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Opening a Can of Worms: African American Therapists' Attitudes about Broaching Race with White Clients

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**OPENING A CAN OF WORMS: AFRICAN AMERICAN THERAPISTS'
ATTITUDES ABOUT BROACHING RACE WITH WHITE CLIENTS**

A Masters Thesis

Presented to

The Graduate College of
Missouri State University

In Partial Fulfillment

Of the Requirements for the Degree
Masters of Science, Counseling

By

Michelle N. Gavel

December 2012

**OPENING A CAN OF WORMS: AFRICAN AMERICAN THERAPISTS'
ATTITUDES ABOUT BROACHING RACE WITH WHITE CLIENTS**

Department of Counseling, Leadership, and Special Education

Missouri State University, December 2012

Masters of Science

Michelle N. Gavel

ABSTRACT

Broaching attitudes and factors affecting the decision to broach race in African American therapists are examined using a survey and interview design. Broaching involves addressing racial differences in therapy sessions with clients, and is recommended in counseling-training literature for White therapists when working with clients of color. Given the lack of guidelines for therapists of color working with White clients, this study examined the broaching attitudes of African American therapists working with White clients. This study found that the decision to broach race in the Black therapist/White client dyad is complex. Many factors involving the therapists' comfort, therapists' self-awareness, clients' comfort, stage of therapy, and the therapeutic relationship come into play when African American therapists are deciding to broach race with their European-American clients.

KEYWORDS: broaching, race, African-American therapists, European-American clients, attitudes, black therapists, white clients

This abstract is approved as to form and content

Dr. Leslie Anderson
Chairperson, Advisory Committee
Missouri State University

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TABLE OF CONTENTS

Introduction.....	1
Rationale for the Study.....	2
Purpose of the Study.....	2
Research Questions and Hypothesis.....	3
Significance of the Study.....	4
Assumptions.....	5
Definition of Terms.....	5
Literature Review.....	6
Social Dynamics of Power and Perception.....	6
Color-blindness and its Effect on Racial Attitudes.....	8
Talking About Race: Are We and Do We Know How.....	8
What is Broaching?.....	9
Multicultural Competencies in Counseling.....	10
Methods.....	11
Research Design.....	11
Participants.....	11
Ethical Considerations.....	12
Data Collection Procedures.....	13
Instrumentation.....	14
Role of the Researcher.....	14
Data Analysis.....	15
Results.....	16
Broaching Attitudes Survey.....	16
Interview Analysis.....	22
Discussion.....	31
Implications for therapists.....	32
Limitations.....	34
Recommendations for further study.....	35
References.....	37

Appendices.....	39
Appendix A. Informed Consent.....	39
Appendix B. Broaching Attitudes Survey.....	40
Appendix C. Cover Letter.....	42
Appendix D. Follow-up Email.....	43
Appendix E. Interview Transcript Excerpt.....	44

LIST OF TABLES

Table 1. Broaching attitudes survey descriptive statistics	17
Table 2. Inter-item correlations between questions of broaching attitudes survey.....	19

LIST OF FIGURES

Figure 1. Years of Experience	17
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INTRODUCTION

Race is a phenomenon that has affected American society for centuries. Over the years, increased awareness of the impact of race and racial interactions has influenced the counseling field. From this awareness multicultural competencies have been developed in an attempt to build relationships, establish trust, and to start the much needed dialog about racial disparities in the U.S. There is no doubt that these strides have been beneficial to the mental health field, but there is still a gap in the literature in this area. The competencies and guidelines in place in multicultural counseling take the viewpoint of training White therapists. Do the same multicultural guidelines apply to therapists of color?

This question arose for me during a practicum class where my supervisor addressed the concept of broaching. Broaching is defined as, “the counselor’s ability to consider the relationship of racial and cultural factors to the client’s presenting problem” (Day-Vines et al., 2007). My fellow classmates were seeing Black clients for the first time and they were instructed to broach the topic of race when they were in session. That same day I started with a White male client with whom I sensed some hesitation upon seeing me. I sensed that I, as an African-American female therapist, was not what he expected and I was sensitive to the possibility that it could be race related. During this session, I debated whether or not I should broach our racial differences. There is empirical support to the fact that broaching enhances the counseling relationship (as cited in Day-Vines et al., 2007), but this support is only for the White therapist/client of color relationship. I didn’t broach racial differences in that session and we went on to talk

about his presenting problem, but the client did terminate services. Did he terminate because of our racial difference? If I had broached this topic, would he have stayed in counseling? I addressed this with my supervisor and in our attempt to find literature about the Black therapist/White client dyad we realized this is an area to which little attention has been paid.

Rationale for the Study

There is a gap in the literature that needs to be addressed. With the field of counseling growing and diversifying, it is important to have literature and empirical research that caters to all therapists. While our White colleagues are given specifics on dealing with diverse populations, therapists of color must take that information and attempt to apply it to themselves. Ethically, therapists of color are not being trained to the fullest potential if issues specifically associated with being a therapist of color are not addressed. This study is an attempt to bring to light the importance of studying the therapist of color/White client dyad. To begin the exploration of this area I examined, specifically, Black therapist's attitudes towards broaching.

Purpose of the Study

The purpose of the study is to examine broaching attitudes in Black mental health professionals and what factors influence their likelihood to broach. I intended to uncover whether Black therapists are broaching race, when they broach, how often, and what factors influence those decisions. Current literature dealing with therapists of color raised the need for more exploration in this area. One such study suggests that:

Therapists of color need a decision-making framework in these [racial] situations. In a moment when personal emotion is likely running high, such a framework would be helpful in guiding appropriate professional behavior that does not compromise the therapist's emotional experience. It is important to consider how certain decisions affect the client-therapist or supervisor-supervisee relationship, the family relationship, and the client's progress and behavior change. It is impossible to know what the long-term implications are in these terms, but having a framework could help therapists organize their considerations of how particular responses achieve or hinder client and therapist goals (Ali et al., 2005).

The above suggestion alludes to the topic I explored in this study. For my and other therapists of color professional development, exploring the therapeutic relationship with White clients is essential.

Research Questions and Hypothesis

The specific research questions addressed are as follows:

1. What are Black therapists' attitudes towards broaching race in a counseling session?
2. When and how often do Black therapists broach the topic of race?
3. If Black therapists are broaching, what is the impact of broaching race with White clients?

I surveyed and interviewed participants, whose contact information was voluntarily posted on the Association of Black Psychologists website, to determine their attitudes towards broaching.

I expected Black therapists to have a positive attitude towards broaching. More specifically, I thought that Black therapists would think broaching would be beneficial with White clients when certain factors are in place. These factors are as follows:

- Trust between the Black therapist and White client has already been established

- The Black therapists' degree of comfort with addressing race with White clients

I anticipated these factors to have a direct impact on broaching because trust and comfort are an important aspect of therapy. They can affect the outcome and perception of therapy on the part of the therapist and client. This is especially true with discussions about race. Trust and comfort can help facilitate a genuine conversation about race.

Significance of the Study

There is great potential for this information to be useful to many African-American therapists and therapists-in-training. Therapists see a diverse population of clients and White clients are included. Diversity is not limited to White therapists learning how to deal with other racial groups. African-American therapists also need literature to guide them along as they develop further as professionals. This study opens the doors to the fact that this and other counseling dyads need to be addressed. Therapists of color would benefit from a blueprint to follow when dealing with White clients and the social and emotional challenges that may occur.

There are many factors that come into play in the Black therapist/White client dyad. One such factor is power differences with the White client having more social power while the Black counselor is in an authoritative [power/professional] role. There are also the Black therapists' own experiences that maybe triggered when encountering a White client who is unaware of subtle racist remarks that may come up in a session. How we deal with these issues and navigate through those situations is a very important aspect in counseling. This is why looking at broaching attitudes is important. The mental health

profession needs to know more about African-American therapists broaching experiences in relation to the practice being beneficial with White clients.

Assumptions

In this study I assumed that:

1. African-American therapists have experienced some form of racism which can be triggered when with a White client.
2. Participants would accurately complete and return the survey and honestly answer all questions.

Definition of Terms

1. Broaching- “counselor’s ability to consider the relationship of racial and cultural factors to the client’s presenting problem” (Day-Vines et al., 2007)
2. Counseling Dyad- the interaction between counselor and client
3. Race- “dynamic set of historically derived and institutionalized ideas and practices that sort people into ethnic groups according to perceived physical and behavioral human characteristics, associates differential value, power and privilege with these characteristics, and emerges when groups are perceived to pose a threat to each other’s world view and to justify denigration, exploitation, and prejudice towards other groups” (Markus, 2008).
4. Racism 2.0- “a form of racism that allows for and even celebrates the achievements of individual people of color, but only because those individuals generally are seen as different from a less appealing, even pathological Black or brown rule” (Wise, 2009)
5. African-American (Black) - official racial group name for people of African descent.
6. European-American (White) - official racial group name for people of European descent.

LITERATURE REVIEW

Trust is an important part of the therapeutic relationship. As therapists, we have learned that the biggest factor contributing to change in an individual is the clients view of therapy and the therapeutic relationship (Duncan, Miller, Wampold, & Hubble, 2010). This brings up the question of how we can establish more trust in a therapeutic setting where there are racial differences. The literature suggests that addressing racial differences with a client of color can increase trust (Day-Vines et al., 2007) and decrease the likelihood of early termination (Wintersteen, Mensinger, & Diamond, 2005). Is this true for therapists of color with White clients? Literature examining this counseling dyad specifically is basically nonexistent. Most literature seems to take the standpoint of educating White therapists on how to effectively work with other racial groups, providing specific guidelines, suggested approaches, and examples on wording when talking with certain populations. Where are the suggested guidelines for working with White clients? Ethically, I want to know whether broaching racial differences with a White client will help or harm the relationship. I also feel that it is my responsibility to address this question to ensure that all mental health professionals are trained appropriately and can effectively work with all populations. There is a gap in the literature that I feel should be addressed to ensure that we, indeed, do no harm.

Social Dynamics of Power and Perception

In American society, racism is embedded in our history. From slavery, to the civil rights movement, to the election of President Barack Obama, race plays an important role in how individuals are treated, perceived, and expected to achieve. Tim Wise suggests

that a new form of racism, racism 2.0, exists in American society. He defines racism 2.0, also called “enlightened exceptionalism”, “as a form that allows for and even celebrates the achievements of individual people of color, but only because those individuals generally are seen as different from a less appealing, even pathological Black or Brown rule” (Wise, 2009). Basically, those individual people of color who achieve great things are looked at as transcending their race, different from the typical people in their group. This describes the subtle racial dynamics that can play out in a counseling session between a Black therapist and a White client. These subtle racial views are likely what contributed to the shock my White male client experienced. It is not expected to see a Black professional and even then it is not expected for them to be competent. These imbedded attitudes are stereotypes associated with racism, and the insistence that they are no longer relevant because we have a Black President and are a “post-racial” society, is what Wise (2009) refers to as Racism 2.0. However, a recent study reports that both explicit and implicit racism have actually increased since 2008 (NBC News Associated Press, 2012).

Other social dynamics come into play within the Black counselor/White client dyad. Not only is there a racial difference there is a position differential. The counselor is viewed as an authoritative figure. When you have a Black counselor in that role, conflicts may occur in the interaction between the White client who has social power and the Black counselor who is in a respected and authoritative role. Gender plays a big role also. A Black male therapist may be viewed as more credible than a Black female therapist. All of these dyads can play major roles in a counseling relationship.

Color-blindness and its Effect on Racial Attitudes

Many view color-blindness in a positive light. Some European Americans may have a sense of pride in being able to say that they are color-blind. Over the years literature has countered this viewpoint. Colorblindness has been defined as the “denial, distortion, and/or minimization of race and racism” (Neville, Spanierman, & Doan, 2006). When looking at colorblindness as related to the mental health field, therapists who adopt this mindset may often disregard experiences with racism as part of a clients presenting problem. Not acknowledging race at all can interfere with building a strong therapeutic relationship with clients of color (Neville et al., 2006).

A study by Burkard and Knox (2004) reported that psychologists with less color-blindness who were willing to acknowledge race actually displayed *more* empathy than those who scored high in color-blindness. This shows that being color-blind and unwilling to acknowledge race can convey less understanding to the client. If the client doesn't feel understood by the therapist this can have an adverse affect on the progress of therapy. This further supports the fact that adopting a color-blind approach is not beneficial to the therapist or the client.

Talking About Race: Are We and Do We Know How

Talking about race with people outside of your race can be a difficult and uncomfortable conversation for those involved, especially when emotions and tensions are high. In society, we are taught that certain subjects shouldn't be discussed and race is one of them. Linda J. Lin (2007) pointed out that talking about race is restricted to private spaces. We talk about race with certain people at certain times. When having

conversations about race, people have to, “figure out what can and cannot be said publicly, how and when; how to respond to trouble, including recrimination, insinuation, and justification (whether “real” or “imagined”); and how to get out of trouble without making things worse” (Lin, 2007). With all of those factors at play, it is often easier to avoid the conversation. This raises a very important question. Is having a conversation about race and risking hurt more damaging than not discussing it and pretending it isn’t there?

What is Broaching?

Broaching is “the counselor’s ability to consider the relationship of racial and cultural factors to the client’s presenting problem, especially because these issues might otherwise remain unexamined during the counseling process” (Day-Vines et al., 2007). This is recommended across all racial counseling dyads with the White counselor as the main focus. Is broaching relevant when you consider the dyad Black counselor/White client? Some may argue that individuals identifying as White do not have day to day trauma associated with their race, therefore it is not a relevant topic for discussion. Others argue that culture is still relevant because once a White client comes into a counseling session and sees a Black counselor, thoughts and notions related to White culture and their racial identity development may come into play.

As cited in Day-Vines (2007), the Multicultural Competencies, adopted by the American Counselors Association, “supports the need for counselors to take the initiative for acknowledging cultural factors in a counseling relationship”. From this, Day-Vines

(2007) encourages broaching race in session. This supports the concept of broaching as ethically relevant in order to work with diverse populations.

Multicultural Competencies in Counseling

Like many other professions, there are ethical guidelines therapists must follow to ensure that no harm is done to clients. Within these standards are multicultural competencies therapists must demonstrate to ethically work with diverse populations (Hays & Erford, 2010). The Association of Multicultural Counseling and Development (AMCD) Multicultural Counseling Competencies (Arredondo et al., 1996) breaks down skills therapists must possess when conducting therapy with clients of color. These competencies are separated into three categories: “counselor awareness of own cultural values and biases, counselor awareness of client’s worldview, and culturally appropriate intervention strategies” (Arredondo et al., 1996). Before working with any population, therapists must be experienced, competent, and supervised to practice ethically. These guidelines are in place to ensure therapists are competent to work with all diverse populations, and the standards apply to all therapists. Black mental health professionals must also be aware of their triggers and countertransference when working with White clients. Do these competencies cover and apply to working with those who identify with White culture? Perhaps a separate set of competencies for Black therapists and therapists of color is needed to help guide these professionals in dealing with the feelings and reactions that may arise when working with White clients, and in responding therapeutically and ethically in cross-racial dyads. Such is the focus of this study.

METHODS

I approached this study quantitatively and qualitatively by using the survey method and interview (Gay, Mills, & Airasian, 2009). The interviews added a more in depth look at what Black therapists think about broaching, how they are broaching, whether they think it is beneficial, and their recommendations on training.

Research Design

For the quantitative aspect of this study, participants were surveyed about their attitudes towards broaching by using the online surveying site, counselingtechnology.net, to increase the likelihood of participation. The link to the survey site was included in a request sent via email to appeal to willing participants. Once on the site, participants were given informed consent and allowed to answer the survey questions. For the qualitative aspect of the study, participants were given a chance to participate in follow up interviews. Interview requests were also sent via email. Interviews were conducted over the phone and recorded using a voice recorder. The interviews were then transcribed in detail for analysis. This research design allowed me to reach my population more effectively and was convenient for the participants.

Participants

Due to the lack of a significant number of Black therapists in Southwest Missouri, I chose to target African American therapists from across the United States to increase the pool of participants and to ensure a more accurate data set that has a better ability to be generalized to African-American therapists nationwide. The pool of participants

included Black mental health professionals who are members of the Association of Black Psychologists (ABP) and who voluntarily posted their contact information on the ABP website, references from other African American therapists, and Black mental health professionals who attended various conferences and continuing education opportunities. To protect their members ABP does not give out contact information of their members.

The Association of Black Psychologists is a professional organization for African-American mental health professionals. It was organized in 1968 in San Francisco, with over 1400 members to date. The purposes of the association are to promote and progress the profession of African Psychology, influence and affect social change, and create a forum where Black psychologists can assist in solving problems in the Black community and other ethnic groups and to develop international support for Black mental health professionals and therapists in training.

A combined list of African American therapists was formed from these various sources and emails were sent out requesting their participation. The criterion for selection was that they must be African American, they must come into contact with White clients, and they must be in the mental health field, specifically, counselors, psychologists, and counseling psychologists.

Ethical Considerations

There are many ethical issues to consider. They include using the internet and phone for data collection, ensuring confidentiality, and informed consent. Using the internet raises unique issues that must be addressed. The informed consent form (see Appendix A) was viewed over the internet via the counseling technology website.

Participants consented to participate in the study by visiting the website and agreeing to take the survey. The participant was able to choose which questions to answer and which to skip. Participants were able to withdraw from answering questions at any time with the understanding that the questions answered previously cannot be thrown out. The website counselingtechnology.net has a statement in place that informs participants of these considerations so that participants can make an informed decision and consent to participation. Participant's names and other identifying information were kept confidential in the data collection process, and survey data was reported in aggregate. Research approval was granted by the Missouri State University Institutional Review Board to ensure application of ethical guidelines in this research study (March 28, 2011; approval # 11395).

Data Collection Procedures

The survey questionnaires were distributed by the website [counseling technology.net](http://counselingtechnology.net). This website collects and allows data management from the website.

From a list of possible participants, I sent out a cover letter (see Appendix C) that explained the study and prompted them to follow the link if interested in participating. By clicking on the link, they were taken to the website to give their informed consent and answer the assessment. Follow up reminder emails (see Appendix D) were sent to participants who had not done the assessment within two weeks. The phone interviews were recorded using a voice recorder. The interviews were then uploaded onto a home computer where they were transcribed onto a word document.

Instrumentation

The Attitude Towards Broaching scale (see Appendix B) is a self-constructed Likert-type scale. This scale was developed by constructing statements regarding broaching behaviors. From those core statements, I expanded to closely related statements that helped to better understand the complex attitudes and motivations related to broaching. For example, a core statement is, “I have broached with White clients.” A necessary expansion on this concept is, “I feel broaching is important and necessary when with White clients”.

Role of the Researcher

This study came about because of my own quest for knowledge on how to work with White clients. From my experience with the social dynamics in the U.S., I have encountered racial tensions in everyday life. It is only logical that these same social dynamics of power play out in the counseling session. On the part of the counselor, this can be a traumatic experience, a reopening of the wound caused by racist encounters. These wounded counselors are then expected to continue to work with White clients who further emphasize (even if unconsciously) the privilege and oppression that make up the social dynamics of this country. In my graduate training, many discussions about multicultural counseling addressed guidelines for White counselors to address racial differences (or to “broach” race) in sessions, but no such guidelines seemed to exist for counselors of color working with White clients. The concept of broaching is related to developing trust by addressing social dynamics so that therapeutic work can continue. My role is to begin an exploration of how broaching impacts my work, and what

guidelines should be established for counselors of color in being an ethical provider, and to open the door for further research in this area.

Data Analysis

Data was collected using a survey and interview method. Participants answered the questionnaire by rating the degree of agreement of a statement on a Likert scale. The instrument measuring Black counselor attitudes towards broaching was analyzed using descriptive statistics. Means, standard deviations, frequency of response, and tables that illustrate the results of the survey are represented. Data was analyzed with the Predictive Analytics Software 18 (PASW-18) statistical program. This program was used to calculate descriptive and correlation statistics. An exploratory inter-item correlation between questionnaire items was performed to look at common shared variability. Analysis was conducted to determine statistical significant at the $p < 0.05$ or $p < 0.01$ level.

The interview was reviewed using thematic analysis (Boyatzis, 1998). Thematic analysis is a qualitative procedure which involves finding reoccurring themes or patterns in the data (Boyatzis, 1998). Counseling related themes were found by analyzing the interview audio and transcripts. The interview transcripts (see Appendix E) were also reviewed by a second reader for themes.

RESULTS

The data from the survey and interviews are reported in two sections. The first section is the quantitative analysis from the Broaching Attitudes survey questionnaire. The second section is the qualitative analysis from the follow-up interviews.

Broaching Attitudes Survey

Demographics. Participant (N=13) years of experience ranged from less than one year to 48 years (see figure 1). When asked about their training in multicultural counseling issues, 61.6% (8/13) of participants reported having taken this type of course in their counseling programs. 38.4% (5/13) of participants reported that they have received training on working with White clients. Participants were then asked to explain the training they received on working with White clients. One participant reported, “Most courses in graduate school were geared toward the majority (race) population first and minorities second.” Another reported, “The courses I took were generalized on the dominant ethnic group; which is not African American.” Another participant also reported, “In my opinion the way psychology programs are structured much of the teaching from the theories presented involved research done and methods presented was from working with a majority of White populations.” The common theme in the participant’s response to this question is that the majority of training courses in diversity are geared towards training the majority population (Caucasians) on how to deal with persons of color. The frequency, mean, and standard deviation were calculated for each question (see table 1). Pearson correlation coefficients between questions were also reported. The questions asked in the survey can be found in Appendix C.

Years of Experience

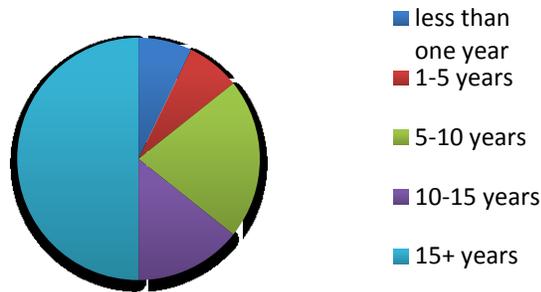


Figure 1. Participant's years of Experience. This table illustrates the varying years participants have been in the mental health profession.

Table 1.
Broaching Attitudes Survey Descriptive Statistics

	Frequency(%)		Mean	Std. Deviation	N
	SA/A	D/SD			
	O/AI	N/R			
WC per week			1.46	0.78	13
Racism in session	15.3	76.9	3.85	0.99	13
Broaching race	61.5	7.7	2.15	0.99	13
BTComfort w/broaching	23.0	53.8	3.46	1.05	13
BTComfort w/broaching	7.7	76.9	4.23	1.01	13
Broaching beneficial	23.0	53.8	3.31	0.85	13
Broaching/trust	23.0	61.5	3.46	0.97	13
Broaching race	23.0	69.2	3.38	1.04	13
Broaching/ relationship	15.3	38.4	3.23	1.01	13
Concept of broaching	7.7	76.9	3.92	0.86	13
WC racial identity	100	0	1.69	0.48	13
Broaching/trust	53.8	7.7	3.92	0.86	13
WC awareness/ broach	30.7	23.0	3.31	1.11	13
WC comfort	30.7	30.7	3.00	1.08	13
BT comfort	38.4	7.7	3.46	0.88	13

Note: WC= White client; BT= Black therapist SA=strongly agree A=agree SD=strongly disagree D=disagree O=often AI=always N=never R= rarely

Participants reported seeing White clients on average less than 5 hours a week ($M = 1.46$ $SD = 0.77$). When asked if they have experienced racism in a therapy session, ten out of thirteen (76.9%) participants disagreed or strongly disagreed ($M = 3.8$ $SD = 0.98$). Eight out of thirteen (61.5%) participants strongly agreed or agreed that they bring up racial and social power differences in session ($M = 2.1$ $SD = 0.98$). Seven out of thirteen (53.8%) participants strongly disagreed or disagreed with feeling comfortable broaching race with their White clients ($M = 3.4$ $SD = 1.0$). Ten out of thirteen (76.9%) participants strongly disagreed or disagreed with being comfortable discussing race if a White client brings it up or makes subtle racist remarks ($M = 4.2$ $SD = 1.0$). Seven out of thirteen (53.8%) participants disagreed that broaching race with White clients was important and necessary ($M = 3.3$ $SD = 0.85$). Eight out of thirteen (61.5%) participants strongly disagreed or disagreed with broaching being beneficial to establishing trust in a therapeutic relationship ($M = 3.4$ $SD = 0.96$). Nine out of thirteen (69.2%) participants disagreed with the statement I have broached race with White clients ($M = 3.3$ $SD = 1.0$). When asked if broaching facilitated the therapeutic relationship with their White clients, six out of thirteen (46.1%) participants reported being undecided ($M = 3.2$ $SD = 1.0$). Ten out of thirteen (76.9%) participants strongly disagreed or disagreed with the statement I understand the concept of broaching ($M = 3.9$ $SD = 0.86$). Thirteen out of thirteen (100%) participants strongly agreed or agreed with the statement they regularly gauge the racial identity development of their White clients ($M = 1.6$ $SD = 0.48$). Seven out of thirteen (53.8%) participants reported that established trust between client and counselor often affects their decision to broach ($M = 3.9$ $SD = 0.86$). Six out of thirteen (46.1%) participants reported that clients' awareness sometimes influence their decision to broach

(M = 3.3 SD= 1.1). Five out of thirteen (38.4%) participants reported that client comfort influences their decision to broach some of the time (M = 3.0 SD= 1.0). Seven out of thirteen (53.8%) participants reported that their own comfort level influenced their decision to broach race some of the time (M = 3.4 SD= 0.87).

Table 2.
Inter- item correlations between questions of Broaching Attitudes Survey

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.WC p/week	-														
2. R in S	-0.11	-													
3.Broaching	0.00	0.28	-												
4.BTCB	-0.18	0.47	0.16	-											
5.BTCB	-0.25	0.28	-0.28	0.28	-										
6.BB	0.27	-0.43	0.53	-0.35	-0.47	-									
7.B/T	-0.08	-0.18	0.53	-0.30	0.13	0.72**	-								
8.Broaching	0.38	0.14	0.42	0.35	-0.17	0.51	0.22	-							
9.B/R	0.27	0.20	0.12	0.28	-0.13	0.10	-0.11	0.62*	-						
10.C of B	0.30	0.27	-0.27	0.41	0.30	-0.30	-0.35	0.40	0.40	-					
11.WCRI	-0.03	-0.28	0.10	-0.35	-0.01	0.04	0.15	-0.40	-0.35	-0.67*	-				
12. B/T	0.05	-0.01	0.21	0.22	0.02	0.37	0.34	0.49	0.21	-0.00	-0.46	-			
13.WCA/B	-0.08	0.19	0.02	0.01	0.08	0.06	0.16	0.10	-0.06	-0.06	-0.43	0.81**	-		
14. WCC	0.19	-0.31	0.46	-0.14	-0.30	0.36	0.31	-0.07	-0.45	-0.35	0.16	0.26	0.20	-	
15. BTC	0.15	-0.10	-0.28	0.11	-0.22	-0.09	-0.37	0.06	-0.03	-0.05	-0.22	0.60*	0.70**	0.17	-

Note: WC p/week= white clients per week; R in S=racism in session; BTCB= black therapist comfort with broaching; BB= broaching beneficial; B/T= broaching /trust; B/R= broaching relationship; C of B= concept of broaching; WCRI= white client racial identity; WCA/B= white client awareness/ broaching; WCC= white client comfort; BTC= black therapist comfort.

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

Questions were then analyzed using Pearson (r) correlations (see table 2). There were significant positive correlation found between, items numbered six and seven, Black therapists feeling broaching is important and necessary when with White clients and Black therapists thinking broaching will be beneficial in establishing trust in a therapeutic relationship ($r = 0.72$, $p = 0.01$). There was also a positive correlation between, items numbered eight and nine, broaching race with White client and having it facilitate a therapeutic relationship ($r = 0.62$, $p = 0.05$). There was a significant negative relationship between, items numbered ten and eleven, understanding the concept of broaching and therapists regularly gauging the racial identity of their White clients ($r = -0.67$, $p = 0.05$). A positive correlation was found between items numbered twelve and thirteen, established trust and clients' awareness influencing their decision to broach ($r = 0.81$, $p = 0.01$). There was a significant positive relationship between, items numbered thirteen and fifteen, clients' awareness and therapists comfort influencing their decision to broach ($r = 0.70$, $p = 0.01$).

Participants were asked to answer open response questions to clarify and expand on the data received in the survey. One such question asked them to disclose other factors that influence their decision to broach race. Participants' answers focused around five common themes. The themes are as follows:

1. Whether the client is in the beginning, developed, or advanced stage of therapy

On this theme, one participant stated, "I take into consideration the appropriateness of broaching race in regards to what the client is working on; where they are developmentally in their therapeutic process; their ability to take in new or potentially uncomfortable information."

2. Potential impact on therapeutic relationship

On this theme, one participant stated, “There may be situations presented by the client that present an opportunity to broach that may enhance the [relationship] in a therapeutic way.”

3. Relatedness to the presenting problem

On this theme, one participant stated, “The relevance to the client’s issue. If it can be used to strengthen the therapeutic relationship. If it will be useful as a counseling tool.”

4. Clients ability to emotionally and mentally navigate new information

On this theme, one participant stated, “Maturity level of clients - age. If they are too young I don’t broach race.”

5. Clients awareness of race

On this theme, one participant stated, “If the subject is brought up by the client; or a client describes an experience that alludes to my skin color/ethnicity--as an intern I ask for clinical consultation with my clinical supervisor for insight.”

The second open response question asked participants to share any experience they had with broaching and dealing with race in session. One participant stated:
I have experienced a client making disparaging comments about persons of color. We discussed the feelings behind the comments but I chose not to broach because I thought it would create a divide in the therapeutic relationship. It did cause me to reevaluate my approach from that point forward. I don’t believe the client was aware that the comment was offensive. I believe the client’s awareness about race/culture makes a difference as to what s/he is willing to share in a session with a Black therapist.

Another participant wrote this about his/her experience with dealing with race in therapy:
I just started with a White male that was a dislocated worker. He talked about how he did not like certain groups of people. I asked how did he feel about working with me. He responded that he did not mind because I was not of the other group. I also had a White male client that spoke of living a part of his childhood in a city with a large Black population; we struggled with issues of class and so forth while we developed a therapeutic alliance. Also there was Pacific Islander girl whose family’s home was riddled with bullets. The perpetrator was of my ethnic group--as she begin to trust me we talked about what was it like to be with a --therapist of the same group as the perpetrator--I think that was a turning point in the therapeutic relationship. Instead of the normal session of silence; she as able to describe the horror of the crime committed against her family.

A participant had this to say about talking about race with varying ages of clients:

With youth I have found it helpful to allow them to talk openly about feelings they may not have comfortable talking about with peers. With adults I notice they tend to question my motives and want to reassure me they are not racist; so I have to [be] very clear about how bringing in this issue relates to what they are working on.

One participant shared how he/she approaches broaching race with White clients:

At the end of the first session I ask if there are any reasons why the client thinks that a good therapeutic relationship can't be formed and if the first session felt okay. With some clients that I suspect race may be an issue I will broach directly. I have never had a White person share that race is an issue. I have had two clients no-show for reasons I suspect may have to do with comfort due to racial difference.

The open response questions on the survey gave the participants an opportunity to go into more detail of their experiences with race in session with their White clients. From these personal responses, the complexity of dealing with race in session comes into the forefront. The survey brings to light the many factors that come into play in the counseling dyad Black therapist/White client.

Interview Analysis

In reaction to a low response to the survey (13 out of 100 Black therapists contacted), the researcher wanted a more in depth description of experiences with broaching so follow up interviews with 2 therapists were conducted. The questions in the interview were directly related to the questions in the survey, but participants were invited to freely speak about the topic. Interview data was analyzed using thematic analysis (Boyatzis, 1998). In this process, the interviews were listened to and transcripts reviewed for counseling related themes that shed more light on the broaching behavior. An excerpt of the interviews can be found in appendix E.

Therapist interview #1. I conducted my first phone interview with a counselor who works with college students. The counselor works at a predominately White

university and sees White students on a regular basis. From the beginning of the interview, I could tell that connecting and establishing trust with clients was very important. For this counselor, race was used as a tool of empathy. Broaching race was used as, “a point to solidify the therapeutic relationship or as a point of connection.” Basically race is used to convey an understanding of the emotions felt by the client. For example, “I have used it as a point , um in terms of um, paralleling for other students who are dealing with LGBT issues, and um, not feeling like they have anyone like themselves here or um, also people coming from um, who perceive themselves to be coming from a low SES background...” The counselor uses her experiences with being Black and the emotions associated with those experiences as a way to communicate the fact that the emotions the client is feeling are universal. The emotions may stem from different circumstances, but they are shared human emotions.

The counselor also stressed the importance of therapist self-awareness in regards to race. There are going to be topics and statements made by the client that may strike some emotional chords with the therapist. When this happens the counselor points out that being in the therapeutic setting helps keep things in perspective:

I think in almost any other situation I would [have feelings of social power presenting itself in the therapeutic session], but in this one I know right out the box that it's not about me so um, I guess I think more creatively about so I try to think that whatever this person brings in, I want to use whatever it is that is going on to my benefit in order to get them to where they need to go, so if often times what comes up as a theme [for the client] in any therapy session is a mindset of having control and feeling empowered or feeling as though they have a choice or a, to change so it helps for that person to feel like they cannot be as concerned with me or my stuff and if my color helps in that process then so be it. It doesn't bother me if that's the case. Again there's a lot of speculation, but I don't get the sense of here we go again, it's just oh, well great it's another tool I can use to help them to where they need to go.

Here, the counselor is saying that when in session it is all about the client. The client is seeking counseling services from you so it is important to always keep their best interest at heart. This helps the counselor to stay aware of triggers regarding race and keep personal emotions in check.

Effective therapists are aware of both verbal and non-verbal communication. Here is an excerpt from the interview discussing non-verbal communication and client awareness.

I: Okay, okay, so in those instances where you kind of talk to them at first and they don't come back do you feel that maybe talking about it or broaching it [race] then would be beneficial or maybe it will kind of bring it into the room and, I mean do you think that would help at all?

P: Um, that's a good question. I guess it would be a case by case situation if I um, if I got the sense that um, that my being Black was preventing them from talking about their issue like, I would bring it up if I had something more than just a kind of an intuitive sense about it being that I'm Black and that's the issue. I would hesitate to bring it up otherwise and then I've also had a train of thought that makes me think that it may work to my advantage not bringing it up since I am a person of color and the majority of my clientele is White that if the power structure is set as it is where like, they feel they do have more power it may work in my favor to not bring it up um, not (inaudible) that structure in place but to leave it where they feel they have more control of the situation which I think it um, of different types of experiences is relatively okay within the therapeutic setting because you want the client to feel empowered and you want them to feel like they have control over the choices that they make and so I kind of pondered on whether or not it may have worked on some level in my favor by not broaching it and letting it remain intact.

The non-verbal component may be an intuitive sense that race is an issue for the client. The counselor stressed the fact that broaching should be considered "case by case." Some clients may not be in a place mentally and emotionally to handle the topic of race. This can be due to their presenting problem or their own self awareness of their views on race and ability to have a conversation about race. The counselor offered a brand new spin on how to deal with racial issues in session. By leaving the social

dynamics of race intact, the counselor uses it as a tool help the client feel comfortable and to feel that this session is about them, not what the therapist sensed and was possibly triggered by. So depending on the client and the situation, broaching race could be useful in establishing trust, but the majority of what this counselor does is use the social privilege that the client has intact to empower the client in session.

So naturally, a question would arise about how this counselor broaches race with White clients. The counselor approaches conversations about race in session in a lighthearted manner. The counselor uses “a lot of humor” in session. “It’s just a part of my style so it’s usually brought forth in a humorous way or with, um, not a full on seriousness.” By broaching race in this manner, the client can respond to it and talk about their hang ups with race and having a Black counselor, or they can pass over it if it didn’t fit for them. The counselor then pointed out that when this is done, “some type of analogy or parallel or story telling experience, something along those lines that relates to the experience their having and um, on occasion it has been helpful.” In other words, if the counselor gets an intuitive sense that their White client may have an issue with race or an issue with communicating with a Black therapist, it can be brought up lightly. If the client addresses it, the counselor uses broaching as a tool of empathy to convey understanding of what they are currently going through. When Black therapists broach race with White clients it’s to be for the benefit of the client, not the therapist. The goal is to establish trust. Race is not brought up to make the client feel bad or guilty. It is brought up to remove a possible barrier to the client getting work done in therapy. This shows that no topic is off limits. The client can be their authentic self and talk about all aspects of themselves to work through their presenting problem and breakthroughs in other areas of

their life. Below is an example of how this counselor uses broaching as a tool of empathy:

Uh huh, um, a time where um, a client was um, struggling fitting in with the you know the education, educational thang just cause tough for them to be, make social connections and um, find like-minded people and um, even the struggle with communicating and going back home and being a person who has what they would describe as more liberal viewpoint and having to go into conversations with parents or family members who were conservative and by conservative meaning not liking any type of difference and a, being sort of racist and making racist comments and having to um, feeling irritated about it and having to respond to it and on occasion you might see them hesitate saying it but there is kind of point where well, but then I felt they don't speak it but the presentation of what they're saying is more of a, but I was an advocate and I was saying that those things aren't okay and that's the reason why we, the client has an issue with the parent.

As the interview came to an end, we discussed training of African American therapists. The majority of counseling programs offer some kind of diversity course to teach counselors in training that culture, race, ethnicity, nationality, sexual orientation, and religion play a vital role in who the client is and how to relate to them. Knowing about how to approach therapy from a client's particular cultural background can be essential in establishing trust and working with the client throughout therapy. The counselor noted that most training courses take the view point of "how as a person in majority or position of power, how to communicate or how to neutralize with someone who has perceived less power, but not the opposite way no, or anything that way no." Below is an excerpt from the interview dealing with training of Black therapists with White clients.

I: Do you feel that is something that should be looked into? Like training of, not only looking at you know diversity from the standpoint of White therapist/people of color or other people, should they focus on...

P: Absolutely, absolutely, uh, I think that would definitely, definitely be helpful just to again have a different perspective on issues that may come up and um, I

think it would have been helpful to be able to know if I haven't been able to create for myself that this is the way I'm going to broach it and not really know if this is appropriate or not it just so happens to be the way that I'm doing it and it has not caused harm that I'm aware of thus far that that's the way in using it, but maybe there is more appropriate for it not to be in a humorous way and I don't know that it would be nice to have some sort of direction on appropriate ways to address it.

The counselor is stressing the importance of having a framework on how to deal with broaching race in the Black therapist/ White client dyad. Since there is no guide on this dyad, therapists of color are making their own framework with the uncertainty of whether it is effective. The counselor recommends that counseling programs discuss this dyad to "raise awareness." It would be helpful to know "ways to broach it if you are in that maybe, a marginalized group set, how and when to bring it into session and again I don't know if it is always necessary to do so."

Therapist interview #2. The second interview was with a psychologist who sees a clientele with a variety of mental disorders. The psychologist sees a few White clients, but notes that race has never been a concern. Very early on in the interview, the psychologist states that, "I think sometimes it does affect the therapy sessions, the few Caucasians clients that I have, some of them it affects them and some of them it doesn't. I know that because some will come in and sit down and talk for a few minutes and then it's like ok I'm done let me go I wanna get out of this area. Others don't have that, it doesn't matter to them I have seen that some of them kind of you know make sure that I know that they can and have done some bad things in the past and are very capable on doing those things again. Kind of like a warning that if you don't give me what I want I'm gonna act out, that's what I have some of." Being threatened by a client can affect the therapists comfort; result in the termination of services and referral to another therapist. It is important to note that this psychologist is seeing clients who have moderate to severe

mental health diagnosis. Following that statement from the psychologist, a natural question is what do you do in those situations? “Well most of the time I just listen and just acknowledge, ok we understand that you know you need your medicine or you’re having a difficult time so I’ll do my best to try and help them (inaudible) I don’t know what else to do... tell them that I’m sure that they are able to control themselves and we should be able to help them to get the medication they need as quickly as possible and then give them alternatives on places to go to get their medication.” The goal is to keep the client calm, so the psychologist reflects the emotion of need and impatience to convey understanding. The question then is, how do you broach in those situations? The psychologist admitted that broaching is not used during sessions with clients.

P: One of them have, the others haven’t. One of them brought it up and he’s a White man living in a Black neighborhood. He’s married to a Black female so he brought it up. The others well, one of the others did. He is a White guy who single lives in a Black area you know I don’t know how we but he brought it up too I don’t usually bring it up. I’m going to be honest with you. I don’t usually bring it up.

I: And why is that? Is it like uncomfortable or?

P: It has never been an issue for me. It just never been an issue to me.

I found it very intriguing that to this psychologist race has never been an issue.

After careful thought, analysis, and discussion with other professionals I realized that the population may have a big impact on why. I began to put myself in the position of the psychologist. If I worked with a population that had psychotic disorders and maybe unpredictable, broaching race to establish a relationship would not be of particular importance. I would be more focused on the client’s mental state, how they are managing any side effects of their disorder and medication, and if they are managing the world around them in a healthy way. This is where I got the notion that another factor can affect

whether Black therapists or therapists period are broaching race. Would you broach race with a psychotic client to establish trust? Maybe or maybe not, I think it depends on the degree of severity of the mental disorder. Not that race is not an issue with this population of clients; it just seems from this interview that it is not at the forefront of the psychologist's mind when working with these clients. From this point on in the interview, the psychologist talked about race as it affects her personally. We discussed race in the media and how it affects Blacks as a whole and other areas that were personally important. I believe the interview didn't go deeper because the psychologist said all that was needed to say on the subject. Maybe it triggered something that the psychologist wanted to avoid or maybe the psychologist didn't know what to do or was uncertain about the topic as a whole. I do feel that the interview was a release for other frustrations the psychologist had regarding race in American society.

When asked about training, the psychologist did think that the dyad Black therapist/White client should be focused on. It is important to understand that, "sometimes people are going to come in and they will not think that you'll understand and you may not understand because there are some cultural differences," but it is important to be aware.

From the survey and interview there are five reoccurring themes that impact Black therapists attitudes and decisions to broach race in session. These five themes are: a)established trust in the therapeutic relationship, b)therapists' self-awareness, c)clients' awareness, d)the clients' ability to mentally and emotionally take in and navigate new and potentially uncomfortable information (client comfort), and e)the stage of therapy. It

seems all of these aspects are considered by the therapist before a decision to broach is made.

DISCUSSION

The purpose of the study was to examine broaching attitudes in Black mental health professionals and what factors influence their likelihood to broach. Three questions were looked at in this study.

What are Black therapists' attitudes towards broaching race in session? In this study it was discovered that Black therapists do see race play out in session. While many were uncertain about what impact broaching had on their White clients, they did feel that it was an important issue that needed to be addressed. Overall, the study implied that race is an issue and that something needs to be done, but many were uncertain of what to do and if broaching was the right way to address race with their White clients.

When and how often do Black therapists broach the topic of race? When working in the counseling dyad White therapists/client of color, it is recommended that broaching be done early in the counseling relationship (Day-Vines, 2007). In the counseling dyad Black therapist/ White client when and how to broach race isn't as clear. In this study it was suggested that broaching be done when a therapeutic relationship has already been established, if race is a part of the presenting problem, and if race is brought up by the client. One participant suggested using broaching as a tool to convey understanding and connection about the emotions associated with their presenting problem. Broaching must be done with the client's best interest in mind. From this limited sample, there seems to be no set pattern on when and how to broach race with White clients. This gives the impression that each therapist must consider each individual when they are trying to decide to broach. Whites in America do not share the same history of oppression that other groups have experienced so many may fail to see the relevance of race to their lives

or their presenting problem. It may be viewed as “opening a can of worms” that doesn’t need to be opened. That is why the decision to broach is a calculated decision on the part of the Black therapist. Talking about race is already hard enough. Just like in everyday life, the Black therapist must weigh whether talking about race will cause more hurt and damage to the therapeutic relationship or if not addressing it is really the best solution.

If Black therapists are broaching, how helpful is broaching with White clients? This is the question that is at the center of this study. Does broaching help or harm the therapeutic relationship in the Black therapist/White client dyad? The answer to that question is that it needs to be looked into further. There is evidence in this study that suggest it can be helpful in connecting with the emotions and experiences behind some of the clients presenting problem, but it is not definite. Those therapists who have used broaching found it helpful with their White clients, but to really answer this question more Black therapists need to be surveyed and the actual experiences of White clients in this dyad need to be reported.

Implications for therapists

From this study, there are three main implications for Black therapists to consider. The first is that broaching is a complex choice. There are many factors that can affect the choice to broach and all need to be considered before it is done. These factors range from therapist and client comfort to the affects on the therapeutic relationship. Basically, this decision is not to be taken lightly. It takes careful consideration of the client and the goals of therapy. While it is suggested that White therapists broach race early in the therapeutic

relationship (Day-Vines et al., 2007), this study suggests that Black therapists may want to tread lightly on this topic. It is important to point out that in the Black therapist/White client dyad race may not be at the forefront of the clients mind. Race is not a daily consideration for Whites in America so broaching it may not seem relevant or trigger some defensiveness that is not conducive to the therapeutic relationship.

The second implication is the comfort of the client. It is already understood that in therapy it is all about the client and their needs regarding their presenting problem. In this study, one therapist stated that more than an intuitive sense that race is an issue is needed before broaching occurs. As a therapist, we are trained to pick up on the nuances clients may present in session. Training tells us to stay on the leading edge helping our clients move beyond mental and emotional walls and become more self-aware. It is also important not to move too far ahead of where a client is mentally and emotionally. If a client is not ready, mentally or emotionally, to make the connections the therapists has already made relating to the clients presenting problem you risk the client dismissing valuable and beneficial incite that may help them navigate through the issue. As a Black therapist, it may seem apparent that race is an issue for the White client, but if you address it too soon this can compromise the clients comfort and thus defensiveness can occur. It is important to go at the clients pace. Race is a very sensitive topic and talking about it is not an easy task. In the Black therapist/White client dyad, the discussion of race must be addressed with care and with the client's best interest at heart. It is also important to note the possibility of counter transference (Patterson, 1966). It is important for the therapist to be aware of their own triggers. With regards to race, it is important for the Black therapist to determine if broaching race is for the benefit of the client or

themselves. I say this because in my own experience I felt a distinct emotional reaction when I had the intuitive sense that my race was an issue for my White client. I didn't broach partly because I did not know how and partly because I wanted to make sure I was not broaching the topic for my own emotional release. In actuality, the complexity in the decision to broach is directly related to the clients' level of comfort. As therapists, gauging what a client can and cannot handle at that moment in therapy is an everyday occurrence. In the Black therapist/White client dyad, the clients comfort level with race must be gauged and the decision whether or not to broach must be made.

The third implication involves the need for more information about the training of Black therapists. The majority of the participants in this study said that they would like to have more training on how to deal with race in session. As of today, very little to no literature is available for therapists of color regarding addressing race with White clients. The majority of the literature takes the viewpoint of White therapist/ client of Color giving specific guidelines of what to say and do in therapy. This study has begun the discussion of what other Black therapists are doing when race presents itself in session. This information needs to be known and shared for the benefit of therapists and clients alike.

Limitations

Limitations associated with this study include issues dealing with honesty in self-report, population size, perspective of the study, and examining attitudes. In self-reporting, there is a possibility for participants to answer questions more aligned with what the examiner wants then what they actually feel. Therefore, in this study it was

assumed that the participants would answer all questions honestly from their point of view.

African American therapists are a growing population in the mental health field. The low response rate to the survey affected the generalization of the data to the entire population. This has been a limiting factor for this study.

The purpose of the study is to explore broaching attitudes. The self reports of Black therapist's attitudes towards broaching were examined instead of measuring how often the broaching behavior is performed in session, which could represent a discrepancy in actual behaviors. Finally, the study is from the perspective of the therapist and not the client. This study reports the therapist's intuitive feelings of how they think the client sees broaching instead of talking to White clients who have experienced broaching in session.

Recommendations for further study

This study has opened the door for more exploration into the Black therapist/White client dyad. For future study a larger sample is recommended. This study was limited due to the low number of respondents to the survey. Finding more Black therapists through networking, joining or petitioning an organization specific to the target population, or some other database where race is specified is recommended.

Throughout this study, it has been a reoccurring theme of therapist and client comfort with the topic of race. Part of being comfortable with race involves self-awareness of what it means to be classified in a particular group. A therapists and clients racial identity can have an effect on how racial discussions are received and perceived, or

whether or not the topic is even broached in session. A future study could examine how a therapists' racial identity affects broaching behavior or how a clients' racial identity effects how broaching is received.

The focus throughout this study has been on broaching race in session, but other factors can also contribute to how a client receives a discussion about race. Gender can also play a major role in how the discussion of race plays out. A client may be more willing to discuss race with a Black female therapist than a Black male therapist. A future study could examine how gender affects a client's reception of the broaching behavior.

This study is tailored to the Black therapist/White client dyad, but broaching can be explored in a plethora of other dyads. This study can be expanded to look at broaching attitudes and behaviors with Latin American, Asian American, Native American, and Arab American therapists with White clients.

There needs to be exploration, qualitatively, exploring shared values across racial groups. As therapists some values, such as self awareness and do no harm, are universal regardless of race. There should also be qualitative literature exploring shared values of therapists across all racial groups.

There is so much potential in this area of study. The knowledge base on this topic is very limited and this is why opening this area for discussion and exploration is essential and beneficial to the field of mental health.

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APPENDICES

Appendix A

Research Informed Consent Form

Dear Research Participant:

Thank you for considering becoming a participant in the study "Broaching Attitudes and Racial Identity." This study is being conducted to complete my Masters Degree in Counseling at Missouri State University.

The purpose of this study is to examine broaching attitudes in African American therapists. This information will be useful to ensure African American therapists ethically work with white clients, take care of themselves when racial issues arise in session, and open the door to other implications associated with the black therapist/ white client dyad. This researcher affirms that as a participant, you will be accorded full respect in all matters related to the conduct of the research. Before you make a final decision about participation, please read the following about how your information will be used and how your rights as a participant will be protected and respected:

- Participation in the study is completely voluntary. You may stop participating at any point without penalty.
- You need not answer all of the questions.
- Your information will be kept confidential and your identity anonymous. Results will be analyzed and reported only in aggregate form with identifying information removed in the final thesis document, and potentially in other written reports or publications
- Your participation will be through counselingtechnology.net and take approximately 30 minutes. During this time you will answer questions about your broaching attitudes and take a racial identity assessment.

This project has been reviewed and approved by the MSU Human Subjects Review Committee. The researcher affirms and the committee believes that the research procedures adequately safeguard participant's human dignity, privacy, welfare, civil liberties, and rights. The project is being supervised by Dr. Leslie Anderson, Associate Professor.

If you consent to participate in this important research project, please reply to this email. Keep this letter for future reference. You can contact me at michelle1003@missouristate.edu if you have questions or concerns about your participation. Thank you very much for your time and consideration.

Sincerely,

Michelle Gavel

Missouri State University, michelle1003@missouristate.edu

Appendix B

Broaching Attitudes Survey

1. How long have you been a mental health professional?
2. Did you have a course on multicultural counseling issues?
Yes No
3. Have you received training on working with White clients?
Yes No
4. If you answered yes to the previous question, please explain below.
5. How often do you see White clients?
Less than 5 hours a week
Between 5-10 hours per week
More than 10 hours per week
6. I have experienced racism in a counseling session
Strongly Agree Agree Undecided Disagree Strongly Disagree
7. When working with a White client, I bring up racial and social power differences
Strongly Agree Agree Undecided Disagree Strongly Disagree
8. I feel comfortable bringing up (broaching) race with a White client
Strongly Agree Agree Undecided Disagree Strongly Disagree
9. If a White client brings up race or makes subtle racist comments, I am comfortable addressing the topic
Strongly Agree Agree Undecided Disagree Strongly Disagree
10. I feel broaching is important and necessary when with White clients
Strongly Agree Agree Undecided Disagree Strongly Disagree
11. I think broaching with White clients will be beneficial in establishing trust in a therapeutic relationship
Strongly Agree Agree Undecided Disagree Strongly Disagree
12. I have broached race with White clients
Strongly Agree Agree Undecided Disagree Strongly Disagree
13. Broaching race has facilitated the therapeutic relationship with my clients
Strongly Agree Agree Undecided Disagree Strongly Disagree
14. I understand the concept of broaching
Strongly Agree Agree Undecided Disagree Strongly Disagree

15. I regularly gauge the racial identity development of my White client
Strongly Agree Agree Undecided Disagree Strongly Disagree

16. If answered yes above, how much does this impact your likelihood to broach?

17. To what degree does established trust between client and counselor influence your decision to broach?
Never Rarely Sometimes Often Always

18. To what degree does a clients' awareness influence your decision to broach?
Never Rarely Sometimes Often Always

19. To what degree does client comfort influence your decision to broach?
Never Rarely Sometimes Often Always

20. To what degree does therapist comfort influence your decision to broach?
Never Rarely Sometimes Often Always

21. What other factors influence your decision to broach?

22. Please comment on your experience with broaching race and/or racism in your counseling sessions.

Appendix C

Cover Letter

Dear Research Participant,

I am a student at Missouri State University pursuing a Master's degree in Counseling. Currently, I am working on my thesis project that looks at the counseling dyad African-American counselor/ European-American client. As an African-American counselor-in-training, I became curious about working with this population while in a practicum class where my supervisor addressed the concept of broaching. Broaching is defined as, "the counselor's ability to consider the relationship of racial and cultural factors to the client's presenting problem" (Day-Vines, Wood, Grothaus, Craigen, Holman, Dotson-Blake, and Douglass, 2007, p. 401). From this, the question of broaching attitudes with African-American therapists arose. When searching for literature directly related to African-American therapists working with European-American clients, my advisor and I were unable to find clear guidelines. From this lack of guidelines in the literature, this research project was developed.

This study will examine broaching attitudes in African-American therapists when working with European-American clients. A broaching attitudes questionnaire will be used to examine the attitudes and factors that affect the decision to broach. This assessment will be given using the website counselingtechnology.net. No personally identifying information will be collected. All responses are anonymous and results will only be reported in aggregate form.

If you are interested in participating in this study please click on the link below. This link will take you to counselingtechnology.net where you will complete the survey. This assessment will take approximately 30 minutes. Thank you for your time and participation in this study.

Broaching Attitudes Survey:

<https://www.counselingtechnology.net/do.php?survey=s137935>

Sincerely,

Michelle Gavel

Missouri State University

Masters of Counseling Program

Michelle1003@missouristate.edu

Appendix D

Follow-up Email

Dear Research Participant,

This is just a reminder to participate in the broaching attitudes study. I know that your time is valuable and I hope you will take the time to complete this short survey. Your input will help expand the professional knowledge base about African-American counselors' attitudes towards broaching race. The link to [counselingtechnology.net](https://www.counselingtechnology.net) to complete the survey can be found below. Thank you for your time.

Broaching Attitudes Survey:

<https://www.counselingtechnology.net/do.php?survey=s137935>

Sincerely,

Michelle Gavel

Missouri State University

Masters of Counseling Program

Michelle1003@missouristate.edu

Appendix E

Example Interview Transcript Excerpt

I: Okay, so the first question is what are your views on race and its effect in a therapy session?

P: Okay, could you repeat the question you were breaking up?

I: Okay, what are your views on race and its effect in a therapy session?

P: Oh, Um, My views on race in a therapy session, I think, um, in my experience it has, um, provided a, I think a strong non-verbal cue to the client and, um, I think base off of the client perception of or stereotypes or ideas on what it means to be black or a black persons outlook I seen it play out different ways in a therapeutic setting and, um, it sometimes leads to them not feeling comfortable. Um, for example if they have parents who have racist views (inaudible) to talk about them within the session, um, and then on other levels as far as if I guess someone have a liberal sort of viewpoint that they make assumptions that as a black person I'm also liberal or that I will have some sort of understanding so, um, that kind of provides a point of connection I suppose, so um, its um, I think it plays a role but it needs to be (inaudible) delved into a little more to see what factors contribute to, um the impact on the therapeutic experience.

I: Okay, well I guess that kind of goes into my next question of, um I don't know if you have brought up race or discussed race with any of your students so far, but if you have or if you did what factors play a role in your decision to talk about race with your white students in particular?

P: Um, I would say a handful of time that I have actually broached race, um within a session, um, not in the context of the level of comfort with me as a therapist to say that ok I don't know if you have noticed this or not or um, sort of um you know to bring the power into the room I haven't brought into to the session for that reason but I have used it has a point um, in terms of um, paralleling for other students who might feel as though they are a minority population on the campus so with students who are dealing with LGBT issues and um, not feeling like they have anyone like themselves here or um, also people coming from um, who perceive themselves to be coming from a low SES background and kind of embarrassed to reveal those parts of themselves off of the perception that everyone comes from um, a kind of wealth and just not being able to bring their complete self to school as a result of um, some experience that puts them in um, makes them feel as though they are an extreme minority so I have used it on those occasions just in mostly in a um, again just as a point to solidify the a, the therapeutic relationship or um, as a point of connection to note that yes that um, it is a very homogenous place that I work and so it um, easy to feel like an outlier so its mostly been

in that context not in the sense of whether or not a client may feel as though they can or cannot go a certain place because of my color (inaudible) more than likely in a situation where I perceive it may be an issue when they, if they come into the office to schedule they schedule the appointment and not show up or they'll be in the session and it doesn't quite feel like nothing really is revealed, there's no pertinent or relevant information shared and then they never come back.

I: Okay, okay, so in those instances where you kind of talk to them at first and they don't come back do you feel that maybe talking about it or broaching it then would be beneficial or maybe it will kind of bring it into the room and, I mean do you think that would help at all?