

A Dissertation
entitled
Counselor Education Students' Perceptions of Wellness and Mental Health in African
American Men: The Effects of Colorism

by
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Submitted to the Graduate Faculty as partial fulfillment of the requirements for the
Doctor of Philosophy Degree in Counselor Education and Supervision

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This quantitative study was conducted to explore colorism and the clinical judgement of counselor education masters' students. There was 155 total master's level student counselors surveyed using the Diagnostic and Prognostic Rating form and the Perceived Wellness Survey with one removed due to only completing the demographic information. Participants were asked to answer questions about case information and photo attached to each survey which were randomly assigned to one of 4 digitally manipulated photos of an African American male. This study sought to determine the degree colorism influences, if at all, Masters' level counseling students' clinical judgement of a client case example's mental health and wellness. Using a one-way ANOVA, researchers analyzed scores from all instruments finding no significant differences in counseling students' clinical judgement on mental health and wellness across four skin tones. Future research should explore other methods to represent the general population including qualitative methods, advanced digital manipulation of photographs, and using actual people instead of photographs to enhance further studies involving colorism.

Dedicated to Sierra and Shane, my two heartbeats. I love you both more than life itself
and I am grateful God chose me as your mother. Brooklynn, my beautiful granddaughter,
G-Ma loves you.

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List of Abbreviations

AA.....	African American
AACD	American Association for Counseling Development
ACA	American Counseling Association
AMCD.....	Association for Multicultural Counseling and Development
ANWC	Association for Non-White Concerns
APGA.....	American Personnel and Guidance Association
CACREP	Council of Accreditation of Counseling and Related Educational Programs
DPRF.....	Diagnostic and Prognostic Rating form
MCC.....	Multicultural Counseling Competence
MCSD	Multicultural Social Desirability
PWS	Perceived Wellness Scale
SRQ.....	Specific Research Question

Chapter 1

Introduction

Chapter 1 will include an overview of colorism, multiculturalism, and how they influence the counseling profession. Specifically, this study was developed with an interest in how much, if at all, colorism effects master level student counselors. Chapter 1 will then address the research problem, the purpose of the study, the research questions, and the significance of the study. To finish, the chapter will close with an outline of this dissertation.

Colorism and Counseling

According to Maddox and Gray (2002), variance in the color of skin or skin tone within the African American (AA) culture has been linked to social acceptance, self-esteem, education, physical health and socioeconomic status. Maddox and Gray's research examined the contributory role of skin tone in the perception and representations of Blacks. Maddox and Gray conducted two studies showing that variation in one's skin tone can influence the organization of social information and how the differentiation in stereotypes of Blacks are demonstrated based on skin tone. The result of their research indicates how skin tone plays an important part in the representation of Blacks among both Whites and Blacks. Research shows that lighter skinned African Americans are more likely to have occupations of higher status, earn higher incomes, and have more years of college than their darker skinned counterparts (Hill, 2002; Howard, 2011; Norwood & Foreman, 2014). The darker the skin the more negative the correlations including crime, fear of the individual, poor health, low self-efficacy, lower paying jobs, unattractiveness, and less education (Maddox & Gray, 2002; Norwood & Foreman;

Uzogaro et al., 2014). After examining individual traits, Maddox and Gray reported that dark-skinned Blacks were more closely associated with the traditionally negative stereotype of Blacks. The differential treatment of African Americans based on their skin tone within the African American community causes intra-racial discrimination and mistreatment of AA individuals with darker skin tones. Discrimination that is based on skin tone is called colorism (Barnett, 2004).

Colorism functions both inter- and intra-racially such that one racial group makes a clear distinction and judgment of others based solely on skin color (Jones, 2000). Interracial colorism is when a person judges someone from a different racial group by showing preferences to those with lighter complexion. Interracial colorism originated with the preferential treatment of slaves according to the hue of their skin. According to Banks (2014), research on the topic of interracial colorism suggests that Whites still engage in discrimination against dark skinned Black Americans. Further, Banks' work indicates that White's preference for lighter skinned Blacks happens either implicitly or unconsciously. Unfortunately, those that are favored due to skin tone benefit from a system that rewards and/or punishes individuals differently based on race (Banks). Colorism, for many AA, can be more hurtful than racism because colorism produces negative treatment not only externally (from non-African Americans) but also from those of their own race, sometimes even from immediate family members (Hochschild, et al., 2007).

Because multiculturalism and diversity are integral parts of a student counselor's learning experience, as evidenced by positions taken and supported by the American Counseling Association (ACA) and the Council for Accreditation of Counseling and

Related Educational Programs (CACREP), all aspects of discrimination and prejudice should be addressed in counselor preparation, including colorism (Dinsmore & England, 1996; D'Andrea & Heckman, 2008; CACREP, 2016; ACA, 2014). Colorism is recognized and studied in other disciplines, further highlighting the relevancy and necessity of the discussion. For example, law suits have been filed due to colorism's effects on the hiring and firing processes within the workplace (Eberhardt et al., 2004; Harrison, 2010; Howard, 2011; McCray, 2012, Mirira & Mitra, 2013). Criminal justice disciplines also research the affects colorism has on criminalization of AA and even social sciences have now began to analyze the positive/negative effects colorism has on the daily lives of AA as well as the effect of interracial and intraracial colorism on AA (Eberhardt et al., 2004; Howard; Norwood & Foreman, 2014; Uzogara et al., 2014).

Colorism has received attention in prominent fields yet the counselor education discipline has yet to investigate colorism and its effect on clinical judgement thus making the field less informed and possibly less well esteemed. Counselor education programs could fall short because multicultural competencies could easily vary depending on students' instructor or courses taken. This variance could result in a limited amount of information regarding colorism and its effects upon the AA community. More specifically, content material addressing colorism may be excluded, including the identification of personal biases by student counselors and the negative effects colorism has on minority cultures. In multicultural and diversity counseling courses, the discussion of colorism is overshadowed by racism because racism is the primary discriminatory act against another race, whereas colorism receives less attention because it remains universally unrecognized and unaddressed. Unaddressed biases of colorism

among counseling students could negatively affect their clinical judgement and cause their clients' needs to go unmet and their wellness to go unaddressed (Berger & Morrison, 1984).

Studies regarding the influence of race on clinical judgment demonstrate that therapists are more likely to diagnose minority clients with mental disorders than White clients (Cohen et al., 1990; Loring & Powell, 1988; Neighbors et al., 2003). For instance, Blacks are more often and overly diagnosed with schizophrenia than their White counterparts (Neighbors et al., 2003). The Neighbors et al. study reported an association between inappropriate affect and schizophrenia as the attribution symptom that linked the diagnosis to Blacks, but not for Whites, even though attribution rates did not differ by race. This underscores the importance of using informed cross-cultural clinical judgment to ensure that the cultural characteristics of an individual are not being mistaken as a symptom of mental health. There are also studies that suggest when diagnoses are rendered by psychologists, psychiatrists, and/or social workers, Blacks are more often labeled with behavioral disorders than are their White counterparts even though they present with the same symptomology (Loring & Powell, 1988; Pottick, Kirk, Hsieh, & Tian, 2007). Another example comes from the differences in how AAs and Whites are viewed based on antisocial behavior. Those clinicians conceptualize antisocial behavior among Black youth as delinquency while White youth are seen as having a mental disorder (Pottick, et al.). This disparity in judgement contributes to the likelihood of Black youth being placed in a correctional facility and White youth being placed in a mental health facility to address the mental illness (Cohen et al., 1990).

Although colorism or skin tone has not been studied as in depth as race with regard to the influence on clinical judgement, it still has been shown to have the same, or similar, affect as race. For example, in a study by Atkinson and Brown (1996), European American and African American psychologists were randomly assigned to view photographs of “clients” representing one of three skin tones. The participants were then asked to rate the viewed person’s psychopathology. Compared to the ratings provided by African American psychologists, European American psychologists rated the AA clients as having more severe symptoms, more severe diagnoses, and more serious impairment. Based on their findings, Atkinson and Brown urged psychologists to discuss skin tone bias openly during training and in practice accordingly to overcome the taboo nature of colorism. To date, this line of inquiry has not been extended to the field of counselor education, a profession that is largely comprised of European Americans (White) where these same biases may exist. According to the CACREP Annual Report for 2014, 61.5% of all students and 75.1% of faculty in CACREP programs were White. Furthermore, colorism has not been studied among counselor education populations. As such, the degree to which counselor education students’ clinical judgment and decision making is influenced by colorism is unknown.

Problem Statement

In as much as colorism has been demonstrated in other disciplines, the lack of knowledge regarding this phenomenon in the counseling profession raises serious concerns and questions: Does colorism also exist within the counseling field? Do counseling students engage in colorism without knowing? If, in fact, colorism exists in the counseling profession how will this issue be addressed? Without proper research to

identify whether colorism exists within the counseling profession, it remains unknown whether or not colorism negatively influences counseling students' clinical decisions. This lack of knowledge is a problem because counselor training programs do not know if colorism influences counseling students' clinical judgments regarding client prognosis, wellness, and likelihood to benefit from counseling (Atkinson and Brown, 1996). Therefore, it is critical that research about colorism within the field of counseling be explored so counselor education students practicing colorism can identify their own biases about skin tone variation and eliminate the potential harm to their clients caused by said biases (Vines, Wood, Grothaus, Craigen, Holman, Blake, 2007). This would also help identify the need for more in-depth cultural diversity training which specifically includes colorism because if counselors lack knowledge regarding the colorism phenomenon and the negative effects it has on various ethnic backgrounds, especially AA, then the issues affecting their clients including their own clinical judgment may go untreated, wrongly treated or disregarded.

Definition of Terms

African American: An American of African descent also referred to as Black (Norwood, 2014).

Colorism: A form of prejudice or discrimination in which people are treated differently based on skin color despite being of the same race (Jones, 2000; Banks, 2009).

Interracial Colorism: The practice of a member of one racial group making clear distinctions and judgments on an individual from another racial group based solely upon skin color (Jones, 2000).

Intraracial Colorism: The practice of a member of one racial group making clear distinctions and judgments on an individual from his/her same racial group based solely upon skin color (Jones, 2000).

Mulatto: A mixed person or someone who was defined as a person of mixed White and Black ancestry (Howard, 2011)

Racism: An attitude or belief that one is superior to another person specifically because of his or her race (Lewis, 2011)

Purpose of Study

The purpose of this study is to determine if colorism affects the clinical judgement of counselor education master's students' evaluation of a case example. Specifically, this study will determine the degree colorism influences, if at all, Masters level counseling students' clinical judgement of a client case example's mental health and wellness.

Research Questions

General Research Question 1: Are counseling students' judgments about clients' mental health influenced by colorism?

Specific Research Question (SRQ) 1: Are there differences in counseling students' ratings of client "disturbance", as measured by the Diagnostic and Prognostic Rating Form (DPRF) across 4 shades of African American skin tone?"

SRQ2: Are there differences in counseling students' ratings of client "response to counseling", as measured by the DPRF, across 4 shades of African American skin tone?

SRQ3: Are there differences in counseling students' ratings of client "benefit from counseling", as measured by DPRF, across 4 shades of African American skin tone?

SRQ4: Are there differences in counseling students' ratings of client "benefit from group counseling", as measured by DPRF, across 4 shades of African American skin tone?

SRQ5: Are there differences in counseling students' ratings of client "premature termination of counseling", as measured by DPRF, across 4 shades of African American skin tone?

SRQ6: Are there differences in counseling students' ratings of client "level of self-esteem", as measured by DPRF, across 4 shades of African American skin tone?

SRQ7: Are there differences in counseling students' comfortability working with clients, as measured by DPRF, across 4 shades of African American skin tone?

SRQ8: Are there differences in counseling students' ratings of their own personal feelings toward clients, as measured by DPRF, across 4 shades of African American skin tone?

GRA2: Are counseling students' judgments about client's wellness influenced by colorism?

SRQ9: Are there differences in counseling students' ratings of client "psychological wellness", as measured by the Perceived Wellness Scale (PWS) across 4 shades of African American skin tone?"

SRQ10: Are there differences in counseling students' ratings of client "emotional wellness", as measured by the PWS across 4 shades of African American skin tone?"

SRQ11: Are there differences in counseling students' ratings of client "social wellness", as measured by the PWS across 4 shades of African American skin tone?"

SRQ12: Are there differences in counseling students' ratings of client "physical wellness", as measured by the PWS across 4 shades of African American skin tone?"

SRQ13: Are there differences in counseling students' ratings of client "spiritual wellness", as measured by the PWS across 4 shades of African American skin tone?"

Significance of the Study

To date, there is no research that explores the affect colorism has on counselor education students. This study will not only contribute to multicultural literature within the counselor education field, but also results of this study will enlighten the profession with information on the existence of colorism and its relationship to the assessment of need and wellness of clients within the student counseling population. This study will provide the counseling profession with a progressive understanding of colorism among counselor education students, allowing a more in-depth developed curriculum specifically addressing biases associated with colorism in counseling. Margaret Hunter (2007) stressed the need for more studies of colorism to reveal how a person's skin tone affects his or her opportunities in life, indirectly affecting mental health. Hunter believes "colorism research enables a deeper understanding of systemic racism around the world."

The 2016 CACREP Standards Section II.F.2.a-h currently requires all accredited programs to provide "foundational knowledge" on social and cultural diversity including characteristics among different cultural groups, effects of privilege, and social justice and advocacy with the goal being multicultural competence throughout the student

population. Krista Malott (2010) conducted an extensive literature review on multicultural counselor training that included all counseling and counseling psychology journals as well as articles published between 1980 and 2008 and found that students that have taken a multicultural course are more competent than their peers who have not. Although AA culture is usually a topic within the curriculum, there is little focus on colorism or the biases that exist within (McGoldrick, Giordano, & Pearce, 2005; Pedersen, 2000; Rothenberg, 2007; Sue & Sue, 2007). By teaching students that colorism exists and the affect it has on clients, counselor education programs will be able to aid counseling students in understanding the needs and overall wellness of their clients more proficiently as well as identifying their own biases, which improves their multicultural competence. Therefore, a study on the degree to which colorism is present among school and mental health counseling students and the difference, if any, on the assessment of needs and wellness affected by colorism is necessary.

This study will inform counseling programs that include multicultural content within the curriculum on the degree to which colorism may exist within the student counselors' clinical judgement. It would also encourage more in-depth multicultural training, including colorism, which could better prepare student counselors to be culturally competent when serving diverse populations. Such research would add a more thorough look at personal biases and one's perceived multicultural competencies, which will enhance the knowledge of counseling students from various disciplines in understanding the existence of this phenomenon, its effects, and how to progressively deconstruct these misconceptions in order to understand and provide services to diverse populations.

Summary

Multicultural and diversity instruction is imperative to Masters' counseling students' educational experiences. The expectation for counseling students upon graduating is that they are multiculturally competent, yet in most multicultural and diversity counseling courses, colorism is eclipsed by racism; it remains hidden, and therefore neglected, and not included within the course discussions or material. However, because multiculturalism and diversity are important to students' counseling careers, all facets of racism and discrimination need to be addressed, including colorism. Colorism, specifically, should be addressed because research has shown that lighter skinned African Americans are more likely to have higher socioeconomic status, more education, and better jobs, whereas their darker skinned counterparts have a more negative correlation with crime, fear, poor health, and lower socioeconomic status (Hill, 2002; Maddox & Gray, 2002; Howard, 2011; Norwood & Foreman, 2014; Uzogaro et al., 2014).

Although colorism is acknowledged and researched in several other disciplines, there has been no research that explores the affect colorism has on counselor education students. In other disciplines, studies with regard to racial influence on clinical judgement illustrate clinicians render more severe mental or behavioral diagnoses to minorities than they do Whites. Therefore, proper research is needed to identify if these same issues exist in counseling students; more specifically, if colorism has a negative influence on the students' clinical judgement. This study will explore colorism and its effect on the clinical judgement of counselor education masters' students. Master's level student counselors will be surveyed using the Diagnostic and Prognostic Rating form and

the Perceived Wellness Survey. This study will inform counseling programs on the degree to which colorism exists within student counselors' themselves as well as encourage more in-depth multicultural training, including colorism, which would better prepare student counselors to be culturally competent when serving diverse populations.

This dissertation study will explore if masters level counseling students' clinical judgment on mental health and wellness is influenced by colorism. The counseling students' judgment will be assessed by the Diagnostic and Prognostic Rating Form and the Perceived Wellness Scale. Chapter 1 presented the problem addressed in this study, the research questions, and significance of the research. Chapter 2 will provide a review of the current literature relevant to colorism in counseling and Chapter 3 will explain the methods utilized. Chapter 4 will review the study's results and descriptive and inferential findings. Chapter 5 will complete this dissertation by interpreting the findings and implications for the profession and recommendations for future research.

Chapter 2

Literature Review

Multiculturalism in Counseling

Multicultural counseling has been recognized as “the central core of the counseling profession’s identity” since 1991 when the Association for Multicultural counseling and Development for (AMCD) recognized the need and rationale for a multicultural perspective in counseling (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002, p. 153; Sue, Arredondo, & McDavis, 1992). Counselor Educators have stressed the importance of responding to this movement within counselor education programs in an “effort to reduce attrition and increase use of services by a rapidly expanding diverse clientele population” (Malott, 2010, p. 51). In order to maintain ethical responsibility as well as engage in best practices it is necessary for student counselors to be educated appropriately in order to be multiculturally competent.

The 2014 ACA Code of Ethics specifically states, “Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors” (p. 14). Despite this ethical mandate, the Code does not mandate specific educational content. Furthermore, the 2016 Council for Accreditation of Counseling and Related Educational Program (CACREP) standards require programs to “reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society” (p. 8). Similarly with the case with the ACA Code of ethics, the CACREP standard provide very few guidelines of what specific information the students are to receive only that the broad spectrum of multiculturalism is to be included in the curriculum.

History and Influence of Multiculturalism

The counseling profession began to see a great increase in the popularity of multiculturalism driving a need for training during the late 1970's. Counselors began to recognize that the monocultural view that was once acceptable by the profession was being challenged by the evolution of multicultural influences within the United States as the demographics of the country began to change. In 1972, The Association for Non-White Concerns (ANWC), now known as the AMCD became a legitimate division of the American Personnel and Guidance Association (APGA) after years of lobbying for their voice to be heard and expressing the need for voting privileges on the Board of Directors and The Senate (AMCD). Spearheaded by Samuel Johnson, the AMCD vision pressed forward becoming the most recognized organization for people of color in the helping profession (AMCD). AMCD supported the multicultural movement within the counseling profession through its mission to recognize the multicultural nature of society and promote awareness and understanding of cultural uniqueness while eliminating barriers to individual development (AMCD). However, the monocultural view continued to influence the traditional counseling approaches used to treat minorities until research revealed the extensive ineffectiveness with minority populations (Sue, et al., 1992).

Research suggested that counselors were more likely to engage in cultural oppression using unethical practices when there is no self-awareness of the basis for differences that occur between them and their culturally different clients which would remain ineffective (Sue, et al.). There was an absence of understanding by counselors that multiculturalism was not just limited to the minority population and that multicultural training offered to students should not be optional but integrated into the entire

counseling curriculum (Sue, et al.). Prior to 1991, the American Association for Counseling Development (AACD) ethical standards and bylaws had little mention of multicultural issues, under Section H: Preparation Standards in the Ethical Standards there were no statements included about multicultural courses, and multicultural competence was viewed in isolation and unnecessary from the overall standards of the profession (Sue, et al.).

Articles such as the Multicultural Counseling Competencies and Standards: A Call to the Profession (Sue, et al., 1992) began altering the view of multicultural counseling, therefore the counseling profession and many accrediting bodies could not deny the need to reassess and revise standards to include multicultural/diversity curriculum. As a result, in April of 1991, the Professional Standards committee of AMCD proposed 31 multicultural counseling competencies be adopted by AMCD and the counseling profession for accreditation criteria in hopes to eventually become a standard for curriculum reform for helping professions (Sue, et al.). This movement also resulted in Section II F.2 of the 2016 CACREP Accreditation Standards, “Social and Cultural Diversity” is now one of eight common core curricular areas in which students are required to demonstrate knowledge. Multiculturalism is also expected to be infused within the counselor specialty standards such as Clinical Mental Health Counseling and School Counseling. The preface to both counselor specialty standards declare, it is necessary for any student planning to work as a clinical mental health counselor or a school counselor be able to “demonstrate the professional knowledge and skills” necessary to address the circumstances connected to the specialty (CACREP, 2016) along

with the common core curricular mentioned above and this would include multicultural/diversity.

With the encouragement for multicultural standards to be adopted into the counseling profession, there was also a push for multicultural competencies that would help define what constituted a culturally competent counselor. According to Constantine and Ladany (2000), the definition of Multicultural counseling competence (MCC) is the combination of counselors' attitudes/beliefs, knowledge, and skills in counseling individuals from various cultures which has been endorsed by multicultural counseling experts. Sue et al. found that the basis of a competent counselor means it is necessary to check biases and stereotypes, to make sure the counselor has specific knowledge of the cultural groups he or she is working with, and the continuous development of intervention techniques and strategies needed to work with minority groups. These multicultural competencies have been established for over twenty years with various studies assessing for them using the main four instruments published in the early 1990's to capture and measure these competencies (D'Andrea, Daniels, & Heck, 1991; Lafromboise, Coleman, & Hernandez, 1991; Katz & Hoyt, 2014; Ponterotto et al., 1996; Sadowsky, Taffe, Gutkin, & Wise, 1994).

Most recently, ACA and AMCD endorsed a revision of the MCC's called The Multicultural and Social Justice Counseling Competencies (MSJCC) which incorporates social justice and advocacy into the multicultural competency framework (Ratts, Singh, Nassar-McMillan, Butler, & McCullough 2015). Multicultural and social justice competence now includes counselor self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions (Ratts, et. al, 2015).

Unfortunately, MCC are measured through self-reports and according to Katz and Hoyt (2014) these self-reports do not appear to correlate with third party expert ratings of multicultural competence and they do not appear to be associated with client ratings of therapists' MCCs (Constantine & Ladany, 2000; Ladany, Inman, Constantine, & Hofheinz, 1997; Fuertes et al., 2006). Cartwright (2001) also noted that outcome studies evaluating the content, structure, and preparation of students' multicultural competencies to work with cultures different from their own are almost nonexistent. Yet, there is an expectation that student counselors are multiculturally competent and able to demonstrate and apply said competencies within their counseling specialty. For Clinical Mental Health Counselors, CACREP standards state counselors will be able to apply cultural factors relevant to the responsibilities of clinical mental health counseling (CACREP, 2016). School Counselors, however, have no specific CACREP standards stated under that specialty in regard to multicultural competency.

Although multicultural competencies have been accepted as a baseline for training to advance the field, serious gaps still exist such as being measured through self-report. Students in multicultural courses many times are able to openly discuss topics which are usually avoided in other contexts allowing them to face issues of race, culture, and social barriers that will be encountered with diverse clients (Mitcham, Greenidge, & Smith, 2013). Although these things are discussed, the issue of colorism continues to remain a hidden topic being overshadowed by racism because it is the primary discriminatory act against another race yet colorism affects minority cultures just the same.

What is Colorism?

Many scholars have conducted research on the effects of The Civil Rights Era, a period of time where racial inequality and injustice was challenged by those afflicted by it (Keith & Herring, 1991; Maddox & Gray, 2002). According to Bodenhorn and Ruebeck (2005), The Jim Crow law ensured that Blacks remained ‘Separate but equal’ and allowed racism, segregation, and oppression to be the status quo for Blacks with equality being virtually nonexistent. The Jim Crow laws included all laws that allowed Whites to remain separate in schools, public transportation, restaurants, and any other place to prevent any form of contact between Whites and Blacks as equals (Jim Crow Law, 2014). Prior to the 1960’s, racism and prejudice were common place in America (Howard, 2011). Many Whites used prejudice and racism to maintain power and authority over minorities by, for example, instilling fear of being killed for something as small as speaking to a White woman. After the Civil Rights movement and the demise of the Jim Crow law, racism still was very much alive but a bit more discreet and less blatantly obvious (Bodenhorn & Ruebeck, 2005). Due to the prevalence of continuous racism, many scholars have found it necessary to research the effects of racism on people of color (Eberhardt et al. 2004; Harrison, 2010; Maddox & Gray, 2002; Norwood & Foreman, 2014).

Harrison (2010) asserted during his review of literature that historically, research conducted with regard to racial or color discrimination has generally been considered in terms of White versus Black. Initially, research with regard to colorism was addressed by the judicial disciplines as a result of law suits that were filed against companies and institutions that appeared to be affording the same opportunity to minorities as their

White counterparts; however, there was a disproportionate amount of hiring and promoting of light skinned Blacks in comparison to dark skinned Blacks (Eberhardt et al., 2004; Harrison, 2010; Howard, 2011; McCray, 2012, Mirira & Mitra, 2013). The criminal justice disciplines also began to address how racism, more specifically colorism, affects the criminalization of AA leading to a higher rate of profiling, arrests, charges, convictions, and sentencing (Eberhardt et al., 2004; Howard, 2011; Norwood & Foreman, 2014). More recently, social science disciplines have started to analyze the prevalence and effects of colorism, the preferential treatment of someone based on his or her skin tone, within the African American community (Howard, 2011; Uzogara et al., 2014). Howard (2011) conducted a mixed method, quantitative and qualitative study to examine the existence of colorism within African American and Caucasian American communities as well as exploring how one's skin color positively and/or negatively affected various aspects of their daily life finding interracial and intraracial colorism prevalent factors in everyday life of participants. Uzogara et al. (2014) studied perceptions of skin tone discrimination among African American men finding their perception of out-group and in-group treatment was similar across time. However, research with respect to colorism and the field of counseling has been nonexistent. Without knowledge of colorism and how it negatively affects various ethnic backgrounds, counselors cannot efficiently address the specific needs of clients experiencing effects associated with colorism.

In the United States, darker skin is historically associated with negative, uneducated, impoverished and criminal stereotypes whereas lighter skin is favored by the majority population (Eberhardt et al., 2004; Norwood, 2014). Thus, individuals with fairer or a lighter skin tone are treated as though they are better than their darker counter

parts (Dixon & Maddox, 2005; Hochschild, 2007). This color preference phenomenon is defined as the prejudicial or preferential treatment based solely on skin color (Banks, 2009). Maddox and Gray (2002) defined it more simply by stating “colorism is the tendency to perceive or behave toward members of a racial category based on the lightness or darkness of their skin tone.” According to Maddox and Gray (2002), skin tone in the African American (AA) also known as Black culture has been linked to social acceptance, self-esteem, education, physical health and socioeconomic status. Research shows that lighter skinned African Americans are more likely to have occupations of higher status, higher incomes, and more years of college than their darker skinned counterparts (Hill, 2002; Howard, 2011; Norwood & Foreman, 2014). Whereas the darker the skin, the more negative the correlation including crime, fear of the individual, poor health, low self-efficacy, lower paying job, and less education (Howard, 2011). According to Hall (2013), skin color also affects the outcomes of physical and mental health, career prospects, interpersonal interactions, and availability and type of romantic partners. In recent years the education system, politics, healthcare, judicial system and employment are still afflicted with racism and prejudice undertones due to the residue of past transgressions (Eberhardt et al., 2004; Hochschild, 2007; Harrison, 2010; Banks, 2014). Colorism remaining constant and visible in those systems still with examples such as: tenured-track professors throughout America are more likely to be light in skin tone; major film and music industry have expressed preference for light skinned women featuring them in love interests in music videos, movies, television shows, as news anchors and various advertisements making it difficult for darker skinned women to get noticed or remain in the industry; light skinned women are more likely to be married than

dark skinned women; most blacks in high executive or leadership roles are light in skin tone (Norwood & Foreman, 2014). Yet, there are individuals such as Eric Bolling, a Fox News Spokesperson who stated “I don’t think there’s racism, because we have a Black president...” January 22, 2014 on the Fox News show *The Five*, which believe racism no longer exists and refer to the election of a Black president as proof. However, the same president that they proudly reference actually had a White mother and an African father making him of mixed races or biracial. Historically, a mixed person was referred to as “mulatto” or someone who was defined as a person of mixed White and Black ancestry (Howard, 2011). The stratification of skin tone is a deep seeded issue within the African American community. Many people, specifically within the African American community, believe that had President Barack Obama been a darker shade of brown, he would not be president. This is based on research that suggests that White voters evaluate dark-skinned Black political candidates negatively (Banks, 2008). An example given by Uzogara et al. (2014) was a study that tracked skin tone perceptions of then Senator Barack Obama during the 2008 presidential elections finding that conservatives and those who did not vote for Senator Obama estimated his skin tone to be significantly darker than his actual complexion (Caruso, Mead, & Balcetis, 2009) yet liberals and persons that did vote for Senator Obama estimated that he was significantly lighter than his actual complexion. Therefore, because his skin is of a lighter complexion, more of the majority population can relate to him. In 2008, Senator Reid was quoted saying that “America was ready to embrace a Black presidential candidate, particularly one such as Obama - a light-skinned Black man with no Negro dialect unless he wanted to have one” (Ragland, 2010). After the huge controversy around O.J. Simpson’s mug shot being darkened on the cover

of *Time Magazine*'s June 27, 1994 issue, researchers began to investigate the public's association of darker skin with untrustworthiness and criminality (Eberhardt et al., 2004; Banks, 2009).

The preference of one skin color over another is a subset of racial prejudice but is distinguished as a within-race phenomenon instead of across multiple races (Hochschild, 2007). Colorism can be either interracial and/or intraracial where both involve one racial group making a clear distinction and judgment on an individual based exclusively on the variation of skin tone. Interracial colorism is an individual judging someone from a different race such as a Caucasian showing preference to an AA of a lighter complexion which was how colorism originated due to the differential treatment of slaves. Taunya Lovell Banks (2014) reported that there is a growing body of evidence on interracial colorism suggesting that "Whites in all areas engage in implicit or unconscious discrimination against dark skinned Black Americans based on their skin tone". Implicit bias is a mental process that occurs outside the consciousness of an individual (Greenwald & Banaji, 1995; Banks, 2014). This is a process that involves a function of implicit mental attitudes, biases, and stereotypical associations (Greenwald & Kreiger, 2006; Banks, 2014). Therefore, although sometimes unintentional, those that are favored by implicit biased decisions involving skin tone "unfairly benefit from a system that differentially rewards and punishes society's members based on race" meaning individuals that identify as Black can experience race-based discrimination differently depending on skin tone. This can be experienced as early as preschool as evidenced by the 21st century doll tests where children both black and white were asked questions about various dolls ranging from very light to very dark in skin color and children

showing vast preference to the light skin and associating negative inferences to the dark skin (Billante & Hadad, 2010; Norwood & Foreman, 2014). Intraracial colorism is much more complex in that it involves an individual judging someone from the same racial group as well as within one's own family unit. A great deal of research shows the latter of the two has been a vast problem within the African American community causing dissention due to the preferential treatment of some and the mistreatment of others depending on the complexion of one's skin (Maddox & Gray, 2002; Bodenhorn, 2006; Hochschild, 2007).

Colorism, for many African Americans, can be more devastating than racism due to experiencing ill-treatment not only from those outside but also from those inside of one's own race including immediate family members, making it much more intimate and hurtful to experience (Hochschild, et al., 2007). There are many unresolved issues within the AA community because of the unspoken intra-racial discrimination and mistreatment of AA individuals with darker skin tones. The subtle nature of colorism makes it peculiar because unlike racism, which typically is explicitly displayed, colorism is more covert and "concealed beneath the still waters of social etiquette" (Williams, 2002, p. 8; Howard, 2011). It is, however, imperative to recognize that often times there is a high correlation between skin tone and other physical features such as hair and eye color, texture and length of hair, and the shape or size of the eyes, nose, and lips which also play a part in the judgment (Thompson and Keith, 2001; Howard, 2011).

Issues with colorism are not only experienced by African Americans. Colorism has negative effects on other ethnic groups across the globe (Glenn, 2008; Charles, 2011; Norwood & Foreman, 2014). Due to the color of one's skin having a great deal of social

implication, many darker skinned African Americans will attempt to acquire the privileges afforded to their light skinned counterparts by marrying light skinned partners increasing the likelihood of having light skinned children (Glenn, 2008). The use of skin lighteners and skin bleaching creams has become accepted throughout the world. The production and advertisement of products that alter the hue of one's skin has become a multi-billion dollar industry (Glenn, 2008). Researchers have documented the occurrence of skin bleaching in Latin America, North America, Europe, Asia, the Caribbean, Africa, and the Middle East (Charles, 2011). Colorism is as prevalent for those of Mexican descent as it is for Blacks as Spaniards maintained powerful positions by creating a color caste system which was used to divide and conquer the people (McCray, 2012). Within Mexican-American culture, the reality is the darker one's skin and the more indigenous ones' features are, the higher the chance is of experiencing some form of discrimination from the dominant culture (McCray, 2012). Research shows even some ethnic groups within the Asian community also have a history of color discrimination. For example, according to McCray (2012), skin color in women of Hindu and Japanese descent has a wide range of social consequences, including consideration for marriage.

History of Colorism

The root of colorism in America stems from the momentous issues related to slave ownership. More specifically, the effects of the transatlantic slave trade, racially motivated colonization, segregation, and discrimination have had a resounding impact on African American culture (Maddox & Gray, 2002). Within the slave trade there were ghastly things happening to people who were considered less than human, such as rape, torture, and beatings by those individuals who had purchased them (Keith & Herring,

1991). Slave masters began having sexual relations (involuntary and voluntary) with female slaves producing biracial offspring referred to as “mulatto” who created somewhat of a caste system directly connected to skin color with the slaves living on the plantations (Hall, 2013, Harrison, 2010; Howard, 2011;). Due to their White ancestry, mulattoes were viewed by slave masters as more intellectually superior than the darker slaves with pure African ancestry allowing them to be assigned more esteemed positions on the plantation (Keith & Herring, 1991). White slave owners paid the highest prices for mulattoes on the slave market because there was a preference for light skinned slaves as they were more aesthetically attractive to Whites and with time were built kinship bonds as well. House servants were mostly made up of mulattoes that were responsible for housework like cooks, butlers, personal companions, rearing children, and other positions within the house (Howard, 2011; Norwood, 2014). By working in the house, mulattoes were also given better accommodations such as food, clothes and sleeping quarters making the separation from the field slaves very apparent. Those slaves that worked in the field were disproportionately of the darker African ancestry performing tedious, physically challenging jobs that required little intellect such as plowing the fields and picking cotton. They had little contact with the customs and cultural inferences of the greater society and many times experiences more severe punishment (Keith & Herring, 1991; Howard, 2011). Mulattoes also were more familiar with the cultural practices of the greater society allowing them to learn the language and behave more like Whites. Both house servants and field servants were aware of the differential treatment causing the field servants to view the light skin tone of mulattos as symbolic of receiving more humane and preferential treatment as mulattoes continued to embrace their White

ancestry with a feeling of superiority. Characteristics associated with field slaves such as dark skin and physical characteristics were viewed as inferior and undesirable. With the preferences shown to mulattoes by slave owners, it is not shocking that mulattoes benefited from preferential treatment even in freedom and according to Shawn Cole (2005), nearly 40 percent of freed slaves in Louisiana were mulattoes. There were laws that existed banning Blacks from being taught to read but those freed slave with very light skin tones were an exception. With greater opportunities to access education and learn skilled labor, mulattoes had an advantage over those darker skinned freed slaves that were not afforded the same opportunities (Bodenhorn, 2006). After slaves gained freedom, racial segregation took precedence as anthropological studies generated during the civil war supported dangers or miscegenation between Blacks and Whites being physical and mental inferiority in their offspring. In order to enforce segregation during the 1800's, states had begun determining a person's race by blood fractions, appearance, and association but appearance was used as the most important evidence of race meaning skin color once the first determining factor (Brown, 2014). The "one-drop" rule became the dominant way to determine who was Black during the end of the nineteenth century and under this rule, one-drop of Black blood made a person Black however, it was difficult to prove therefore appearance was also evaluated in conjunction to the rule (Brown, 2014). With this rule being in place, those classified as Black with very light skin tone that appeared White many times would "pass" or assimilate with other Whites as if he or she were White in order to be live within the preferred culture. Although considered Black, over time those with lighter skin were afforded better opportunities being looked at as the more elite Blacks attaining better education, employment and the

opportunity to own more property than their darker skin counterparts (Banks, 2014; Frazier, 1957; Uzogara et al., 2014; Wirth & Goldhamer, 1944). Men with lighter skin employed different types of social practices in order to maintain their elite status excluding darker skinned men from being included in their social groups. Some of the more known practices included the “comb test” meaning if a comb could not pass through someone’s hair then they were banned because their coarse hair meant they were to “Black”, the “paper bag test” which banned Blacks from joining fraternities, sororities and some churches if their skin was darker than the brown bag so they were told to hold their arms up to the bag in order to pass the test, and the “blue veins” society that banned Blacks whose skin was too dark to see the veins in their arms (Bond & Cash, 1992; Uzogara et al., 2014). These practices indicated that individuals with a lighter skin tone had a definite economic and social advantage over their darker skinned counterparts (Uzogara et al., 2014).

Mental Health

Issues related to colorism can have a lasting effect on self-esteem and play a huge part in the presence of mental disorders including anxiety, depression, and behavioral problems, as well as, the protective factors associated with socialization in response to colorism (Diette, Goldsmith, Hamilton, & Darity, 2015; Breland-Noble, 2013;). The relationship between skin tone and mental health has been identified by examining the impact that skin color has on the life experiences of Black women throughout their lifespan (Breland-Noble, 2013; Diette et al, 2015; Wilder & Cain, 2011). Wilder and Cain (2011) argue that colorism was brought about more frequently by women than men and that colorism caused considerable negative impacts during childhood and

adolescence. One must assume, however, that the mental health of Black males is still significantly affected by colorism due to a constant association with perceived violence, aggression, and criminal activity and therefore experiencing punitive treatment as a result (Eberhardt et al., et al. 2004). The high correlation between Black women's skin tone and self-esteem is a result of women being socialized to concern themselves with external judgments more than their male counterparts, and are more prone to making personal changes due to negative evaluations of others (Thompson & Keith, 2001). These observations are also shown in various AA literature and film dating back to the mid-1800's with William Wells Brown being the first Black author to document the complexity of skin tone in the 1853 classic *Clotel* (Wilder, 2008). Books such as *The Bluest Eye* written by Toni Morrison (1970) and *The Color Purple* (1983) as well as films such as *School Daze* (Spike Lee, 1988) and *Light, Bright, Damn Near White* (CC Stinson, 2007) all speak or allude to the impact of mental health experienced by the leading character including depression and anxiety (Wilder, 2008; Breland-Noble, 2013). One of the most recent documentaries that tackles the issues of colorism is *Dark Girls* directed by Bill Duke and D. Channsin Berry (2011). In this film, the directors explore the roots of colorism, racism and the detrimental impact colorism has with regard to mental health including lack of self-esteem, lack of self-worth and depression (Duke and Berry, 2011). Colorism can also affect one's perception of body image, which is important to self-evaluation because it is an aspect of self that is recognized first and is constant throughout life (Thompson and Keith, 2001). Therefore, if society devalues certain physical attributes of darker AA then they are more likely to have a negative self-evaluation effecting self-esteem and self-efficacy which in turn can have a negative

impact on mental health. According to Buchanan and colleagues (2008), negative psychological consequences such as shame and anxiety are increased with continuous evaluation of one's self when internalizing societal ideals which may lead to increased risks for mental health concerns such as depression, eating disorders, and sexual dysfunction (Buchanan, et al. 2008). Their research examined African Americans college-aged women's self-perceptions of skin tone and its relationship to body satisfaction. Using path analysis, they found that among African American college women higher levels of skin tone monitoring was associated with general body shame as well as targeted skin-tone dissatisfaction (Buchanan, et al. 2008; Breland-Noble, 2013). Self-evaluation can be influenced by external stereotypes and influences such as media, music videos and peers. Research suggests that adolescent perception of sexual attractiveness is connected to skin color in relation to music videos, for instance in AA boys, light skin is a significant driver for the ideal beautiful woman (Stephens & Few, 2007). Therefore, those girls that do not fit within the realm of desirable skin tone may feel rejected by their male counterparts causing dissatisfaction with one's own skin tone. According to Wheeler, Jarvis, and Petty (2001) individuals who have a positive racial and self-identity are successful in overriding the effects of external stereotyped messages about their own racial group. The extent to which an individual uses social comparison processes depends on how secure that person is with his or her racial identity which can be majorly affected when colorism is infused within daily life experiences (Wheeler, et al. 2001). Research on AA perceptions of skin tone (colorism) and its consequential impacts on mental health are sparse with few direct links made between colorism and mental health. However, the emerging body of literature appears to suggest that the

experience of navigating colorism can have a negative impact on mental health (Breland-Noble, 2013).

Instruments

Perceived Wellness

With the negative connotation connected to colorism and the affect it has on those victimized by it, the focus can easily hover on continuous identification of the detrimental effects. As counselors, it is also necessary to identify and promote positive wellness in clients and this population is clearly at risk regarding specific aspects of wellness as, for an example, minorities uniformly score lower on physical wellness factors than their Caucasian counterparts (Myers et al, 2000). The 2009 CACREP Standards defined wellness as a culturally defined state of being in which mind, body, and spirit are integrated in a way that enables a person to live a fulfilled life. The 2014 ACA Code of Ethics specifically identifies wellness in the definition of counseling as one of the goals to accomplish. Therefore, it is the job of counselors to encourage a positive state of well-being through wellness-enhancing, preventative, and developmental interventions (Myers and Sweeney, 2008). Professional Counseling and other disciplines such as Social Work or Psychology remain consistent with the need to attend to wellness with the main objectives being to promote development as well as prevention and psychoeducation, highlighting client strengths and enhancing positive coping resources (Harari et al., 2005). The 2009 CACREP Standards Section II.2.e. required all accredited programs to provide the tools to assist in counselors' development of "culturally supported behaviors that promote optimal wellness and growth of the human spirit, mind, or body" (p. 10).

Originally, the idea of wellness began within the medical field as an alternative to a traditional view of health as merely the absence of disease or illness; however, it has evolved now being theoretically identified as a significant element of mental health and an appropriate area for the research and practice activities of counseling professions (Harari et al., 2005). As wellness began to move away from the medical model the need for wellness models in counseling became more pronounced and J. M. Whitmer and T. J. Sweeney decided to develop the first wellness model based in counseling called The Wellness Wheel. This was a theoretical model that emerged from reviews of cross-disciplinary studies in which they sought to identify correlates of health, quality of life and longevity (Myers and Sweeney, 2008) using the definition by Myers et al (2000) which states wellness is “a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, wellness is the optimum state of health and well-being that each individual is capable of achieving” (Myers et al., 2000 p 252). After additional study, Myers and Sweeney (2005a, 2005e) developed the Indivisible Self (IS-Wel) model and then later developed the 5F-Wel which is based on their previous research and the five factor model. The WEL and the 5F-Wel have been used in multiple studies over the past 15 years, primarily as outcome measures or dependent variables, and have been used to study wellness in relation to diverse psychological constructs and demographic indices (Myers and Sweeney, 2008). These instruments have also been used to examine success in wellness counseling interventions and other program evaluations. However, these instruments are used to rate wellness by using a self-rating scale but none are used to rate one’s perceived wellness of another individual. According to Jane Myers,

a recognized expert of wellness models in counseling, she was not aware of any rating scales for observations of wellness existing but reported using the 5F-Wel with instructions to rate someone else's wellness and then provide qualitative comments (Myers, 2014 personal communication). The Perceived Wellness Survey (PWS) is an instrument that measures perceived wellness but, it too, is for rating one's self yet it still allows the rating of wellness perceptions (Adams, Bezner, and Steinhardt, 1997). Without an existing instrument to measure one's perception of wellness of another, the PWS instrument is ideal due to the repeated use to measure perceived wellness. This instrument is based on the Perceived Wellness Model (PWM) which is consistent with most existing models of wellness (e.g. Hettler, 1984; Chandler et al., 1992; Witmer & Sweeney, 1992). The PWM was built on a multifaceted and integrated systems framework being defined by Adams (1995) as a "manner of living that permits the experience of consistent, balanced growth in the physical, spiritual, psychological, social, emotional, and intellectual dimensions of human existence" (p. 15). The six dimensions within this model are consistent with the wellness perspective having a holistic emphasis, incorporating facets of the spirit, body and mind within it (Harari et al., 2005). These six dimensions were researched and defined by Adams et al (1997) as the following:

Physical wellness is used in this model because Adams et al. (1997) found that superior perceived health was positively associated with higher levels of physical activity and negatively associated with disease and psychosocial issues. *Spiritual wellness* was defined as a positive perception of meaning or purpose in life and has been associated with positive health outcomes and well-being (Adams et al., 1995). *Psychological wellness* was defined as a perception that events and circumstances of one's life will have

positive outcomes (Adams et al., 1997). *Social wellness* was defined as a perception of having support from others in times of need which was identified as the most important health protecting feature and also being perceived as a provider of support (Adams et al., 1997). *Emotional wellness* was defined as being secure in one's self-identity and having a positive sense of self-regard equaling positive self-esteem which is one of the strongest predictors in general well-being (Adams et al., 1997). Lastly, *intellectual wellness* was defined as the perception of being energized by intellectually stimulating activity.

The purpose of the PWS is to evaluate the degree to which individuals perceive their own wellness across six life dimensions. This measure has been used by other researchers to assess perceived wellness such as Bezner & Hunter (2001), Ketz, & Israel (2002), Harari et al. (2005), Harris, Martin & Martin (2013). The PWS was also used with strong validity and reliability findings by Adams et al. (1997), Adams et al. (1998), Adams et al. (2000), and Harari et al. (2005). Other studies from various disciplines have been conducted using the PWS such as an article that measured the relationship between perceived wellness and stages of change for exercise among rural African American women using a descriptive, cross-sectional design; a convenience sample of 162 rural AAW was recruited from four rural churches in Selma, Alabama (Goodwin, 2010). Sidman, D'Abundo, and Hritz (2009) looked at exercise self-efficacy and perceived wellness among college students in a basic studies course to determine the relationship between exercise self-efficacy and perceived wellness in a sample of college students enrolled in a basic studies physical activity and wellness course resulting in the total exercise self-efficacy significantly predicting perceived wellness and the wellness subscales of physical, spiritual, intellectual, psychological, and emotional dimensions

($p < .05$). Another study using the PWS was to explore wellness perception in persons with traumatic brain injury and its relation to functional independence with the findings being that the PWS in its composite form is a reliable measure for use with persons with TBI (Bezner and Hunter, 2000). Ketz and Isreal (2001) investigated the relationship between women's sexual identity and perceived wellness using the PWS finding that there are no differences in perceived wellness between women who have sex with both women and men and identify as bisexual or women who have sex with both women and men and identify as heterosexual or lesbian/gay. Another study aimed to examine the relationship between psychological well-being and perceived wellness of graduate students in a CACREP-accredited counseling program at a state university in Pennsylvania measuring the participants' perception of wellness by the PWS using Multiple regression analysis (Harris, Martin, & Martin, 2013).

Multicultural Social Desirability

Individuals have a tendency to present themselves in a socially desirable manner which affects the choices they make (Andrews & Meyer, 2003). It is the job of the researcher to attempt to determine the extent and direction of self-presentation being altered when results of the assessment are determined (Andrews & Meyer, 2003). With race and colorism being the focus of this study, it becomes imperative to be aware of those misrepresenting their true self by picking answers they believe will be socially acceptable. Paulhus (1984) stated that Social Desirability has two different components: self-deception and impression management. In general, the impression management component represents a conscious bias in which participants respond in a socially desirable way. Thus, this component should be controlled. Conversely, the self-deception

component demonstrates that participants are defending against thoughts and feelings that may represent a threat to their own psyche so, in turn, they actually believe their positive self-reports, which may not necessarily be controlled for. According to Sadowsky et al. (1998), Multicultural social desirability refers to one that professes that one always interacts positively with minorities on personal and social levels and that on an institutional level, one favors the policies that institute multicultural diversity expansion. The Multicultural Social Desirability (MCSD) Scale measures a preference to “make a good impression on others by self-reporting that one is very responsive in all personal and social interactions with minorities and that one always favors institutional policies for diversity” (Sadowsky et al., 1998). This instrument has been used in several studies including the study on the Development and initial validation of the Multicultural counseling self-efficacy scale – Racial diversity form that used the instrument to assess efficacy beliefs for general counseling, multicultural counseling competency, and self-presentation biases in multicultural counseling (Sheu & Lent 2007). The purpose of a study done by Wei, Chao, Tsai, and Botello-Zamarron (2012), was to develop and validate the Concerns about Counseling Racial Minority Clients (CCRMC) scale among counselor trainees and the MCSD was used as one of the instruments to control for multicultural social desirability. Another study by Hansen et al. (2006) studied if we practice what we preach by conducting an exploratory Survey of Multicultural Psychotherapy Competencies using the MCSD as an instrument finding that overall most people do not practice what they preach.

Diagnostic and Prognostic Rating Form

According to Strupp (1973) therapists approach initial clients with certain expectations and wishes of his or her own where, if realized, believe the situation to be rewarding showing a warm attitude toward the client. He hypothesized that therapists felt hopeful patients were believed to be more “motivated for therapy” causing the therapist to have a warmer attitude giving rise to a kind of "halo effect" overshadowing certain "reality factors." His research was to explore the relationships between the therapist's attitude toward the patient and perceptions of the patient and treatment plans. During his research, he identified 14 variables that became the criteria for the Diagnostic and Prognostic form. Patients were rated using a 5-point scale: Dominance, Anxiety Shown, Emotional Maturity, Hostility, Complainingness, Independence, Defensiveness, Capacity for Insight, Degree of Disturbance, Motivation for therapy, Degree of Improvement expected in therapy, Therapist's interest in treating patient, amount of support therapist would give patient, therapist's liking for patient as a person. Strupp reports his hypothesis association between therapists' attitudes toward the patient and their perceptions of, and treatment plans for, the patient were substantiated as the evidence supported the assertion that personality factors of the therapist are an integral part of clinical judgments and therapeutic procedures. Berger and Morrison (1984) used the Diagnostic and Prognostic Rating Form modeling it generally on the rating form used by Strupp. In their study, trainees made 11 ratings of client functioning, likely response to treatment, and personal reactions to client with results showing clients that were less well-liked were rated to have less potential for change, less ego strength, and less likely to respond well in counseling (Berger & Morrison, 1984). Atkinson et al (1996) also used a modified

version of the Diagnostic and Prognostic Rating Form to assess psychologists' judgments about client prognosis and the likelihood of benefiting from therapy. In their study, African American psychologists rated the client more physically attractive and likely to benefit from therapy expressing positive feelings about the client, however, the European American psychologists strongly endorsed severe mental disorder diagnoses for the client.

Summary

There is a general recognition for the need and importance of multiculturalism and diversity within the counseling profession evidenced by the implementation of standards from ACA and CACREP. These standards hold counselors accountable for continuing an effort to obtain and maintain multicultural competency. However, when trying to encompass all multiculturalism and diverse populations underneath one umbrella there are bound to be areas that haven't been thoroughly covered. Therefore, demonstrated multicultural competence may then vary depending on different variables surrounding how it has been taught accompanied with personal experiences. In order to advance the field of counseling, multicultural competencies are accepted as the baseline for training counselors yet serious gaps are ever present. Most multicultural textbooks discuss African Americans and other minorities in some context yet issues of colorism remain hidden beneath the discussion of racism within multicultural or diversity classes and trainings. The field of counseling has been fairly silent with regard to colorism with very few mentions, if any, in textbooks or journal articles (Pedersen, 2000; Rothenberg, 2007; Sue & Sue, 2007). Without research on how to address the issues surrounding those that practice or experience colorism, counselors may not recognize their own biases

nor will they be able to effectively address the needs specific to their clients. A counselor's unaddressed colorism bias could negatively affect his or her clinical judgment allowing clients' assessment of needs and wellness to go unmet (Berger & Morrison, 1984). Issues related to colorism and those affected by it can have a lasting effect on self-esteem and greatly influence the presence of mental disorders, as well as, the protective factors related to socialization in response to colorism (Breland-Noble, 2013). Research on colorism within the counseling field will broaden the scope of multiculturalism and cultural diversity allowing a better understanding of the color phenomenon that negatively plagues African Americans as well as other ethnic groups across the world.

Chapter Three

Method

Overview of Method

The purpose of this chapter is to state the research questions and the method and procedures used in this study. The researcher recruited student level counseling students to complete a survey to with randomized skin tone conditions. After viewing the photo of “clients” and reading a brief vignette, the participants were asked to evaluate clients’ mental health status and wellness. Mean differences on their wellness and mental health status was compared using a one way ANOVA

Research Questions

General Research Question 1: Are counseling students’ judgments about clients’ mental health influenced by colorism?

Specific Research Question (SRQ) 1: Are there differences in counseling students’ ratings of client “disturbance”, as measured by the Diagnostic and Prognostic Rating Form (DPRF) across 4 shades of African American skin tone?”

SRQ2: Are there differences in counseling students’ ratings of client “response to counseling”, as measured by the DPRF, across 4 shades of African American skin tone?

SRQ3 Are there differences in counseling students’ ratings of client “benefit from counseling”, as measured by DPRF, across 4 shades of African American skin tone?

SRQ4 Are there differences in counseling students’ ratings of client “benefit from group counseling”, as measured by DPRF, across 4 shades of African American skin tone?

SRQ5 Are there differences in counseling students' ratings of client "premature termination of counseling", as measured by DPRF, across 4 shades of African American skin tone?

SRQ6 Are there differences in counseling students' ratings of client "level of self-esteem", as measured by DPRF, across 4 shades of African American skin tone?

SRQ7 Are there differences in counseling students' comfortability working with clients, as measured by DPRF, across 4 shades of African American skin tone?

SRQ8 Are there differences in counseling students' ratings of their own personal feelings toward clients, as measured by DPRF, across 4 shades of African American skin tone?

GRQ2 Are counseling students' judgments about client's wellness influenced by colorism?

SRQ9 Are there differences in counseling students' ratings of client "psychological wellness", as measured by the Perceived Wellness Scale (PWS) across 4 shades of African American skin tone?"

SRQ10 Are there differences in counseling students' ratings of client "emotional wellness", as measured by the PWS across 4 shades of African American skin tone?"

SRQ11 Are there differences in counseling students' ratings of client "social wellness", as measured by the PWS across 4 shades of African American skin tone?"

SRQ12 Are there differences in counseling students' ratings of client "physical wellness", as measured by the PWS across 4 shades of African American skin tone?"

SRQ13 Are there differences in counseling students' ratings of client "spiritual wellness", as measured by the PWS across 4 shades of African American skin tone?"

Description of Participants

The participants that were be used in this study were current master's level counseling students enrolled in CACREP accredited counseling programs within Ohio. The exclusion criteria included those students who were enrolled in Non CACREP programs or doctorate programs. The researchers visited University of Toledo, Bowling Green State University, Xavier University, Malone University, Heidelberg University, and John Carroll University because these Universities have CACREP accreditation and were in driving distance of the researchers.

Sampling Procedures

The non-probabilistic sampling methods convenient and criterion sampling were used for this study (Trochim & Donnelly, 2006). Convenience sampling was used due to the availability of the students in the population and their willingness to participate in the study. All participants were identified through the researcher's faculty contacts in CACREP master's level counseling programs located in the surrounding Toledo, Ohio area. The researcher distributed the survey to classes that the department had given permission to do so. Criterion sampling was applied because to be a participant in this study, specific criteria needed to be met, which includes being enrolled in masters level counseling courses and participants have participated in a multicultural counseling class or equivalent. To increase response rates, the researcher distributed and collected the surveys during class time; therefore, the expected response rate was near 100%.

There were 155 total student participants. One participant was removed due to failure to complete the survey only completing the demographic information. Therefore, the corrected total of participants is 154. Of those 154, 128(83.1%) were in clinical mental

health, 19 (12.3%) were in school counseling, and there were 7 (3.9%) that selected “other” representing other disciplines such as school psychology, rehabilitation counseling, and gerontology counseling among others. The total ethnic background identified the participants is shown in table 4.1.

4.1 Ethnicity identified by participants

What is your Ethnicity?	Frequency	Percent
White	122	78.7
Hispanic	3	1.9
African American	19	12.3
Asian	1	.6
Multiracial	8	5.2
Other	2	1.3
Total	155	100.0

Instrumentation

Participants were given a packet including a five part study questionnaire and case information necessary to complete the survey. The case information included was a demographic description of a 38 year old African American male (see appendix A). The data included in the case material was intake information such as: presenting problem being relationship issues with his daughter’s mother, he is a high school graduate, currently unemployed but seeking work, he has prior misdemeanor charges involving traffic violations, and he is presenting with generalized anxiety symptoms. The case information was derived from samples of case studies that were supplied through National Clinical Mental Health Counselor Exam (NCMHCE) study materials. Attached to each case description was one of four photographs of an African American male (see appendix B) at the top of the page. The four photographs have been digitally

manipulated to change the skin tone of the male in the picture representing four shades: light, light-medium, medium-dark, and dark according to the NIS Skin Color Scale (Massey & Martin, 2003). The identical same picture was used for all four versions to reduce the biases of attractiveness or other identifying characteristics related to race such as nose or lip size or hair texture.

After reading the case information, students completed the entire questionnaire. Part one consisted of demographic information (see appendix C) including which counseling program the student is enrolled in. Parts two and three of the questionnaire (see appendix D) were developed by Atkinson and Brown (1996) in a similar study involving the prevalence of skin tone bias in African American and European American psychologists. In part two, students were asked to rate the male in the photograph on seven client attributes that mirror personal qualities where more negative attributions are associated with darker skin tone. Students were given seven attributes to rate on a 5 point scale (1 = weak, 5 = strong) including ability to achieve interpersonal relationships, ability to achieve occupational success, ability to achieve academic success, physical attractiveness, personal grooming/hygiene habits, personal initiative, and level of aggressiveness (Atkinson and Brown, 1996, p. 502).

Part three included eight items used to identify judgments about prognosis of clients and how likely it is for him or her to benefit from counseling with the least likely to benefit associated with darker skin tone denoting colorism (Atkinson and Brown, 1996). The items included: 1) “How disturbed do you assess this client to be?” with a rating scale of 1 = mildly disturbed; 7 = severely disturbed; 2) “How do you think this client would respond to counseling?” with a rating scale of 1 = negative response; 7 =

positive response; 3) “How much do you think this client would benefit from individual therapy?” with a rating scale of 1 = no benefit; 7 = benefit a very comfortable great deal; 4) “How much do you think this client would benefit from group therapy?” with a rating scale of 1 = no benefit; 7 = benefit a great deal; 5) “Do you think this client would stay in counseling/therapy until she resolves her problem?” with a rating scale of 1 = definitely no; 7 = definitely yes; 6) “How would you rate this client's self-esteem?” 1 = very weak; 7 = very strong; 7) “How comfortable would it be for you to work with this client?” with a rating scale of 1 = not comfortable at all; 7 =; and 8) “How would you rate your personal feelings toward this client?” with a rating scale of 1 = strongly negative; 7 = strongly positive (Atkinson & Brown, 1996, p. 502).

Part four was the Perceived Wellness Scale (PWS) (Adams, 1995) (see appendix E). The PWS is a 36-item self-report measure scored on a 6 point scale (1 = very strongly disagree, 6 = very strongly agree). This scale is used to measure perceived wellness across six life dimensions including physical, spiritual, psychological, social, emotional, and intellectual with each dimension having six assigned questions. Several researchers have used this instrument to measure perceived wellness showing validity and reliability (Adams et al., 1997; Adams et al., 1998; Adams et al., 2000; Harari et al., 2005). This study used the PWS to determine if student counselors’ perception of wellness for a client varied with skin tone. Sample items from each dimension included: “My body seems to resist physical illness very well”(physical); “I feel a sense of mission about my future” (spiritual); “I always look on the bright side of things” (psychological); “My family has been available to support me in the past” (social); “I will always be

secure with who I am” (emotional); “I will always seek out activities that challenge me to think and reason” (intellectual).

Part five was the Multicultural Social Desirability Index (MCSD) (see appendix F). This instrument consists of 26 items with true-false forced choice self-reported answers. This index measured the degree to which one claims to possess favorable attitudes toward minorities all of the time on personal, social, and institutional issues (Sodowsky et al., 1998). A higher score is an indication of a more favorable attitude toward minorities whereas lower scores indicate one is not concerned about appearing indifferent toward issues related to minorities (Sodowsky et al., 1998). According to Sodowsky et al., the MCSD allows one to report such things as never hesitating to help a minority in trouble or believing that equal opportunity cannot be realized without policies sensitive to color.

Procedures

Data collection took place in the Spring semester of 2016 and was completed during class time. CACREP accredited programs in the region were contacted and researcher received permission by faculty members to conduct the study at their location. Once approved, investigator traveled to each University and recruited subjects to participate. Professors involved in this study received training in order to obtain informed consent, discuss protocol of research such as the survey being voluntary and anonymous. The researcher provided the above mentioned survey materials for classes and answered any questions asked by professors.

Participants were randomly assigned to one of 4 conditions. Each participant viewed a photo of a male. Each condition's photo varied by the gradient such that there was range of skin tone from light to dark.

The researcher distributed the survey packet to counseling students in the classes approved by the department which included those who have taken multicultural counseling classes. Students were given an anonymous identifier which allowed them to complete the survey without identifying information. All surveys were distributed and completed within a six week time frame to ensure that participants were taking the survey during the same time period. Surveys were completed and returned by students to the researcher; therefore, completion and response rate was expected to be near 100%. Surveys took less than thirty minutes to complete. The data collection method was group administered survey method. Due to the students being in a classroom setting and the researchers collecting the surveys it was the most convenient method to use. The students were informed that the surveys are anonymous and voluntary to remove the pressure to participate and each survey is coded numerically with no personal identifying information to ensure anonymity. The researcher that visited each site was an African American woman with a very light skin tone and it is unknowable if the researcher had an effect on participants' responses.

Research Design

This study used a modified Posttest-Only Control Group Design (Campbell & Stanley, 1973)

R X O₁

R X O₂

R X O₃

R X O₄

where R stands for “random assignment”, X stands for the intervention (skin tone) and the O stands for the observation. This design was modified as typical Posttest-Only Control Group Designs use only two groups; however, this project expanded the original design by adding two additional treatment groups. The Posttest-Only Control Group Design is a Pre-Experimental Design (Campbell & Stanley, 1963). This design controls for all of the threats to internal validity (history, maturation, testing, instrumentation, regression, selection, and mortality), but none of the threats to external validity.

Statistical Analysis

This study reported descriptive and inferential statistics. Descriptive statistics were used to provide the reader with a sense of the sample’s demographic characteristics as well as the mean, standard deviation, and range of scores of the study’s criterion variables.

Typically, one would use a Student’s T-test to analyze data collected using a Posttest-Only Control Group Design; however, because this study added two additional treatment groups, there is a need to use a one-way Analysis of Variance (ANOVA). An ANOVA allows one to compare the means of more than two groups of participants to determine if there are statistically significant differences on these means between the groups. Post-hoc analyses were used, if the ANOVA was significant, to determine which group’s mean scores are statistically different than the others’.

This study used a study-wide alpha value of .05. To avoid making a Type I error, the author employed a Bonferroni technique (Newman, Fraas, & Laux, 2001). There were

13 research questions. Therefore, the research divided the study-wide alpha (.05) by the number of research questions (13) to arrive at an adjusted alpha of .004. That is, in order for any of the research questions to be statistically significant, the calculated alpha level must be lower than .004.

Power is the likelihood of detecting group difference in a sample if those difference do, in fact, exist (McNeil, Newman, & Kelly, 1996). Power is the function of a relationship between the desired effect size, the sample size, and a study's alpha. In this case, we examined this study's power for three different ANOVA effect sizes: small (.2), medium, (.5), and large (.8) (Cohen, 1992). Assuming that the author can collect data from 120 persons, the author is 98% confident that if a small effect size exists, the study will detect it. Likewise, the author is 99% confident that the methods employed in this study will detect medium and large effect sizes.

Summary

After stating the research questions and the method and procedure in order to explore counseling students' judgments about clients vary according to clients' skin tone and counseling students' ratings of client wellness vary according to clients' skin tone, this chapter will help broaden the research more specifically on skin tone's association with judgments about mental health and wellness. Using the DPFR to assess judgments about client prognosis and the likelihood of benefitting from therapy, the PWS to measure perceived wellness and the MCSD to measure a preference to make a good impression on others by self-reporting in a survey format, the researcher will employ the modified Posttest-Only Control Group Design. Mean differences on their wellness and mental health status will be compared using a one way ANOVA.

Chapter Four

Results

This chapter presents the results of the statistical analysis of data obtained from the Diagnostic and Prognostic Rating Form (DPRF), the Perceived Wellness Survey (PWS), and the Multicultural Social Desirability Scale. The descriptive findings and inferential results from a one-way ANOVA used to analyze scores from all instruments will be reported.

The researcher intended to train the professors involved in this study to obtain informed consent, discuss protocol of research such as the survey being voluntary and anonymous. However, the researcher decided it was not necessary as each professor involved allowed her to remain in the classroom to hand out and collect the surveys. Due to the limited amount of time to collect data and the limited number of sites that were willing to allow the researcher to collect data from, a decision was made to alter the inclusion criteria in the following manner. All participants, regardless of whether or not they completed a course in multicultural counseling, were enrolled in the study. The researcher received participation from The University of Toledo, Bowling Green State University, Xavier University, Heidelberg University, Malone University, and John Carroll University.

Descriptive Findings

The DPRF was used to measure judgments about client prognosis and the likelihood of benefiting from therapy. Descriptive statistics for the scores from the DPRF Survey are presented in Table 4.2. The sample's mean DPRF score was 67.5 ($SD = 7.06$, range = 46-84). Cronbach's alpha in this sample was .67. The descriptive data for the

four conditions (Light, Moderately Light, Moderately Dark, and Dark) are presented in table 4.2.

Table 4.2 Total Sample's (n = 154) Descriptive Statistics for the DPRF Survey

DPRF SURVEY	Mean	Std. Deviation	Minimum	Maximum
Light	68.05	7.79	55	84
Moderately Light	66.82	5.64	53	78
Moderately Dark	67.24	7.09	55	82
Dark	67.43	7.46	46	80

Note. DPRF = Diagnostic and Prognostic Form

The Perceived Wellness Survey (PWS) was used to measure the case example's perceived wellness. The full sample's mean PWS score was 124.2 (SD = 19.68, range = 68-154). The PWS' internal consistency in this sample was ($\alpha = .48$). The descriptive statistics for the four skin tone conditions are presented in Table 4.3.

Table 4.3 Total Sample's (n = 154) Descriptive Statistics for the PWS Survey

PWS SURVEY	N	Mean	Std. Deviation	Minimum	Maximum
Light	38	125.21	12.86	89	152
Moderately Light	39	123.77	10.22	102	148
Moderately Dark	38	125.59	10.17	105	144
Dark	39	125.59	10.39	103	154

Note. PWS = Perceived Wellness Scale

The Multicultural Social Desirability Scale (MCSD) scale was used measure the participants' preference to positively impress others through self-report that one is very responsive in all personal and social interactions with minorities favoring diversity. The full sample's mean MCSD score was 20.12 (SD = 3.29, range = 3-26). The MCSD's internal consistency in this sample was ($\alpha = .63$) The descriptive statistics for the four skin tone conditions are presented in Table 4.4.

Table 4.4 Total Sample's (n = 154) Descriptive Statistics for the MCSD Scale

MCSD Scale	N	Mean	Std. Deviation	Minimum	Maximum
Light	38	19.84	4.03	3	26
Moderately Light	39	20.33	3.01	12	26
Moderately Dark	38	20..9	2.98	14	26
Dark	39	19.94	3.15	12	26

Note. MCSD = Multicultural Social Desirability Scale

Results of Hypothesis Testing

The descriptive statistics for the eight DPRF items that were used to answer specific research questions 1-8 by the 4 shades of African American skin tone in Table 4.5.

Table 4.5 Descriptive Data for the DPRF's Eight Items across skin tone.

Questions	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
How disturbed do you assess this client to be?	Light	38	5.45	1.289	1.00	7.00
	Moderately Light	39	5.46	.853	4.00	7.00
	Moderately Dark	38	5.39	.974	4.00	7.00
	Dark	39	5.26	.938	4.00	7.00
Questions	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
How do you think this client would respond to counseling/therapy?	Light	38	5.39	.917	3.00	7.00
	Moderately Light	39	5.38	.847	3.00	7.00
	Moderately Dark	38	5.07	1.049	3.00	7.00
	Dark	39	5.54	.995	3.00	7.00
Questions	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
How much do you think this client would benefit from individual counseling?	Light	38	5.68	.842	4.00	7.00
	Moderately Light	39	5.59	.751	4.00	7.00
	Moderately Dark	38	5.29	1.16	3.00	7.00
	Dark	39	5.38	.989	2.00	7.00
Questions	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
How much do you think this client would benefit from group counseling?	Light	38	4.87	1.378	2.00	7.00
	Moderately Light	39	4.82	1.232	2.00	7.00
	Moderately Dark	38	5.11	1.290	2.00	7.00
	Dark	39	5.05	1.336	2.00	7.00
Questions	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum

Do you think this client would stay in counseling until he resolves his problem?	Light	38	4.95	1.113	3.00	7.00
	Moderately Light	39	4.67	1.242	3.00	7.00
	Moderately Dark	38	4.68	1.296	1.00	7.00
	Dark	39	4.97	1.012	2.00	7.00
Questions	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
How would you rate this client's self-esteem?	Light	38	3.55	1.107	1.00	6.00
	Moderately Light	39	3.41	1.018	1.00	5.00
	Moderately Dark	38	3.92	1.148	2.00	6.00
	Dark	39	3.41	1.093	2.00	6.00
Questions	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
How comfortable would it be for you to work with this client?	Light	38	6.07	.969	4.00	7.00
	Moderately Light	39	6.12	.614	5.00	7.00
	Moderately Dark	38	6.18	.925	4.00	7.00
	Dark	39	6.07	.870	3.00	7.00
Questions	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
How would you rate your personal feelings toward this client?	Light	38	5.81	.954	3.00	7.00
	Moderately Light	39	5.64	1.012	4.00	7.00
	Moderately Dark	38	5.57	1.003	4.00	7.00
	Dark	39	5.38	1.349	1.00	7.00

Descriptive statistics for the scores from the five subscale items of the PWS

Survey which were measured across 4 shades of African American skin tone in are presented in Table 4.6

Table 4.6 Descriptive statistics for the scores from the five subscale items of the PWS Survey

Subscale	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
Psychological Wellness	Light	38	19.16	3.07	14.00	27.00
	Moderately Light	39	18.03	2.73	12.00	24.00
	Moderately Dark	38	18.00	2.84	10.00	23.00
	Dark	39	18.54	2.86	14.00	31.00
Subscale	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
Emotional Wellness	Light	38	21.26	2.88	14.00	28.00
	Moderately Light	39	21.97	2.15	17.00	28.00
	Moderately Dark	38	20.61	2.83	14.00	29.00
	Dark	39	21.74	2.89	17.00	31.00
Subscale	Skin Tone	N	Mean	Std.	Minimum	Maximum

				Deviation		
Social Wellness	Light	38	22.05	4.36	5.00	29.00
	Moderately Light	39	23.05	2.82	18.00	28.00
	Moderately Dark	38	22.58	3.10	17.00	31.00
	Dark	39	22.92	3.25	15.00	31.00
Subscale	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
Physical Wellness	Light	38	22.37	3.53	12.00	28.00
	Moderately Light	39	20.97	2.92	14.00	26.00
	Moderately Dark	38	21.73	2.94	16.00	27.00
	Dark	39	21.41	2.80	15.00	27.00
Subscale	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
Spiritual Wellness	Light	38	20.71	3.36	12.00	27.00
	Moderately Light	39	20.41	2.66	14.00	26.00
	Moderately Dark	38	20.53	2.92	14.00	26.00
	Dark	39	21.10	2.72	16.00	28.00

Results of ANOVA

Specific Research Question 1 asks, “are there differences in counseling students’ ratings of client “disturbance”, as measured by the Diagnostic and Prognostic Rating Form (DPRF) across 4 shades of African American skin tone?” A one way-ANOVA was used to test specific research question 1. The results $F(3,150) = .324$, $p = .808$, $\eta^2 = .006$ indicating that there are no statistically significant differences in counseling students’ ratings of client “disturbance” across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .006$ is considered small. Therefore, counseling students ratings of client disturbance on the dark skin tone did not have a higher rating than the ratings of the light skin tone.

Specific Research Question 2 asks, “Are there differences in counseling students’ ratings of client “response to counseling”, as measured by the DPRF, across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research question 2. The results $F(3,150) = 1.572$, $p = .199$, $\eta^2 = .03$ indicating that there are no

statistically significant differences in counseling students' ratings of client "response to counseling" across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .03$ is considered small. Therefore, counseling students ratings of client "response to counseling" on the light skin tone did not have a higher rating than the dark skin tone.

Specific Research Question 3 asks, "Are there differences in counseling students' ratings of client "benefit from counseling", as measured by DPRF, across 4 shades of African American skin tone?" A one way-ANOVA was used to specific research question 3. The results $F(3,150) = 1.404$, $p = .244$, $\eta^2 = .027$ indicating that there are no statistically significant differences in counseling students' ratings of client "benefit from counseling" across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .027$ is considered small. Therefore, counseling students ratings of client "response to counseling" on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Specific Research Question 4 asks, "Are there differences in counseling students' ratings of client "benefit from group counseling", as measured by DPRF, across 4 shades of African American skin tone?" A one way-ANOVA was used to specific research question 4. The results $F(3,150) = .428$, $p = .733$, $\eta^2 = .008$ indicating that there are no statistically significant differences in counseling students' ratings of client "benefit from group counseling" across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .008$ is considered small. Therefore, counseling students ratings of client "response to group counseling" on the light skin tone did not have a higher rating than the dark skin tone.

Specific Research Question 5 asks, “Are there differences in counseling students’ ratings of client “premature termination of counseling”, as measured by DPRF, across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research question 5. The results $F(3,150) = .769$, $p = .513$, $\eta^2 = .015$ indicating that there are no statistically significant differences in counseling students’ ratings of client “premature termination” across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .015$ is considered small. Therefore, counseling students ratings of client “premature termination” on the dark skin tone did not have a higher rating than the light skin tone.

Specific Research Question 6 asks, “Are there differences in counseling students’ ratings of client “level of self- esteem”, as measured by DPRF, across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research question 6. The results $F(3,150) = 1.867$, $p = .138$, $\eta^2 = .015$ indicating that there are no statistically significant differences in counseling students’ ratings of client “self-esteem” across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .015$ is considered small. Therefore, counseling students ratings of client “self-esteem” on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Specific Research Question 7 asks, “Are there differences in counseling students’ comfortability working with clients, as measured by DPRF, across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research question 7. The results $F(3,150) = .134$, $p = .940$, $\eta^2 = .003$ indicating that there are no statistically significant differences in counseling students’ ratings comfortability working with clients

across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .003$ is considered small. Therefore, counseling students ratings of comfortability working with clients on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Specific Research Question 8 asks, “Are there differences in counseling students’ ratings of their own personal feelings toward clients, as measured by DPRF, across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research question 8. A one way-ANOVA was used to test if there was a significant difference in counseling students’ ratings of their own personal feelings toward clients across 4 shades of African American skin tone. The results $F(3,150) = 1.021, p = .385 \eta^2 = .02$ indicating that there are no statistically significant differences in counseling students’ ratings of their own personal feelings toward clients across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .02$ is considered small. Therefore, counseling students ratings of their own personal feelings toward clients on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Specific Research Question 9 asks, “Are there differences in counseling students’ ratings of client “psychological wellness”, as measured by the Perceived Wellness Scale (PWS) across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research question 9. The results $F(3,150) = 11.332, p = .025 \eta^2 = .027$ indicating that there are no statistically significant differences in counseling students’ ratings of client “psychological wellness” across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .027$ is considered small.

Therefore, counseling students ratings of client “psychological wellness” on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Specific Research Question 10 asks, “Are there differences in counseling students’ ratings of client “emotional wellness”, as measured by the PWS across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research question 10. The results $F(3,150) = 1.923$, $p = .128$ $\eta^2 = .037$ indicating that there are no statistically significant differences in counseling students’ ratings of client “emotional wellness” across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .037$ is considered small. Therefore, counseling students ratings of client “emotional wellness” on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Specific Research Question 11 asks, “Are there differences in counseling students’ ratings of client “social wellness”, as measured by the PWS across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research question 11. The results $F(3,150) = .652$, $p = .583$ $\eta^2 = .013$ indicating that there are no statistically significant differences in counseling students’ ratings of client “social wellness” across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .013$ is considered small. Therefore, counseling students ratings of client “social wellness” on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Specific Research Question 12 asks, “Are there differences in counseling students’ ratings of client “physical wellness”, as measured by the PWS across 4 shades of African American skin tone?” A one way-ANOVA was used to specific research

question 12. The results $F(3,150) = 1.420$, $p = .239$ $\eta^2 = .028$ indicating that there are no statistically significant differences in counseling students' ratings of client "physical wellness" across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .028$ is considered small. Therefore, counseling students ratings of client "physical wellness" on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Specific Research Question 13 asks, "Are there differences in counseling students' ratings of client "spiritual wellness", as measured by the PWS across 4 shades of African American skin tone?" A one way-ANOVA was used to specific research question 13. The results $F(3,150) = .417$, $p = .741$ $\eta^2 = .008$ indicating that there are no statistically significant differences in counseling students' ratings of client "spiritual wellness" across 4 shades of African American skin tone. According to Cohen (1992), the calculated effect size, $\eta^2 = .028$ is considered small. Therefore, counseling students ratings of client "spiritual wellness" on the light skin tone did not have a higher rating than the ratings of the dark skin tone.

Post Hoc Analysis

Because there were no statistically significant differences between the shading groups on each of the DPRF scale, the researcher was curious to know if summing all of the questions' individual items into a total DPRF score and then testing the four groups' DPRF total mean score would produce statistically significant results. A one way-ANOVA was used to answer this question. The results $F(3, 150) = .215$, $p = .886$, $\eta^2 = .004$ indicate that there were no significant statistical differences between counseling students' judgments about mental health across skin tones. According to Cohen (1992),

the calculated effect size, $\eta^2 = .004$ is considered small. Therefore, the light skin tone was not rated higher in mental health than the darker skin tones. The descriptive data for the four skin tones can be found in Table 4.2

No statistically significant differences were found between the shading groups on each of the PWS scale. As such, the researcher wanted to know if summing all of the subscales' individual items into a total PWS score and then testing the four groups' PWS total mean score would produce statistically significant results. A one way-ANOVA was used to answer this question. The results $F(3, 150) = .308$, $p = .820$, $\eta^2 = .006$ indicate no significant statistical differences between counseling students' judgments about wellness across skin tones. According to Cohen (1992), the calculated effect size, $\eta^2 = .006$ is considered small. Therefore, the light skin tone was not rated higher in overall wellness than the darker skin tones. The descriptive data for the four skin tones can be found in Table 4.3.

The researcher noted those hypotheses were written to test five of the PWS' six items. The item about intellectual wellness was not used to form a research question. To address this oversight, the researcher conducted another post-hoc analysis of variance to determine if participants varied in a statistically significant manner on this item across the four skin tone conditions. The ANOVA $F(3, 150) = .558$, $p = .643$, $\eta^2 = .011$ was not statistically significant. Therefore, there were no statistically significant differences between the four groups in their rating of the "clients" intellectual wellness. The descriptive data for the four groups' intellectual wellness scores are located below in Table 4.7.

Table 4.7 Descriptive statistics for the scores of the Intellectual wellness subscale item of the PWS Survey

Subscale	Skin Tone	N	Mean	Std. Deviation	Minimum	Maximum
Intellectual Wellness	Light	38	19.65	3.232	14.00	27
	Moderately Light	39	19.33	2.967	12.00	26
	Moderately Dark	38	20.23	3.490	13.00	29
	Dark	39	19.87	2.876	13.00	26

Due to the study's focus of race and colorism, the researcher wanted to find out if participants were misrepresenting their true self by picking answers they believe would be socially acceptable using the MCSD scale. A one way-ANOVA was used to test multicultural social desirability. The results, $F(3,150) = .263$, $p = .852$, $\eta^2 = .005$, indicate no significant statistical differences between counseling students' multicultural social desirability across skin tones. Therefore, the light skin tone was not rated higher in multicultural social desirability than the darker skin tones. The descriptive data for the four skin tones can be found in Table 4.4

Summary

The expected differences in the counseling students' judgement of mental health and wellness across the four African American skin tones due to being influenced by colorism did not occur. The data indicate that there were no differences in the counseling students' judgement on the eight specific questions listed on the DPRF Survey across the four skin tones showing that the light skin tone did not have a higher rating than the ratings of the dark skin tone. Also indicated were that there were no differences in the counseling students' judgement on the five subscales of the PWS Survey across the four skin tones showing that the light skin tone did not have a higher rating than the ratings of the dark skin tone. Further, post-hoc analyses were conducted to determine if the total

mean score of the DPRF survey and the total mean score of the PWS survey tested by summing all of the questions' individual items varied across the four skin tones. The results indicated no significant statistical differences between counseling students' judgments about mental health or wellness across skin tones. Another post-hoc analysis was conducted on the intellectual wellness scale to determine if participants' scores varied across the four skin tones finding the results were not statistically significant. Lastly, the post-hoc analysis data indicated that there were no differences in multicultural social desirability across the four skin tones showing that the light skin tone was not rated higher in multicultural social desirability than the darker skin tones.

Chapter Five

Discussion

The following chapter begins with a summary of the literature that the research questions are based on along with the findings of the study. Next, the study's purpose, procedures, along with the interpretation and integration of the findings into the literature are given. Lastly, the findings' implications, limitations of the study and suggestions for future research are offered.

Summary of Findings

The purpose of this study was to determine if colorism affects the clinical judgement of counselor education master's students' evaluation of a case example. Specifically, the research set out to determine the degree colorism influences, if at all, Masters level counseling students' clinical judgement of a client case example's mental health and wellness. Counseling students were surveyed using the Diagnostic and Prognostic Rating Form (DPRF) and the Perceived Wellness Scale (PWS). After IRB approval from The University of Toledo on February 17, 2016, the researchers collected data from February 23rd to March 31st. The researchers contacted CACREP-accredited programs at different Universities in Ohio and Michigan. The researcher was able to visit The University of Toledo, Bowling Green State University, Heidelberg University, Xavier University, Malone University and John Carroll University. There were 155 total student participants in this study. One participant was removed due to failure to complete the survey only completing the demographic information. Therefore, the corrected total of participants is 154. Of those 154, 128(83.1%) were in clinical mental health, 19 (12.3%) were in school counseling, and there were 7 (3.9%) that selected "other"

representing other disciplines such as school psychology, rehabilitation counseling, and gerontology counseling among others.

The non-probabilistic sampling method convenient sampling was used for this study due to the availability of the participants and the willingness to participate in the study. With students being in a classroom setting, a group administered survey method was used for data collection as it was the most convenient method to use. This study used a one-way Analysis of Variance (ANOVA) to analyze the data due to their being four groups instead of two in the posttest-only control group design.

The findings of the study did not show any differences in the counseling students' judgement of mental health and/or wellness across the four African American skin tones due to being influenced by colorism. The data indicated that there were no differences in the counseling students' judgement on the eight specific questions listed on the DPRF Survey. There were also no differences in the counseling students' judgement on the five subscales of the PWS Survey. Therefore, the light skin tone did not have a higher rating than the ratings of the dark skin tone on any of the 13 specific research questions.

The researcher also did post-hoc analyses to determine if the mean score of the DPRF survey and the mean score of the PWS survey tested across the four skin tones. The results indicated there were no significant statistical differences between counseling students' judgments about mental health or wellness across skin tones. A post-hoc analysis was conducted on the intellectual wellness subscale, which due to oversight was not included in the research questions. No statistically significance was found on the intellectual wellness PWS subscale. The post-hoc analysis data also indicated no differences in multicultural social desirability across the four skin tones showing that the

light skin tone was not rated higher in multicultural social desirability than the darker skin tones.

Interpretation and Integration of Findings

The purpose of this study was to identify if colorism affected the judgement of students enrolled in a CACREP accredited counseling program counseling students' clinical judgments. There have been many studies that address the influence of colorism in other disciplines, but none that considered masters-level counseling students in CACREP accredited programs nor any that address the question of whether colorism affects clinical judgment. Although the researcher was unable to find statistical significance in the data collected for the specific research questions regarding colorism, it does not mean that colorism does not exist within the discipline. The findings showed that there were no differences in students' judgment on mental health and wellness across the four skin tones provided. Unlike racism, which is usually displayed openly, the subtle nature of colorism makes it is more covert proving it somewhat difficult to uncover due to its hidden, unspoken nature (Howard, 2011; Williams, 2002).

Robinson and Ward (1995) found that African American adolescents' self-esteem and dating relationships are affected by colorism depending on the lightness or darkness of skin tone. Their methods were dissimilar from this study's methods in that they surveyed African American students requesting that participants answer questions about their perception of their own skin color and how they felt their skin color influenced their lives. The researchers then took a subsample of students to participate in the focus group using qualitative research methodology. The interviewers were both African American women which could have made students more comfortable to share their experiences.

The difference in their study is their participants were aware of color differences in their own lives and the researcher was asking about those experiences. The results may be different when asking individuals that are not directly influenced by colorism their judgement about someone else. The differences in the Robinson and Ward study may have accounted for why it is that this study did not produce the expected findings.

Within the social work discipline, Howard (2011) found that colorism has negatively affected African Americans with 67% reporting being negatively affected due to skin color. Forty-Six percent of Caucasians interviewed felt they were negatively affected due to their skin color with 20% of the 46% attributing such negative effects to being hired for jobs or receiving scholarships because of Affirmative Action opportunities not afforded to them. Howard also reported some Caucasian participants being baffled by the concept of why one's skin color would have higher worth or benefits attached to it such as employment and education. Their methods were dissimilar from this study's methods in that they used a mixed methods incorporating quantitative with survey questions then following up with qualitative methods including a supplementary interview to determine the participant's skin color perception and satisfaction. These differences may have accounted for why it is that this study did not produce the expected findings.

Diette, Goldsmith, Hamilton, & Darity (2015) found significant evidence of an incline of depression symptoms associated with darker skin and unemployment for African American women. Their methods were dissimilar from this study's methods in that they used a national database that surveyed African American female participants. The interviewers rated the skin tone of each participant on a five point Likert scale and

then asked questions related to employment and mental health. With the participants belonging to the African American population it may be easier to discuss skin tone bias as many are familiar with the colorism phenomenon. These differences may have accounted for why it is that this study did not produce the expected findings.

Consistent with the findings of Atkinson et al. (1996), this study failed to uncover group differences with respect to judgment based on skin tone variance. Atkinson et al. used similar methods with a photograph being manipulated to represent light to dark skin tones reporting difficulty with achieving the darkest skin tone. They suggested researchers make an effort to satisfactorily represent skin tone when digitally manipulating photographs which the researcher on this study attempted to account for. Atkinson et al. also suggested there may be greater biasing effect on skin tone in person than in a photograph (Atkinson et al.)

One possible explanation for this study's failure to detect group differences may be because of the instruments' performance in this sample. Both instruments produced less-than-acceptable reliability estimates. In as much as an instrument's reliability limits its' validity, it is not clear that these instruments were measuring the constructs that they were selected to measure. Therefore, it is likely premature to make the argument that these four groups did not differ in terms of their judgements of the "clients" pathology or wellness because it is not clear that the selected instruments actually were measuring pathology and wellness. The fact that the wellness instrument did not perform as desired is not surprising. By way of reminder, there are no established instruments available to measure a rater's perceptions of a clients' wellness. This study asked counselors-in-training to rate the client's wellness using an instrument that was designed and validated

as a self-report instrument. It is possible that the results of the wellness difference testing were a function of the modified use of the instrument and not a true and accurate reflection of the students' views about the client's wellness. Further, it is reasonable to expect that this population of counseling students, being rather novice in their clinical experiences, are unfamiliar with the use of standardized instruments. It is unknown how these findings may have differed if the same procedures were replicated in a study of seasoned counselors or those who have more experience using assessment instruments in their clinical work.

Another possible explanation for the study's failure to find statistical differences between the groups may be due to the fact that the majority of the participants were white/Caucasian. As such, it is possible that these participants approached the question of skin tone from a white/not-white point of view. If this is the case, then gradations in African American skin tone may be less relevant to these participants than the simple fact that the "client" was African American. CACREP accredited counseling programs require some type of multicultural or diversity class that likely incorporate prejudice and racism within the curriculum. It is possible that viewing all of the photographs as an African American male, regardless of skin tone, would have then been addressed under racism without invoking a response to colorism itself. Each of the four pictures were of the same African American male, therefore, regardless of which skin tone the participant looked at, the individual on the photograph appeared like a black male so the answers would not be statistically significant when surveying specifically for colorism. Facial features also play a part in identifying minorities meaning someone who has more prominent, ethnic features such as wider nose and larger, fuller lips will likely be identified

differently. As stated in a previous chapter, one's judgement could be influenced due to the high correlation with skin tone and physical features such as hair and eye color, and the shape or size of eyes, nose, and lips (Howard, 2011; Thompson & Keith, 2001). This could have also influenced the participants to view the male in the photograph as an African American male as his facial features would be considered more ethnic and prevalent in minorities.

The stratification of the color from light to dark in the photograph may not have been wide enough as it proved difficult to manipulate the skin tone in order to replicate the lightest and darkest skin tones found within the African American population. If the photograph's different skin tones could have represented the true population it may have produced different results. This also could have been done using individual people with different skin tone instead of manipulating a picture which could likely cause a different result as it places the participants in a more "real life" situation.

The case study was developed using sample vignettes from counseling exam testing material. The case example in this study may not have included enough pathological information in the description for counseling students to identify the mental health or general wellness symptoms. This may have caused the participants' clinical judgment to be favorable, in general, due to their clinical inexperience paired with the mild symptoms presented in the study.

Implications

The research findings from this study did not show that colorism influences student counselors' judgement on mental health or wellness; however, the findings do not diminish the importance of understanding colorism, its existence and the sometimes

hidden biases attached to it. These findings imply that student counselors are competent in colorism without showing the preferential treatment toward the light skin tone along with not showing any negative clinical judgement for the dark skin tone. However, after administering the survey, the researcher debriefed classes on the study, its purpose and procedures with much in depth discussion about the colorism phenomenon. The researcher explained colorism and the role it plays within minority communities. During the discussion, many of the minority students validated this phenomenon agreeing with things being shared with several students sharing their own experiences as to how colorism has affected them. However, the white/Caucasian students, in general, displayed no awareness that colorism existed at all. While this information is not a study finding based on the statistical tests, it does not negate the fact that the minority counseling students that participated in the study verbally identified the existence of colorism including the differential treatment of light skin tones versus dark skin tones that were represented in the study.

Counselor educators should consider incorporating colorism in the multicultural and diversity classes to help educate the majority population within the CACREP accredited programs. In most diversity classes, colorism is overshadowed by racism and therefore is seldom included within the discussion or course materials. If, in fact, many white/Caucasian students or counselor educators are unaware that colorism exists then they could potentially be participating in colorism bias due to its implicit nature without being aware of it. Therefore, all facets of racism and discrimination need to be addressed, including colorism, in multicultural course or continuing education trainings.

According to Breland-Noble (2013), self-esteem and several mental health disorders are associated with issues related to colorism. Therefore, an implication for counselor educators and counseling students alike should be to become educated on colorism in order to better assist clients dealing with the mental health issues related to the effects of colorism. Without the knowledge of colorism, the counselors could easily mistake the cause of mental health symptoms as other precipitating factors when the actual culprit are issues related to the client's negative experiences with colorism.

Limitations

The researcher identified and acknowledged limitations to this study. The first limitation was the use of convenience sampling which was due to the availability of the students causing a limitation to generalize the findings of the small sample size in this study to the population at large. The sample of this study included masters' level student counselors from CACREP accredited programs within the state of Ohio. Student counselors from Ohio may not represent student counselors across the United States of America. The second limitation was the instruments used in this study were not reliable as first expected therefore, they did not perform well. Both instruments had poor reliability and validity. The researcher was not sure if the instruments measured what they were expected to measure. The third limitation was that the PWS instrument was used in a way it was not intended to be. There is no known instrument to rate another person's wellness therefore, the researcher chose to use an instrument was developed to measure one's own wellness. There should possibly be an instrument developed that could rate another person's wellness. Another option to using this type of instrument would be to use an instrument that has been established to measure the normal range of

personality which could show a form of wellness such as the NEO-Personality Inventory-3 which has self-rating and other rating versions. The fourth limitation was the stratification of skin tones in the photographs featured in this study was very difficult to manipulate causing the differences to not be as distinct as the researcher had hoped. Technical improvements to digital manipulation of the photographs are necessary to produce the desired effect the researcher was hoping for. The fifth limitation was the participants were counselors in training which could have had a contrary effect due to inexperience with clinical implications. This study may have been more suitable for counselors that are early in their career to be able to use their knowledge and professional experience to express clinical judgement toward the mild mental health and wellness symptomology in the case study.

Suggestions for Future Research

Due to the limited amount of research on colorism's influence in the counseling field, there is a great deal of opportunities for future researchers to contribute to this subject. This study's inability to detect group differences should not dissuade others from conducting research on colorism so that the profession can improve its understanding of the color phenomenon and how it affects the populations the profession serves. The following are offered as direction that future researchers may consider when formulating research agendas.

While not directly related to colorism, this study's ability to measure the relationship between colorism and perceived wellness was limited due to the fact that no instrument was available that was specifically designed for use to assess others' wellness self-perceptions. Future research should explore the development of instruments used to

measure perceived wellness of someone other than self. There are several instruments that have been developed to measure one's self perceived wellness or how well one believes his or her self to be but no instruments that can measure how well one person perceives another person to be.

Research should also attempt to make a wider variance in skin tone whereas the lightest skin tone sample represents the general population. Also, the researchers should attempt to make the darkest skin tone more realistic as well. There are many ranges of skin tones within the African American community so trying to capture the lightest and darkest for the sample could help improve the results when comparing to the general population.

Due to the difficulty of manipulating skin tone along with the influence of facial features, future research could use a different person to represent each skin tone along with the facial features that are associated with that skin tone. Although the consistency of the picture changes, it may be a better representation of the general population than one photograph digitally manipulated. With each picture being a different person, the researcher should screen for attractiveness prior to using the photographs to make certain each photograph rates average reducing any positive connotations related to being attractive.

Future research should choose an individual pictured with facial features that have a high correlation with the skin tone that is being tested. The shape or size of eyes, nose, and lips are highly correlated with skin tone, therefore, if testing for preferential treatment of lighter skin, the individual represented in the photograph should possess the facial features generally associated with that skin tone.

Another research option to consider is using real people to present the case study instead of a photograph. Using four different males that fit the skin tone stratification could sit in four separate rooms separately from the other and present their issues to the participants. Each case should be the same information and the surveys that the participants filled out should be the same. This may cause the colorism bias to present itself due to it being a “real life” situation with a person versus a photo that has been manipulated.

Several studies involving colorism have found significance using qualitative methods. Future research should use interviewing or discussion to acquire information on this particular topic. Due to the nature of colorism, there are many barriers that make it difficult to reveal without personal interaction. Many people affected by colorism may be willing to discuss their experiences with a researcher which could provide more information than just questions asked on a survey.

Future research could replicate this study in different disciplines such as psychology, social work, among others to see if student counselors score differ from them. If the student counselors score better, it may indicate a higher multicultural competence than the other disciplines. If the other disciplines scores are similar to the counselors, then it would support the findings of no statistical significance in the counseling students’ judgement of mental health and/or wellness across the four African American skin tones due to being influenced by colorism.

Summary

The purpose of this study was to determine the degree colorism influences, if at all, Masters level counseling students’ clinical judgement of a client case example’s

mental health and wellness. Masters level student counselors from CACREP accredited programs in the state of Ohio were asked to complete a survey using the Diagnostic and Prognostic Rating form and the Perceived Wellness Scale survey to assess if skin tone influenced the participants clinical judgement. There were thirteen specific research questions, with eight questions from the DPRF measuring student counselors' clinical judgment on mental health across four skin tones and the other five questions about subscales on the PWS survey measuring student counselors' clinical judgment on perceived wellness across four skin tones.

Results indicated that there were no statistical differences in the counseling students' judgement of mental health and/or wellness across the four African American skin tones due to being influenced by colorism. The data indicated that there were no differences in the counseling students' judgement on the eight specific questions listed on the DPRF Survey. There were also no differences in the counseling students' judgement on the five subscales of the PWS Survey. Therefore, the light skin tone did not have a higher rating than the ratings of the dark skin tone on any of the 13 specific research questions. The post-hoc analyses conducted to determine if the total mean score of the DPRF survey and the total mean score of the PWS survey varied across the four skin tones resulted in no statistical differences. The post-hoc analysis conducted on the intellectual wellness scale and the multicultural social desirability scale to determine if participants' scores varied across the four skin tones also resulted in no statistical differences.

The implications from this study support the need to continue to explore colorism and the influence it has on the counseling profession, counselor educators, students, and

the community. There are several research articles that identify the effects of colorism in other disciplines and the damage it has on the community making it imperative to continue to research this topic in hopes to uncover the hidden, unspoken nature of colorism. Future research should explore other methods to represent the general population including qualitative methods, advanced digital manipulation of photographs, and using actual people instead of photographs to enhance further studies involving colorism.

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Appendix A

Client Case Study

Michael, a 36 year old African American male, has been unemployed for about 9 months and is currently seeking employment but reports not being able to find a job anywhere.

He reports that he has several friends that he plays basketball with that have been trying to help him with job leads to no avail. He states he likes playing sports and now has time to work out and take care of his body but he still needs an income. He has a girlfriend that he has lived with him for the past 5 years. He reports that because he is off, he has started cooking dinner which he enjoys doing along with cleaning the house to make sure his girlfriend doesn't have to do it when she comes home since he is unemployed.

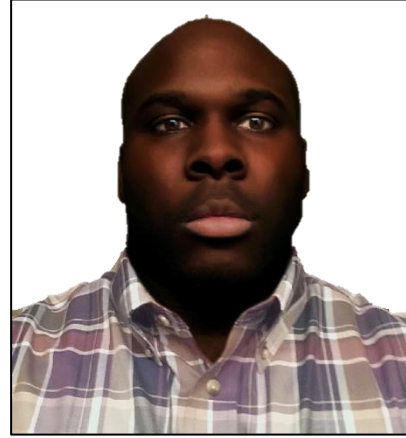
Michael reports that his girlfriend told him he needed to see a counselor because he seems more irritable than usual and continues to argue with her about little things. While gathering information, he reports he hasn't been sleeping well and that he worries that his girlfriend is seeing someone else because he cannot find a job. He reports his bills are falling behind and fears he will be evicted soon. He stated he has noticed that he has been arguing more with his girlfriend since he has been unemployed and that is unusual for him because he is very outgoing and does not like to argue with people. He states he will

have to figure out a way to get some money in the house before she leaves him. He reports he has a high school diploma but did not go to college or trade school. He reports he has no legal charges “just some misdemeanor traffic violations”. He now wants to know what he can do to help his relationship so that his girlfriend does not leave him.

Appendix B

Digitally manipulated photographs





Appendix C

Demographics

What counseling program are you currently in?

- Clinical Mental Health Counseling
- Community Counseling
- Rehabilitation Counseling
- School Counseling
- Other Counseling
 - What type: _____

Is your program CACREP accredited?

- Yes
- No

In your program, have you taken any classes about Counseling Theories and/or Counseling Techniques?

- Yes
- No

In your program, have you taken a class about Multicultural Competencies and Diversity?

- Yes
- No

What is your age?

Ethnicity origin (or Race): Please specify the ethnicity you most identify with.

- White / Caucasian
- Hispanic or Latino

- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Multiracial
- Other

Please specify your gender.

- Male
- Female
- Transgender
- Other

Appendix D

Diagnostic and Prognostic Form

Please rate the individual shown in the picture on the attributes listed below:

Ability to achieve interpersonal relationships

Weak				Strong
1	2	3	4	5

Ability to achieve occupational success

Weak				Strong
1	2	3	4	5

Ability to achieve academic success

Weak				Strong
1	2	3	4	5

Physical attractiveness

Weak				Strong
1	2	3	4	5

Personal grooming/hygiene habits

Weak				Strong
1	2	3	4	5

Personal initiative

Weak				Strong
1	2	3	4	5

Level of aggressiveness

Weak				Strong
------	--	--	--	--------

1	2	3	4	5
---	---	---	---	---

Please rate the individual shown in the picture on prognosis

How disturbed do you assess this client to be?

Mildly disturbed					Severely disturbed	
1	2	3	4	5	6	7

How do you think this client would respond to counseling/therapy?

Negative response					Positive response	
1	2	3	4	5	6	7

How much do you think this client would benefit from individual therapy?

No benefit					Benefit a great deal	
1	2	3	4	5	6	7

How much do you think this client would benefit from group therapy?

No benefit					Benefit a great deal	
1	2	3	4	5	6	7

Do you think this client would stay in counseling/therapy until she resolves her problem?

Definitely no					Definitely yes	
1	2	3	4	5	6	7

How would you rate this client's self-esteem?

Very weak					Very strong	
1	2	3	4	5	6	7

How comfortable would it be for you to work with this client?

Not comfortable at all					Very comfortable	
1	2	3	4	5	6	7

How would you rate your personal feelings toward this client?

Strongly negative					Strongly positive	
1	2	3	4	5	6	7

Appendix E

Perceived Wellness Survey

Perceived Wellness Survey

The following statements are designed to provide information about your wellness perceptions. Please carefully and thoughtfully consider each statement, then select the one response option with which you most agree.

	Very Strongly Disagree					Very Strongly Agree
1. I am always optimistic about my future.	1	2	3	4	5	6
2. There have been times when I felt inferior to most of the people I knew.	1	2	3	4	5	6
3. Members of my family come to me for support.	1	2	3	4	5	6
4. My physical health has restricted me in the past.	1	2	3	4	5	6
5. I believe there is a real purpose for my life.	1	2	3	4	5	6
6. I will always seek out activities that challenge me to think and reason.	1	2	3	4	5	6
7. I rarely count on good things happening to me.	1	2	3	4	5	6
8. In general, I feel confident about my abilities.	1	2	3	4	5	6
9. Sometimes I wonder if my family will really be there for me when I am in need.	1	2	3	4	5	6
10. My body seems to resist physical illness very well.	1	2	3	4	5	6
11. Life does not hold much future promise for me.	1	2	3	4	5	6
12. I avoid activities which require me to concentrate.	1	2	3	4	5	6
13. I always look on the bright side of things.	1	2	3	4	5	6
14. I sometimes think I am a worthless individual.	1	2	3	4	5	6
15. My friends know they can always confide in me and ask me for advice.	1	2	3	4	5	6
16. My physical health is excellent.	1	2	3	4	5	6
17. Sometimes I don't understand what life is all about.	1	2	3	4	5	6
18. Generally, I feel pleased with the amount of intellectual stimulation I receive in my daily life.	1	2	3	4	5	6
19. In the past, I have expected the best.	1	2	3	4	5	6
20. I am uncertain about my ability to do things well in the future.	1	2	3	4	5	6
21. My family has been available to support me in the past.	1	2	3	4	5	6
22. Compared to people I know, my past physical health has been excellent.	1	2	3	4	5	6
23. I feel a sense of mission about my future.	1	2	3	4	5	6
24. The amount of information that I process in a typical day is just about right for me (i.e., not too much and not too little).	1	2	3	4	5	6
25. In the past, I hardly ever expected things to go my way.	1	2	3	4	5	6
26. I will always be secure with who I am.	1	2	3	4	5	6
27. In the past, I have not always had friends with whom I could share my joys and sorrows.	1	2	3	4	5	6
28. I expect to always be physically healthy.	1	2	3	4	5	6
29. I have felt in the past that my life was meaningless.	1	2	3	4	5	6
30. In the past, I have generally found intellectual challenges to be vital to my overall well-being.	1	2	3	4	5	6

Appendix F

Multicultural Social Desirability Scale

Multicultural Social Desirability Scale (MCSD)

INSTRUCTIONS: Please read the following statements and circle true or false, depending on which answer is true for you.

1. I never hesitate to go out of my way to help someone of another race in trouble.
a. True b. False
2. I am always courteous to minority people, even those who are disagreeable.
a. True b. False
3. Before voting for minority candidates, I thoroughly investigate their qualifications.
a. True b. False
4. I'm always willing to admit it when I make a mistake with a minority individual.
a. True b. False
5. I have never intensely disliked anyone of another race.
a. True b. False
6. There have been times when I felt like rebelling against minority people in authority even though I knew they were right.
a. True b. False
7. No matter what someone's race is, I'm always a good listener.
a. True b. False
8. There have been occasions when I have taken advantage of a minority individual.
a. True b. False
9. In matters of racial equality, I always try to practice what I preach.
a. True b. False
10. I don't find it particularly difficult to get along with minority people, who are loud mouthed and obnoxious.
a. True b. False

11. When I don't know something about minority people, I don't mind at all admitting it.
- a. True b. False
12. At times with minority people, I have really insisted on having things my own way.
- a. True b. False
13. I never resent being asked to return a favor by someone of another race.
- a. True b. False
14. I have never been irked (or annoyed) when minority people expressed ideas very different from my own.
- a. True b. False
15. There have been times when I was quite jealous of the good fortune of minorities.
- a. True b. False
16. I have almost never felt the urge to tell off someone of another race.
- a. True b. False
17. I am sometimes irritated by minority people who ask me for favors.
- a. True b. False
18. I sometimes think when minority people have a misfortune, they only got what they deserved.
- a. True b. False
19. I have never deliberately said something that hurt the feelings of someone of another race.
- a. True b. False
20. If I were an employer, I would make more efforts than are generally made to recruit, employ, and promote members of minority groups.
- a. True b. False
21. To achieve equal opportunity in the workplace, I would implement color-sensitive and gender-sensitive policies.
- a. True b. False

22. I view minority crime solely as a by-product of a racist system.

- a. True b. False

23. I think there should be laws against racist and hate speech.

- a. True b. False

24. I believe multicultural education should be a requirement in educational curriculum.

- a. True b. False

25. I believe education curriculum should reduce the focus on European influences on American history.

- a. True b. False

26. I don't make jokes about people in general or events on the basis of race, ethnicity, or culture.

- a. True b. False

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Appendix G

IRB Approval Letter



The University of Toledo
Department for Human Research Protections
Social, Behavioral & Educational Institutional Review Board
Office of Research, Rm. 2300, University Hall
2801 West Bancroft Street, Mail Stop 944
Toledo, Ohio 43606-3390
Phone: 419-530-2844 Fax: 419-530-2841
(FWA00010686)

To: John Laux, Ph.D. and Tiffany Hairston
Department of School Psychology, Higher Education, Counselor Education & Supervision

From: Walter Edinger, Ph.D., Chair
Kamala London Newton, Ph.D., Vice Chair
Patricia Case, Ph.D., Chair Designee

Signed: Patricia Case **Date:** 2/17/16

Subject: IRB #201167
Protocol Title: *Counselor Education Students Perceptions of Wellness and Mental Health in African American Men: The Effects of Colorism*

On 02/09/15, the Protocol listed below was reviewed and approved by the Chair and Chair Designee of the University of Toledo (UT) Social Behavioral & Educational Institutional Review Board (IRB) via the expedited process. The Chair and Chair Designee noted that you have been granted a waiver of written consent. This action will be reported to the committee at its next scheduled meeting.

Items Reviewed:

- IRB Application Requesting Expedited Review
- Current IRB Approved Online Consent Form (version date 01/27/16)
- Current IRB Approved Questionnaire(s) (version date 01/27/16)
 - Robbery (pilot 2)
 - Survival (pilot 2)
- Debriefing Statement (version date 01/27/16)

This protocol approval is in effect until the expiration date listed below, unless the IRB notifies you otherwise.

Only the most recent IRB approved Consent/Assent form(s) listed above may be used when enrolling participants into this research.

Approval Date: 01/27/16	Expiration Date: 01/26/17
-------------------------	---------------------------

Number of Subjects Approved: 300

Please read the following attachment detailing Principal Investigator responsibilities.

Appendix H

IRB Approved Recruitment Script

UT IRB Approved
0000201167

On the Phone:

"Hello, my name is Tiffany Hairston. I am a doctoral candidate in the Counselor Education and Supervision program at the University of Toledo currently working on my dissertation under the direction of Dr. John Laux. I am conducting a research study about colorism and counseling. I am calling to ask if you would be willing to let me visit your classes to invite your students to participate in my study. This survey should take no more than 30 minutes to complete.

The purpose of this study is to determine the degree colorism influences, if at all, Masters' level counseling students' clinical judgement of a client case example's mental health and wellness. Participation is entirely voluntary, and participation can be refused without penalty.

If you will allow me to come, we can set up a time now or you can let me know when a good time would be to schedule it."

If yes, investigator will set up date and time and will provide subject with investigator contact information. "I have you scheduled for an interview on _____. If you have questions, I can be reached at 419-215-1151 or Tiffany.Hairston@utoledo.edu or you can contact Dr. John Laux at 419-530-4705 or John.Laux@utoledo.edu. Thank you for your help."

If no, investigator will end the call: "Thank you for your time."

Appendix I

IRB Approved Informed Consent Form

Approved



IRB # 201167

ICF Version Date: 02/09/16

School Psychology, Higher Education &
Counselor Education
Mail Stop 119
2801 W. Bancroft
Toledo, OH 43606
419-530-2718 (O)
419-530-7879 (F)

ADULT RESEARCH SUBJECT - INFORMED CONSENT FORM

"Counselor Education Students' Perceptions of Wellness and Mental Health in African American Men:
The Effects of Colorism"

Principal Investigator: *John Laux, PhD, (faculty), 419-530-4705*
Tiffany Hairston, MA, (student investigator), 419-215-1151

Purpose: You are invited to participate in the research project entitled, "Counselor Education Students' Perceptions of Wellness and Mental Health in African American Men: The Effects of Colorism" which is being conducted at the University of Toledo under the direction of *John Laux, PhD and Tiffany Hairston, MA*. The purpose of this study is to determine the degree colorism influences, if at all, Masters' level counseling students' clinical judgement of a client case example's mental health and wellness.

Description of Procedures: This research study will take place at CACREP accredited school counseling programs in the state of Ohio and participants will be asked to complete a survey that will take no more than 30 minutes to complete. The survey will include questions asking your clinical judgement on a case study, in addition to providing demographic information.

Potential Risks: There are minimal risks to participation in this study, including loss of confidentiality. Answering surveys may cause you to feel anxious or uncomfortable. If this happens, you may choose to stop taking the survey and not participate in this study.

Potential Benefits: The only direct benefit to you if you participate in this research may be through your self-reflection of the topic matter, as well as reflection on how your clinical judgement affects your profession. Additional potential benefit to you is that you will likely better identify your personal views regarding the topic so you may be of better assistance to your clients in the future.

Confidentiality: The researchers will make every effort to prevent anyone who is not on the research team from knowing that you provided this information, or what that information is. The consent forms with signatures will be kept separate from responses, which will not include names and which will be presented to others only when combined with other responses. Survey responses will not be shared with anyone. Although we will make every effort to protect your confidentiality, there is a low risk that this might be breached.

Voluntary Participation: Your refusal to participate in this study will involve no penalty or loss of benefits to which you are otherwise entitled and will not affect your relationship with The University of Toledo or any of your classes at your current institution. In addition, you may discontinue participation at any time without any penalty or loss of benefits.

Contact Information: Before you decide to accept this invitation to take part in this study, you may ask any questions that you might have. If you have any questions at any time before, during or after your participation you should contact a member of the research team (John Laux, PhD 419-530-4705 or Tiffany Hairston, MA 419-215-1151).

University of Toledo IRB Approved

Approval Date: 02/09/16

Expiration Date: 02/08/17

Approved

IRB # 201167

ICF Version Date: 02/09/16

If you have questions beyond those answered by the research team or your rights as a research subject or research-related injuries, the Chairperson of the SBE Institutional Review Board may be contacted through the Office of Research on the main campus at (419) 530-2844.

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

SIGNATURE SECTION – Please read carefully

You are making a decision whether or not to participate in this research study. Your signature indicates that you have read the information provided above, you have had all your questions answered, and you have decided to take part in this research.

The date you sign this document to enroll in this study, that is, today's date must fall between the dates indicated at the bottom of the page.

Name of Subject (please print)	Signature	Date
Name of Person Obtaining Consent	Signature	Date

This Adult Research Informed Consent document has been reviewed and approved by the University of Toledo Social, Behavioral and Educational IRB for the period of time specified in the box below.

Approved Number of Subjects: 250