliates. There will be no identifying information collected and the findings will be reported only in aggregate form; no institution or program will be specifically identified in any presentation of the research findings. Thank you in advance for your time and consideration.

Sincerely,

Russell E. Spieth, M.Ed., CRC
APPENDIX K

LETTER OF PARTICIPATION AND INFORMED CONSENT

Title of Study: An Exploration of Behavioral Health Workers’ Social and Cultural Attitudes.

Introduction: You are invited to participate in a research project being conducted by Russell E. Spieth ME.d., CRC, a doctoral student in the Department of Counseling at The University of Akron.

Purpose: The purpose of the project is to explore the nature of behavioral health workers’ attitudes toward social and cultural diversity with a sample of approximately 250 respondents.

Procedures: Participation in this study will involve accessing a survey web page link, which will take you to a site where you complete a demographic questionnaire and six self-report instruments. The total online survey involves responding to 76 items. The majority of the study will ask for your level of agreement with specific statements (e.g., strongly agree, agree, agree a little bit, disagree a little bit, disagree, strongly disagree). The materials should take no more than 30 minutes or so to complete. All information you provide will be anonymous.

Exclusion: Only people who are working and/or training in the behavioral health field are eligible for this study. Examples of professions in the behavioral health field include: case managers, employment specialists, professional counselors, psychologists, rehabilitation counselors, social workers, substance abuse counselors, and trainees in these professions. All participants must be at least 18 years of age.

Risks and Discomforts: There are no known risks involved with participation in this study.

Benefits: You will receive no direct benefit from your participation in this study, but your participation may help us to better understand the nature of behavioral health workers’ social and cultural attitudes.

Payments to Participants: Upon completion of the survey, you will be directed to a page where you can choose to enter your email address to be included in a drawing for one of two $100 gift certificates to Target. The winners of the drawing will receive their gift cards upon completion of the study, which is expected to take about five months. Your email address will not in any way be connected to your survey responses, nor can your email address be used in any way to identify the data you provide.
**Right to refuse or withdraw:** Your participation in the study is voluntary and refusal to participate or withdraw from the study at any time will involve no penalty or loss of benefits to which you are otherwise entitled.

**Anonymous Data Collection:** No identifying information will be collected, and your anonymity is further protected by not asking you to sign and return an informed consent form.

**Who to contact with questions:** If you have any questions about this study, you may contact Ingrid K. Weigold at 330-972-8156. The University of Akron Institutional Review Board has approved this project. If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666.

**Acceptance:** I have read the information provided and all of my questions have been answered. I voluntarily agree to participate in the study. My completion and return of this survey will serve as my consent. I may print a copy of this consent statement for future reference.

To access the online survey, please click the arrow icon >>>