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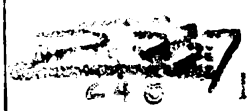

EFFECTS OF BLACK THERAPIST ATTITUDES ON DIAGNOSTIC, TREATMENT RECOMMENDATION, AND PROGNOSTIC ESTIMATES

By

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ABSTRACT

EFFECTS OF BLACK THERAPIST ATTITUDES ON DIAGNOSTIC, TREATMENT RECOMMENDATION, AND PROGNOSTIC ESTIMATES

By

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This study was conducted to test the effect of selected black therapist attributes and selected black client attributes upon the clinical judgments of black therapists.

Ninety-six black social workers (48 males, 48 females) represented the sample for this study.

Black social workers were typed as black-consciousness therapists or traditional black therapists according to their score on the Black Attitude Instrument (BAI). The BAI is a self-report instrument designed to measure attitudes held toward blacks and toward being black. A high score on the instrument indicated positive attitudes, and a low score indicated negative attitudes.

Each black social worker responded to a randomly determined case description of a black client (aggressive black male client, aggressive black female client, control black male client, or control black female client). Each black social worker reported his/her clinical impression of a black client by completing an evaluation sheet pertaining to

diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for client, and sex-role appropriateness of the client's behavior.

Fifteen hypotheses were formulated to test whether significant relationships existed between black therapists' type and sex, black clients' type and sex, and black therapists' clinical judgments. Outcome measures used to test these relationships were diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for client, and sex-role appropriateness.

Multivariate and univariate analysis of variance was the statistical procedure used to analyze the data. The alpha level of .05 was set for rejecting the null hypotheses. Fourteen hypotheses failed to be supported at the .05 level of significance; one hypothesis was supported on one of the six outcome variables.

The conclusions from this study are as follows:

(1) Classification of black clients tended not to be influenced by black therapist type (black-consciousness and traditional). Positive and negative attitudes held by black therapists toward other blacks and toward being black did not significantly affect their clinical judgment of black clients.

(2) Black clients exhibiting aggressive behavior were perceived as being as mentally healthy as black clients exhibiting nonaggressive behavior. The presence of aggressive behavior in black clients did not appear to affect the clinical judgments of black therapists.

(3) Black male and female therapists did not significantly differ in their clinical judgments of black clients on the outcome measures of diagnosis, diagnostic labeling, treatment recommendation, prognosis, and liking for the client. Black female therapists did rate the black client's behavior as more appropriate for his/her sex than did black male therapists.

(4) The sex of the black clients did not appear to affect the classification they received from black therapists.

(5) Classification of black clients for treatment tended not to be influenced by any interaction between black therapist type, black therapist sex, black client type, and black client sex.

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I would like to thank Ms. Consuella Reed, M.S.W., for sharing her professional knowledge relative to the role of black social workers in the mental health profession.

My family deserves special recognition and great praise for being patient and tolerant during this experience.

Finally, I extend my deepest feelings of appreciation to an old man, Adolphus Johnson, who dared to believe in the possibility of all things.

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CHAPTER I

INTRODUCTION OF THE STUDY

Blacks have received increased attention in psychotherapy literature over the past 20 years. The major focus of this literature is on the psychological differences and similarities of black clients as compared with white clients, and the white therapist/black client relationship. Researchers have attempted to provide illumination to such issues as the white therapist's effectiveness with black clients and the nature of the therapeutic relationship within the white therapist/black client dyad. Little attention, however, has been given to investigating the relationship that exists between the black therapist and the black client.

The emergence of black therapists in the mental health profession is a recent phenomenon (Bayton, Austin, & Burke, 1965; Wispe, Ankard, Hoffman, Ash, Hicks, & Porter, 1969). The number of blacks in the mental health profession has increased dramatically since 1960. This increase in black mental health professionals may be seen as a response to the declining role of the "preacher" as the traditional mental health caretaker in the black community (Ring & Schein, 1970). It may also reflect a response to the black community's increased acceptance of counselors, psychologists,

psychiatrists, and social workers as legitimate providers of psychological services (F. Jones, 1972). Brieland's (1969) research indicated that a growing number of blacks are deliberately seeking the services of black therapists.

During the past decade, black therapists have increased their efforts to address issues relevant to the welfare of the black client population. Their involvement is manifested through such organizations as the American Association of Black Psychologists and the National Association of Black Social Workers. These organizations focus on issues unique to the black therapist and black client populations. In order for black therapists to provide services which enhance the welfare of the black client population, an investigation of the relationship that exists between the black therapist and black client is crucial.

This study will investigate the influence of the black therapist's attitudes and sex on diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for client, and sex-role appropriateness of a black client's behavior.

Operational Definitions

Operational definitions used in this study are listed below.

Aggressive-assertive black client. A black client whose case description reflects aggressive-assertive behavioral characteristics.

Black-consciousness therapist. A black therapist who holds positive attitudes towards blacks on being black as indicated by his/her score on the Black Attitude Instrument (+1/2 standard deviation from the mean).

Black therapist. A person of African descent who is in the helping profession of social work.

Black traditional therapist. A black therapist who holds negative attitudes toward blacks on being black as indicated by his/her score on the Black Attitude Instrument (-1/2 standard deviation from the mean).

Case description. A case history of a black client containing information relative to identification data, the presenting problem, family history, educational data, interpersonal relationships, and symptom picture reflecting predominantly aggressive-assertive behavioral characteristics.

Classification. Diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for the client, and sex-role appropriateness ratings of a client.

Control black client. A black client whose case description is void of aggressive-assertive behavioral characteristics.

Diagnostic labeling. Categorization of a black client's behavior according to Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM-II).

Diagnosis. Descriptive statements of the maladjustment and severity of maladjustment of a black client's behavior.

Prognosis. Predictive outcome of a black client, with and without treatment intervention.

Liking for client. Positive attraction for a black client.

Sex-role appropriateness. A black client's behavior perceived as normal for his/her sex.

Treatment recommendation. Prescription to deal with a black client's behavior.

Importance of the Study

If black mental health professionals are to meet the challenge of an increased demand for their services within

the black community, their attitudes and perceptions of black clients must be evaluated. Attitudes and perceptions of the therapist are basic treatment tools in the therapeutic encounter. The therapist's attitudes and perceptions help determine the meaning and clinical significance of such behavior as aggression and assertion and thus have implications for the quality of psychological services rendered. The therapist may have negative attitudes toward the black client which influence his/her clinical judgment in such a manner that classification of the black client's dynamics is biased. Pasteur (1971) reported findings on the attitudes held by black counselors toward disadvantaged black male youths. He found that black counselors whose origin was "lower class" held more negative attitudes toward disadvantaged black youths than did black counselors whose origin was "middle class." The black therapist's attitudes toward black clients may be shaped by the kind of training received. B. Jones et al. (1970) suggested that clinical training programs tend to psychologically "whiten" the racial identity of black therapists by ignoring the fact of race. This tendency, along with the absence of black supervisors as role models, is believed to foster a training climate that is not conducive to promoting strong identification with the problems of black people. The implication is that black therapists, as a consequence of their training, may deny their racial identity and distance themselves from black clients. In so doing, the therapist's clinical judgment may be

compromised and the black client may be inappropriately classified and treated.

This study stresses the importance of having black therapists examine their attitudes toward black clients and being black in the classification phase of the therapeutic encounter. Also of importance may be the need to change existing classification criteria in mental health agencies to reflect relevant diagnostic, prognostic, and treatment recommendation estimates for black clients. Such classification "structure" may evolve from continued research of the black therapist and black client and then be adopted for use by black professionals concerned with this relationship. Ultimately, the uniqueness of the black client may require a therapeutic approach that addresses the specific needs of the black client.

Problems which may hinder the black therapist/black client relationship have been identified. Further exploration of these problems is required if black mental health professionals are to respond effectively to the psychological needs of the black client population.

Statement of the Problem

Calnek (1970) postulated two distinctive types of black therapists. First, traditional black therapists are those therapists who prefer black clients who exhibit passive, nonassertive behavioral patterns. They perceive this behavioral pattern as an appropriate and desirable response to

frustrations encountered in one's daily life. Attitudes held by these therapists reflect the influence of racism in that passive behavioral patterns are seen as an appropriate survival mechanism while aggressive behavioral patterns are viewed as inappropriate and maladaptive. Second, black-consciousness therapists are those therapists who prefer assertive and aggressive black clients. These therapists see aggressive behavior as symptomatic of mental health and as an appropriate response to racism and other frustrations encountered in daily living.

Assuming that Calnek's assumptions regarding black therapist types are correct, then, what would be the effect on the classification process relative to the black client? This study will investigate whether black therapists (traditional vs. black-consciousness) will render different classifications to a black client exhibiting aggressive-assertive behavioral characteristics as the primary symptom picture. The sex of the therapists and clients will be investigated to determine its influence on the classification of a black client.

Hypotheses

Hypotheses pertaining to the effects of black therapist type and sex and black client type and sex on the classification of black clients are as follows:

H_1: Black-consciousness therapists will give a more favorable classification to black clients than black traditional therapists.

H_2: Black female therapists will give a more favorable classification to black clients than black male therapists.

H_3: There will be no significant difference between the classification given aggressive black clients and nonaggressive (control) black clients.

H_4: Black male clients will receive a more favorable classification than black female clients.

H_5: There will be a significant interaction between black therapist type and black therapist sex in determining the classification given to black clients.

H_6: There will be a significant interaction between black therapist type and black client type in determining the classification given to black clients.

H_7: There will be a significant interaction between black therapist type and black client sex in determining the classification given to black clients.

H_8: There will be a significant interaction between black therapist sex and black client type in determining the classification given to black clients.

H_9: There will be a significant interaction between black therapist sex and black client sex in determining the classification given to black clients.

H_{10}: There will be a significant interaction between black client type and black client sex in determining the classification given by black therapists.

H_{11}: There will be a significant interaction between black therapist type, black therapist sex, and black client type in determining the classification given to black clients.

H_{12}: There will be a significant interaction between black therapist type, black therapist sex, and black client sex in determining the classification given to black clients.

H_2: Black female therapists will give a more favorable classification to black clients than black male therapists.

H_3: There will be no significant difference between the classification given aggressive black clients and nonaggressive (control) black clients.

H_4: Black male clients will receive a more favorable classification than black female clients.

H_5: There will be a significant interaction between black therapist type and black therapist sex in determining the classification given to black clients.

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H_{13}: There will be a significant interaction between black therapist type, black client type, and black client sex in determining the classification given to black clients.

H_{14}: There will be a significant interaction between black therapist sex, black client type, and black client sex in determining the classification given to black clients.

H_{15}: There will be a significant interaction between black therapist type, black therapist sex, black client type, and black client sex in determining the classification given to black clients.

Limitations

This study is limited in scope. The study is designed to focus on black social workers as representative of black psychotherapists within the helping professions.

Real clients were not used in this study. The contrived nature of the stimuli (case histories) to which the subjects were exposed may have restricted their ability to respond as though they were dealing with real clients.

There was no control over the conditions under which the subjects participated in the study. Thus, there was no way of knowing what external stimuli may have been influencing the subjects' behavior while participating in the study.

Assumptions

Basic to this study is the assumption that a therapist's attitude is a major treatment tool in the classification process and thus has a major influence on the course and outcome of psychotherapy.

It is further assumed that a therapist's attitude toward

blacks being black will influence the meaning attached to what is observed in the behavior of a black client.

Finally, it is assumed that behavior is motivated by one's attitude and that behavior can be predicted.

Overview

Research studies and related literature pertinent to black therapist/black client variables and classification are viewed in Chapter II. The methodology of the study, including sample population, procedures, instrumentation, hypotheses, design, and statistical analysis, is presented in Chapter III. The results of the study are analyzed in Chapter IV. Finally, a summary of the study, discussion of the findings, and implications for future research are presented in Chapter V.

CHAPTER II

REVIEW OF RELATED LITERATURE

The review of related literature covers major issues and problems associated with the following: (1) classification in psychotherapy as it relates to the effective treatment of the client, and (2) the influence of black therapist and black client variables on classification in psychotherapy.

Classification in Psychotherapy

Effective treatment begins with an accurate classification of the client during therapy. Its purpose is to communicate what has gone wrong with the client, an appropriate treatment method, and the probable effectiveness of a treatment method in alleviating the problem.

The use of traditional classification models such as the second edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-II) as a part of the treatment process has generated much controversy in psychotherapy. Therapists who adhere to the traditional medical model hold that an analysis of maladjustments based on symptoms and signs of the client is essential to the delivery of effective treatment. The ability to accurately label and/or make a statement about the psychopathology of a client is viewed as a useful tool in the treatment process (Woodruff, Goodwin, & Guze, 1974). Critics

of the traditional classification model hold that classification practices based on the medical model concept of mental disorder are inappropriate and unnecessary for understanding and treating emotional and behavioral problems (Bandura, 1969). Therapists who adhere to a Rogerian orientation hold that the classification process itself may be a hindrance to the therapeutic process and thus is not needed to effectively treat clients.

A major problem encountered when using the traditional classification model relates to the validity and reliability of the model. The existence of a wide variety of symptoms related to more than one diagnostic category and the lack of therapist consistency in applying similar weights to the same symptoms when diagnosing the same client on different occasions raise serious questions about the usefulness of the DSM-II classification model in psychotherapy.

Much criticism of the DSM-II relates to how it is currently used in psychotherapy. Attempts to classify clients are often designed to meet the therapist's need to label what he/she observes while the needs of the client are overlooked. Many therapists operate in an environment which requires that a DSM-II label be given a client. Therapists often assign a classification to a client that is not appropriate, and some therapists believe that classification is a relatively simple process requiring little skill. The consequence of such belief is often the neglect of the client's needs.

Many critics indicate that classification categories

carry negative connotations and subject the client to harmful stigmatization. The result is that the client is penalized in therapy and in society. Szasz (1961, 1971b) considered classification as just another means by which man is dehumanized and subjected to unpleasant consequences. Being classified as mentally ill thus becomes one of the ways society imposes its demands on selected segments of the population. One is classified as mentally ill when engaging in behaviors considered socially deviant by the therapist. Szasz (1971a) cited the use of classification practices to justify differential status and treatment accorded blacks in society as an illustration of the derogatory purposes for which classification systems are employed: "In the United States, where social customs and policy dictated that the Negro race be systematically subjugated, psychiatry and psychoanalysis lent their specialized jargons of justification to this policy" (p. 469). Using blacks as a metaphor, Szasz provided a convincing argument that all clients who are subjected to classification practices are essentially being cast in the role of "nigger." Merriouns' (1974) and Pasamanick's (1963b) historical analyses of the relationship between blacks and psychotherapy clearly demonstrated society's influence in determining who will be classified as "sick" or "normal" and, thus, who will be included or excluded from the ingroup of society. The recent reclassification of homosexuality from a mental disorder category to a nonmental disorder category lends support to Szasz's (1961) claim that the outgroup

becomes converted into members of the ingroup where they can then be afforded favorable treatment.

While admitting the shortcomings of the DSM-II classification model, supporters of the medical-model approach argue that not enough is known about behavioral disorder to permit a clear choice between a classification system based on the medical-model concept and a system based on another approach such as that advocated by behavioral therapists (Nathan, 1967). Misuse and abuse of any classification system is a serious problem that should not be allowed to detract from the DSM-II classification model itself and the purposes for which it was designed. Pasamanick (1963a) stated that "all scientific endeavor leading to the testing of hypothesis of etiology, treatment and prevention of disorder rests on the classification of disorders" (p. 398). Zigler and Phillips (1961a) argued that while existing classification models are open to criticism, a system of classification is necessary and useful to the operation of a predictive psychology.

The problems associated with the use of traditional classification models (such as DSM-II) in psychotherapy are numerous. These problems relate to whether or not the traditional classification model has value in psychotherapy. It does not seem likely that these problems will be resolved in the near future. There is general agreement that a system of classification is necessary if behavioral and emotional disorders are to be treated effectively in psychotherapy.

Influence of Black Therapist/Black Client Variables on Classification

While the role of the client in the classification process has long been a topic of investigation, the therapist's contribution to that process has not gone unnoticed. Lowinger and Dobie (1964, 1968), Strupp (1958), Wallach and Strupp (1960), and Whitehorn and Betz (1960) have demonstrated relationships between personal qualities of the therapist and diagnostic and prognostic estimates of clients for treatment. Strupp (1960), in investigating the influence of the therapist's personality on the therapeutic process, stated:

> . . . the therapist's choice of words in diagnosing and describing the patient's emotional dynamics may reflect a subtle (moral) value judgment about the patient. A diagnostic label assigned to a patient may carry with it a trace of disapproval which may have a pervasive influence on succeeding therapeutic interactions; such terms as "psychopathic," "paranoid," "character disorder" may be more revealing of the therapist's attitude than of the patient to whom they are assigned. (p. 302)

Zigler and Phillips (1961b) suggested that the therapist may be responding to criteria external to the domain of the traditional classification model when diagnosing a client. Thorne (1953) took the position that an experienced therapist may classify clients by using "intuition" or by operating on "the feel of the case."

Investigations involving blacks as clients and/or therapists have been undertaken in an attempt to determine the influence of client-therapist variables on the classification process.

Hollingshead and Redlich (1958) reported that diagnosis and therapist expectations for a client are related significantly to the client's position in the class structure of society. Clients who were black and lower class were more likely to receive unfavorable diagnostic and prognostic estimates from white male therapists than clients who were white and upper class. Brill and Storrow (1960) reported similar findings while attempting to control for the economic factor associated with seeking treatment. They found no significant relationship between social class, training, and experience of the therapists assigned and classification practices. Race and sex of the therapists were not reported in this study. Kleiner, Tuckman, and Lavell (1960) compared data on high-status whites and low-status nonwhites. Their intent was to investigate the pattern of mental disorders associated with a prevalence of extreme aggressive behavior or extreme withdrawal behavior (paranoid schizophrenia and process and reactive schizophrenia) were more prevalent among low-status nonwhites than high-status whites. The investigators attributed the concentration of schizophrenia in the low-status group to environmental frustrations incurred in society as a consequence of their racial membership. Thus, a therapist's diagnosis was interpreted as accurately reflecting a prevalence of disorders among nonwhites. No information was given about the therapists who made the diagnoses (e.g., sex, race, experience).

Lane (1968) investigated the effects of sex and race on

the rating of schizophrenics (process and reactive). Process-reactive ratings of schizophrenics were used as an indicator of prognosis and, thus, determined the kind of treatment made available to patients. Lane compared the records of 200 adult schizophrenics (50 Negro males, 50 Negro females, 50 white males, 50 white females) from admission files of the Cleveland Public Hospital. The subjects were mainly lower class. The therapists were white males. Lane found that black males were rated as process more than black females. Lane concluded from her findings that "being Negro increases one's chances of being rated process but being Negro and male almost assures it" (p. 17).

Yamamoto, James, Bloombaum, and Hatten (1967) investigated race as a factor in patient selection by surveying the treatment course of 594 patients admitted to an outpatient clinic. The racial groups involved in the study were white (sex not reported). The findings revealed that duration in therapy (six sessions or more) was related to race and sex of the patients, with blacks--and especially black males--having the shortest duration. In addition, they found a positive correlation between social distance and ethnocentricity of the therapists and duration in therapy of black patients. In other words, high-prejudiced white therapists ($\underline{N}$ = 9) saw male and female black patients for a fewer number of sessions than did low-prejudiced white therapists ($\underline{N}$ = 6). The findings suggest that therapist attitude may be an important factor in the therapeutic relationship when the

therapist is white and the patient is black. The therapist's attitude may result in the patient being rejected for treatment, or it may result in the patient receiving less than adequate treatment.

The disparity in the number of patients comprising each racial group (only five Orientals were in the patient sample) should be taken into account when considering the results of this study. In addition, the study did not control for the possible influence of "work schedule flexibility" on the length of stay in treatment of black males. In an outpatient clinic, black males may have had less available time away from their jobs to devote to therapy sessions. This may have resulted in early termination or dropping out of therapy on the part of black males. Despite methodological problems that weaken the conclusions that Yamamoto et al. arrived at, the study does generate questions regarding the role that therapist attitude may play in the therapeutic relationship when both therapist and client are black.

In an attempt to determine if a therapist's clinical judgments are influenced by his social values such that black clients receive less favorable classifications than white clients, Schwartz and Abramowitz (1975) systematically varied the sex and race attributes of a patient in an analogue situation. Therapists (N = 102, white, predominantly male) were then asked to give their clinical impressions and treatment recommendations. The therapists were given the Traditional Beliefs Scale and divided into two groups (high

scorers, therapists with more traditional beliefs; and low scorers, therapists with less traditional beliefs). The findings failed to show that the resultant therapist bias was consistently against patients identified as black or female. Some interesting findings of this study were that (1) the black-designated patient's chance for recovery was rated more favorably than the white-designated patient; (2) less traditional therapists attributed greater maladjustment to patients identified as male than did more traditional therapists; (3) therapists, regardless of values, recommended "insight-oriented" therapy more for white males than black males; and (4) the patient was viewed as more attractive when identified as black rather than white by therapists used in the study. The results indicated that social values held by therapists were significantly related to their classification practices.

Gross and Associates (1969) studied treatment decisions made in a psychiatric emergency room. Diagnosis and disposition (treatment recommendations or referral) were related to patient sex and race. They concluded that as the sociocultural distance between therapist and client widened, diagnosis became less accurate, and referral and recommendation became more ambiguous. The therapists used in this study were nurses and psychiatric interns (race and sex not reported). Muller, Chafetz, and Blane (1967) also investigated treatment decisions made in a hospital setting and reported similar findings. While the results of these

studies suggest that treatment decisions are based on factors external to patient psychopathology, caution should be taken in attempting to generalize these findings beyond an emergency treatment setting.

Simon, Fleiss, and Gurland (1973) compared symptoms and diagnoses in a racially mixed group of 192 hospitalized patients. Each patient was diagnosed twice by different therapists (race and sex not reported). The first diagnosis was made by a project staff member using a structured interview approach. The second diagnosis was made by a hospital staff member using a variety of interview techniques. The results showed that when diagnosed by hospital staff therapists, race and diagnosis were significantly related. Black patients were diagnosed schizophrenic as opposed to affective illness (depression) more than white patients. When diagnosed by project therapists, however, no association between race and diagnosis was found. Dorfman and Kleiner (1962) arrived at a similar conclusion as Simon et al. (1973) regarding project therapist diagnosis showing no association between race and diagnosis. Dorfman and Kleiner (1962) looked at the effects of therapist race (three white and two black psychiatrists; sex not reported) on treatment diagnosis and recommendation of black and white first-admission patients (sex not reported). They concluded that therapist race was irrelevant to the classification process. Methodological considerations such as sample size and use of parametric statistics raise some question as to how effectively the

hypothesis under consideration was tested.

Therapist and client variables such as attitudes, values, sex, and race have been shown to exert influence on the therapeutic process and, specifically, the classification of clients for treatment. While the research literature is not conclusive as to the degree of influence these variables have on the classification process, the literature suggests that diagnosis, treatment recommendations, and prognosis may not be based on the client's pathological manifestations alone, but on selected therapist attributes. While few studies focused exclusively on the black therapist/black client dyad, these studies do raise questions about the probable influence of the above variables on the classification process when both therapist and client are black.

Solomon and Patch (1974) identified a major problem encountered when a traditional classification model such as DSM-II is used with clients who are representative of a subculture. They indicated that a distinction has to be made between pathological symptoms and subcultural norms reflected in a client's behavior in order for classification to be effective. The black therapist's familiarity with black culture places him/her in a position to better evaluate the meaning of the black client's behavior in the context of his/her environment.

Carkhuff and Pierce (1967) reported that race and social class of both therapists (two white and two black females) and clients (hospitalized schizophrenic females, both black

and white) had a significant effect on the depth of self-exploration in an initial interview. Clients shared more information about themselves with the therapist when race and social class were similar. Banks (1972) compared the effects of black and white counselors (four black and four white males) on black and white clients (N = 32) who were middle and lower class. Banks concluded that racial similarity enhanced the therapeutic process (initial interview), but that there was no significant effect associated with social class. The differences in findings reported by Banks and by Carkhuff and Pierce (1967) relative to the influence of social class on the therapeutic process may be due to the manner in which each operationally defined "social class." Thus, within the black therapist/black client dyad, the commonality of race and mutual experience of racism may enhance the classification process, by minimizing anxiety related to self-disclosure and misunderstandings resulting from differences in language usage (F. Jones, 1972; Merriouns, 1974). While these factors lend support to the therapeutic relationship between the black therapist and black client, other factors which may exist in that relationship may adversely affect the black therapist/black client relationship. Over-identification and denial on the part of the black therapist may be critical factors affecting the black therapist/black client relationship (Grier, 1967; Vontress, 1971). The black therapist's attitude toward himself and the client may have been so influenced by the negative effects of the black

experience (self-hatred) that his effectiveness with black clients is hindered. Derbyshire (1967) suggested that the black therapist's attitudes may be influenced by acculturation (assimilation). The black therapist may have assimilated values related to behavior deemed appropriate and normal by the larger white society. Pasteur (1971) reported findings on the type of attitudes black counselors held toward disadvantaged black male youths. Pasteur found that black counselors whose origin was "lower class" held more negative attitudes toward disadvantaged black youths than black counselors whose origin was "middle class." Such attitudes may lead the black therapist to make diagnostic and treatment recommendations not indicated by the symptoms of the black client.

There has been some speculation that problems arising in the black therapist/black client relationship may be related to the kind of training the black therapist has received. B. Jones et al. (1970) suggested that clinical training programs tend to psychologically "whiten" the racial identity of black therapists by ignoring the factor of race. This tendency, along with the absence of black supervisors as role models, is believed to foster a training climate that is not conducive to promoting strong identification with the problems of black people. The implication of this line of inquiry is that black therapists, as a consequence of their training, may deny their racial identity and distance themselves from black clients. In so doing, therapeutic

effectiveness is jeopardized.

The literature suggests that black therapists can be typed according to attitudes held towards other blacks who exhibit certain behavioral characteristics. In addition, differential reactions to these characteristics are viewed as sex-linked.

Calnek (1970) postulated two distinctive types of black therapists. First, traditional black therapists are those therapists who prefer black clients who exhibit passive, non-assertive behavioral patterns. They perceive this behavioral pattern as an appropriate and desirable response to frustrations encountered in one's daily life. Attitudes held by these therapists reflect the influence of racism in that passive behavioral patterns are seen as an appropriate survival mechanism while aggressive behavioral patterns are viewed as inappropriate and maladaptive. Second, black-consciousness therapists are those therapists who prefer assertive and aggressive black clients. These therapists see aggressive behavior as symptomatic of good mental health and as an appropriate response to racism and other frustrations encountered in daily living. Passive, nonassertive behavior is seen as inappropriate and maladaptive.

The relationship between black males and black females has its own implications for the black therapist/black client relationship. Bayton, Austin, and Burke (1965); Bryson, Bardo, and Johnson (1975); and Calnek (1970) indicated that the historical evolution of the black female's role in

American society resulted in her assuming a dominant assertive position. Assertive and aggressive behavioral traits were fostered in black females while prohibited in black males. The role of the black male in relation to the expression of aggressive and assertive behavior was also influenced by the negative consequences imposed on black males by the white society for possessing such characteristics (Grier & Cobbs, 1968; Karon, 1975). Thus, black female therapists may view aggressive or assertive behavior in black male clients and label it as maladaptive. Black male therapists may also perceive the expression of aggressive behavior in black male clients as a dangerous act which should be inhibited and thus label it maladaptive.

Summary

The use of classification models in psychotherapy has generated much controversy involving the reliability and validity of classification model DSM-II in psychotherapy, the value of any classification model in the therapeutic process, and the value of a traditional classification model in the treatment of clients representative of a subculture.

While misuse and abuse of any classification model represent a serious threat to the effective practice of psychotherapy, it is generally recognized that a system of classification is essential to the operation of a predictive psychology.

Therapist variables such as attitudes and values, sex,

and race have been shown to influence the therapeutic process and, specifically, the classification of clients for treatment. Thus, diagnosis, treatment recommendations, and prognosis may not be based on the client's pathological manifestations alone, but on selected therapist attributes. While few studies have focused exclusively on the black therapist and black client, these studies do raise questions about the probable influence of therapist and client variables on the classification process when both therapist and client are black.

A major problem encountered when a traditional classification model such as DSM-II is used with black clients is that a distinction has to be made between pathological symptoms and subcultural norms reflected in the client's behavior. The black therapist's familiarity with black culture may place him in a more favorable position to evaluate the client's behavior within the context of his environment. Possible adverse effects on the classification process may occur through over-identification, denial, and assimilation on the part of the black therapist.

These factors may influence the black therapist's attitude toward black clients to such a degree that the black therapist will make diagnostic, prognostic, and treatment recommendations not indicated by the symptoms of the black client. The literature suggests that black therapists can be typed according to attitudes held toward other blacks who exhibit certain behavioral characteristics. In addition, a

differential reaction to these behavioral characteristics is viewed as sex-linked. Calnek (1970) postulated two types of black therapists: (1) traditional black therapists are those who hold a negative attitude toward blacks and prefer blacks who are passive and nonassertive; and (2) black-consciousness therapists are those who have positive attitudes toward blacks and who prefer blacks who are aggressive and assertive. The relevancy of Calnek's postulation to the black therapist/black client relationship and the classification process has not been demonstrated by research.

Research and literature which focus exclusively on the black therapist/black client relationship are meager. The available literature suggests that the presence or absence of selected problems within the black therapist/black client dyad may occur as a consequence of attitudes held by the black therapist toward the black client.

CHAPTER III

METHODOLOGY

This study was designed to determine the effects of black therapist type and sex and black client type and sex on the classification of black clients for treatment.

The participants in this study included black social workers with varying years of experience, theoretical orientation, and educational background.

The research instruments used were the Black Attitude Instrument (BAI), developed for the purpose of the study, and a modified version of a questionnaire developed by Wallach (1959) for assessing therapists' clinical impressions of clients. The BAI provided a method of identifying participants for the study. The modified questionnaire provided a method for assessment and evaluation of participant response.

Population

Black social workers were selected as the population of interest because this group represents the largest group of black professionals, excluding ministers, with the longest history of involvement in the delivery of mental health services to black people.

Sample

The primary sample consisted of 222 black social workers who attended the 1977 National Association of Black Social Workers Convention and black social workers from southwestern Michigan. Of these subjects, 57 percent were female and 43 percent were male. The distribution of these subjects according to age, educational level, and geographic location is presented in Appendix A.

Of the 96 black social workers who comprised the final sample for this study, 50 percent were male and 50 percent were female. Of the sample, 52 percent were 25-34 years old, and 44 percent were 35 years or older. Regarding educational level, 72 percent of the sample had M.S.W. degrees or higher. There were 46 percent of the sample from the midwestern section of the United States. The age, educational level, and geographic distributions of the final sample are presented in Appendix A.

Other demographic data of the 96 subjects for this study included theoretical orientation and years of experience working with clients. Of the sample, 50 percent indicated a preference for a social psychological theoretical orientation when working with clients, and 20 percent indicated a preference for psychodynamic theoretical orientation. There were 77 percent of the sample who had 3 or more years of experience working with clients, and 9 percent who had less than 2 years of experience working with clients. The distribution of the final sample by years of work experience and

theoretical orientation is presented in Appendix A.

Procedures

The BAI (see Appendix B), an instrument designed to measure attitudes of blacks pertaining to blacks, was administered to 222 black black social workers. The 130 participants who scored 1/2 standard deviation from the mean on the BAI and who had indicated a willingness to participate in the study were treated as potential subjects. Each potential subject was mailed one randomly determined case description of a hypothetical black client. The case description contained information about the client's family background, interpersonal relationships, academic background, and presenting problem. Aggressive-assertive behavioral characteristics were prominent in the symptom picture. Four versions of the client profile were effected by interchanging male/female attributes and by omitting aggressive-assertive behavioral characteristics from the symptom picture. The resulting configurations were as follows: black male client, exhibiting aggressive-assertive behavior; black female client, exhibiting aggressive-assertive behavior; black male client, exhibiting no aggressive-assertive behavior; and black female client, exhibiting no aggressive-assertive behavior. The latter two configurations were included in this study as a control measure. The case descriptions are presented in Appendix C.

In utilizing case descriptions of clients as experimental

stimuli rather than actual clients in this study, it was assumed that enough similarity existed between being exposed to a case description and an actual client to make it relevant for the participants.

The participants were asked to give clinical impressions of a hypothetical client by responding to a 20-item questionnaire (Evaluation Sheet). The Evaluation Sheet contained items pertaining to diagnosis, diagnostic labeling, treatment recommendations, prognosis, liking for the client, and sex-role appropriateness (see Appendix D).

Subjects were asked to return the completed Evaluation Sheet in a stamped, self-addressed envelope. The letters of introduction are presented in Appendix E.

Within a 90-day waiting period, 104 participants responded; the response rate was 80 percent. Eight respondents were dropped from the study to ensure equal cell sizes and equal number of respondents by sex. The method used to determine deletion was to delete those participants who had omitted responding to items on the Evaluation Sheet, and by randomly deleting a respondent.

The final composition of the sample used in the study was assumed to be representative of the population from which it originated.

Instrumentation

Black Attitude Instrument

Purpose. The BAI is a 45-item, self-report psychological inventory that measures attitudes toward black people and toward being black. The instrument was designed specifically to be used with a black population. Unique cultural characteristics reflected through response styles, belief systems, and attitudes make it imperative that psychological instruments used on representations of the black population be based on black cultural norms.

Given the diversity within the black population, the task of developing instruments to adequately assess psychological functioning and dysfunctioning among blacks would necessarily be complex and would entail a great deal of effort. Black professionals have begun to undertake the task of developing new models to assess psychological functioning within the black society (Hall, Freedle, & Cross, 1972; Williams, 1976).

It seems reasonable to assert that if black therapists are to deal effectively with problems of mental health among blacks, the black population should be the source from which criteria are developed to assess psychological functioning.

Development. The BAI is an objectively scored test designed to give a comprehensive coverage of attitudes held by blacks toward blacks and toward being black. The 45 items comprising the instrument consist of statements made most frequently by blacks in reference to other blacks or in

reference to themselves. The 45 items are reflections of six attitudinal themes that relate in a psychologically meaningful way to how blacks feel toward other blacks and toward themselves: (1) sense of trust, (2) sense of belonging, (3) sense of security, (4) sense of affiliation, (5) sense of control or autonomy, and (6) sex-role relationship.

Seven independent raters agreed that responses to the 45 items were indicative of a positive/negative attitude toward blacks or toward being black and represented at least one of the six attitude themes (71 percent agreement acceptable for inclusion as representing one of six themes). The independent raters were composed of two black female social workers, one black male university instructor, two black male therapists (counseling), one black female education administrator, and one black female homemaker/factory worker. The BAI is presented in Appendix B.

Scoring. The instrument was scored by totaling the responses to each 5-point Likert scale item. Mean response score and standard deviations were established. High scores (scores above the mean) indicated positive attitudes toward blacks and toward being black. Low scores (scores below the mean) indicated negative attitudes toward blacks and toward being black. The mean score was 150.6, and the standard deviation was 19.0 (N = 222).

Pretest. The instrument was pretested on 108 black college students (graduate and undergraduate) attending Western Michigan University. The pretest instrument consisted of 52

items (see Appendix B). Reliability coefficient for the pre-tested instrument was .65.

Black social worker population. The revised instrument was tested on 222 black social workers for this study. Black social workers were categorized as traditional or black-consciousness therapists. Participants who scored high on the revised instrument (1/2 standard deviation above the mean) were classified as black-consciousness therapists. Those participants who scored 1/2 standard deviation below the mean were classified as traditional therapists. Participants who scored around the mean were not included in the final phase of the study.

Construct validity. Seven independent raters indicated that the items were good measures of six attitude themes, and that responses to their items indicated positive or negative attitudes toward blacks and toward being black. Thus, the instrument is assumed to have adequate construct validity.

Reliability. Reliability coefficient for the 45-item instrument was .81. Items were deleted, revised, and added to the instrument based on their demonstrated or assumed ability to elicit differential responses. There were 22 items left unchanged.

Usefulness. The usefulness of the BAI is in its ability to discriminate selected patterns in attitudes that are related to response styles and psychological functioning of blacks within the black population. Black professionals must determine for themselves the applicability of this instrument

to specific problems confronted in psychotherapy or other helping relationships with black clients. There are several important points to consider in using this instrument:

1. The test is based within a general framework of black psychology.

2. Psychometric properties, while adequate, have been explored on a limited number of black population samples and under few diverse conditions.

3. The instrument has been subjected to limited research; thus, findings involving the BAI are restricted.

Evaluation Sheet (Questionnaire)

The Evaluation Sheet consisted of 20 items taken primarily from a questionnaire devised by Wallach (1959) for the purpose of assessing therapists' clinical impressions of clients. Items were added and modified to conform to the purposes of this study. Items 1-7 pertained to diagnosis. Item 8 pertained to treatment recommendation. Items 9, 10, and 12 pertained to prognosis. Items 11, 15, and 16 (sex-role appropriateness) and Items 14, 17, and 20 (liking for the client) were included to assess their influence of therapist judgment. A 5-point Likert scale was used for all items except Items 13, 18, and 19. Item 13 pertained to therapist use of diagnostic labeling. The categorical responses were placed on a 7-point scale of psychological deviation. Items 18 and 19 were included to get demographic information pertaining to length of experience as a therapist and theoretical orientation. These two items, being demographic in nature, were retained as categorical responses.

Items were modified to reflect the sex of the client in the case description where needed. The Evaluation Sheet was assumed to have reasonable content validity (see Appendix D).

Content analysis. The data were collected and analyzed to determine the reliability of items with respect to each variable of interest. Each participant's score on the individual items comprising each variable was used to determine reliability for each variable. Reliability coefficients are reported in Table 1. Reliability scores for treatment recommendation and labeling were not computed because these variables consisted of one item each.

Table 1

Reliability Coefficients for Diagnosis, Prognosis, Liking for Client, and Sex-Role Appropriateness Variables

Variable	Item Numbers	Reliability
Diagnosis	1, 2, 3, 4, 5, 6, 7	.74
Prognosis	9, 10, 12	.76
Liking client	14, 17, 20	.31
Sex-role	11, 15, 16	.23

N = 93. Missing cases = 3.

Diagnosis and prognosis variables seemed reasonably reliable (.74 and .76, respectively). The variables of liking for client and sex-role appropriateness had low reliability scores (.31 and .23, respectively). The items

comprising these variables did not appear to form clusters, as was anticipated. Examination of the item analysis of the scale regarding liking for the client indicated that Item 16 was depressing the scale and, thus, was a weak item. Participants may have interpreted Item 16 as either referring to the client's symptom picture and problem type or to the client's personality and life style. Item 11 appeared to be the weakest item in the sex-role appropriateness scale. Participants may have responded to this item in terms of behavior they perceived as appropriate for black males and females in general as opposed to behavior they perceived as appropriate for black male and female clients. Participants' responses to items comprising the liking and sex-role appropriateness scale indicated that they did not perceive the scale items as a measure of the same variables. The instrument yielded six scores, namely, diagnosis outcome, treatment recommendations, prognosis outcome, diagnostic labeling, sex-role appropriateness, and liking for the client. Outcome measures produced by the dependent variables, liking for client and sex-role appropriateness, should be evaluated with caution because of the low reliability of those dependent variables.

Design of the Study

The four independent variables expected to produce the experimental effect were: therapist type with two levels, namely, traditional and black-consciousness; therapist sex; client type with two levels, namely, aggressive and control;

and client sex.

The dependent variables were the six scores from the modified questionnaire (Evaluation Sheet), namely, diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for client, and sex-role appropriateness. The questionnaire was used to gather data on therapists' clinical impressions of clients. The design of the study is shown in Figure 1.

Hypotheses

Hypotheses pertaining to the effects of black therapist type and sex and black client type and sex on the classification of black clients for treatment are presented below. The hypotheses examine the effects of the four independent variables across six outcome variables related to classification. These outcome variables are diagnosis, diagnostic labeling, prognosis, treatment recommendation, liking for client, and client sex-role appropriateness.

The research hypotheses tested are as follows:

H_1: Black-consciousness therapists will give a more favorable classification to black clients than black traditional therapists.

H_2: Black female therapists will give a more favorable classification to black clients than black male therapists.

H_3: There will be no significant difference between classifications given to aggressive black clients and nonaggressive (control) black clients.

H_4: Black male clients will receive a more favorable classification than black female clients.

Therapist Type	Aggressive Client		Controlled Client	
	Male	Female	Male	Female
	M_1 M_2 M_3 M_4 M_5 M_6	M_1 M_2 M_3 M_4 M_5 M_6	M_1 - M_6	M_1 - M_6
Black-consciousness				
Male	n_1 = 6			
Female				
Traditional				
Male				
Female				n_{16} = 6

$\underline{N}$ = 96.

Code: M_1 = Diagnosis.

M_2 = Diagnostic labeling.

M_3 = Treatment recommendation.

M_4 = Prognosis.

M_5 = Liking for client.

M_6 = Sex-role appropriateness.

n_1 = Respondents per cell.

Figure 1. Design of study.

H_5: There will be a significant interaction between black therapist type and sex in classifying black clients.

H_6: There will be a significant interaction between black therapist type and black client type in determining how black clients will be classified.

H_7: There will be a significant interaction between black therapist type and black client sex in determining classification given to black clients.

H_8: There will be a significant interaction between black therapist sex and black client type in determining classification given to black clients.

H_9: There will be a significant interaction between black therapist sex and black client sex in determining classification given to black clients.

H_{10}: There will be a significant interaction between black client type and sex in determining how they will be classified by black therapists.

H_{11}: There will be a significant interaction between black therapist type, black therapist sex, and black client type in determining classification given to black clients.

H_{12}: There will be a significant interaction between black therapist type, black therapist sex, and black client sex in determining classification given to black clients.

H_{13}: There will be a significant interaction between black therapist type, black client type, and black client sex in determining classification given to black clients.

H_{14}: There will be a significant interaction between black therapist sex, black client type, and black client sex in determining classification given to black clients.

H_{15}: There will be a significant interaction between black therapist type, black therapist sex, black client type, and black client sex in determining classification given to black clients.

Data Analysis

The design and sample meet the assumptions for analysis of variance as indicated by Glass and Stanley (1970): (1) randomization--participants were randomly assigned; (2) independence--independence between and within cells and units within cells; (3) normality--population is normally distributed; and (4) equality of variance--analysis of variance is robust when cell sizes are equal.

Hypotheses 1 through 15 were tested in a multivariate four-way analysis of variance. The dependent variables were the six variables pertaining to diagnosis, diagnostic labeling, prognosis, treatment recommendation, liking for client, and client sex-role appropriateness.

An alpha level of .05 was established for the rejection of each null hypothesis. The alternate hypotheses were accepted when a statistical level of significance was reached. In the event that a null hypothesis was rejected, univariate data and mean scores were analyzed to determine on which of the dependent variables were the differences, and the size of the difference, between the groups.

The univariates were explored at an alpha level of .00833. This alpha level for the univariate analysis was determined by distributing the alpha level evenly across the

six dependent variables.

Summary

This study was designed to examine the effects of black therapist type and sex and black client type and sex on the classification of black clients for treatment. The population, sample, procedures, instrumentation, design, hypotheses, and data analysis used were described in the present chapter. An analysis of the results is presented in Chapter IV.

CHAPTER IV

ANALYSIS OF THE DATA

Introduction

This study was designed to investigate whether black traditional therapists versus black-consciousness therapists would render differential classifications to black clients exhibiting aggressive-assertive behavioral characteristics as the primary symptom picture. The sex of the therapists and clients was investigated to determine its effect on classification. The following classification variables were measured: (1) diagnosis, (2) diagnostic labeling, (3) prognosis, (4) treatment recommendation, (5) liking for client, and (6) sex-role appropriateness.

The sample for this study consisted of 96 black social workers. Fifteen hypotheses were formulated in order to determine whether significant relationships existed between black therapist types, black client types, and the classification practices of black therapists.

A four-way multivariate analysis of variance was utilized to analyze the data. Differences were judged as significant when they reached or exceeded the .05 level of confidence. Where a multivariate test reached the .05 level of significance, univariate analyses were performed to

determine on which variable the differences were appearing.

Presentation of Data

Each hypothesis is restated. The hypotheses are presented and discussed according to the manner in which the data were analyzed, namely, findings pertaining to the main effects of the four independent variables, findings pertaining to two-way interaction among the four independent variables, findings pertaining to three-way interaction among the four independent variables, and findings pertaining to four-way interaction among the four independent variables. The .05 level of confidence was established for rejecting the null hypotheses.

Hypotheses to Examine Main Effects of Therapist Type/Sex and Client Type/Sex

Hypothesis 1

H_o: Black-consciousness therapists and black traditional therapists will not differ in their classification of black clients.

H_a: Black-consciousness therapists will give a more favorable classification to black clients than black traditional therapists.

This hypothesis was formulated to compare the clinical judgments of black therapists identified as black-consciousness therapists with those identified as black traditional therapists. The purpose of this hypothesis was to address the issue of possible clinical bias associated with black therapist attitudes toward blacks and toward being black.

Multivariate analysis of variance results for the main

effects of black therapist type indicated no statistically significant difference ($F = 1.50$, $p < .191$). Thus, the null hypothesis was not rejected. Multivariate and univariate results are shown in Table 2.

Table 2

Multivariate and Univariate Analysis Results for Hypothesis 1 Across Six Outcome Variables

	F	p
Hypothesis 1	1.4954	.1914
Diagnosis	.2319	.6315
Labeling	2.2325	.1391
Treatment recommendation	.8290	.3653
Prognosis	.6607	.4188
Liking for client	.5542	.4588
Sex-role appropriateness	.5207	.4727

Hypothesis 2

H_o: Black male and female therapists will not differ in their classification of black clients.

H_a: Black female therapists will give a more favorable classification to black clients than black male therapists.

This hypothesis was formulated to compare the clinical judgments of male and female black therapists. The purpose of this hypothesis was to address the issue of possible clinical bias associated with a differential impact of the black experience on black males and black females.

Multivariate analysis of variance indicated a significant

difference between the clinical judgments of black male therapists and black female therapists ($F = 2.41$, $p < .035$). Multivariate and univariate results are shown in Table 3.

Table 3

Multivariate and Univariate Analysis Results for Hypothesis 2 Across Six Outcome Variables

	F	p
Hypothesis 2	2.4077	.0351*
Diagnosis	.0756	.7841
Labeling	.0941	.3446
Treatment recommendation	.2073	.6502
Prognosis	.3095	.5796
Liking for client	1.4752	.2281
Sex-role appropriateness	9.2852	.0032**

*$p < .05$. **$p < .008$.

Univariate analysis was used to examine the contribution of each of the dependent variables to the overall treatment effect. The alpha level used to explore univariates was .05, equally distributed across each of the six dependent measures. This was done in order to control for overall error rate. Thus, the alpha level for analyzing univariates was .008. Univariate analysis indicated that the sex-role appropriateness score contributed significantly to the overall treatment effect ($F = 9.2852$, $p < .0032$).

Univariate analysis of Hypothesis 2 (Table 3) indicated that the sex-role appropriateness outcome variable accounted

for the difference in clinical impressions given by black male and black female therapists. Black female therapists rated the black client's behavior as more appropriate for his/her sex than did black male therapists. Table 4 shows the cell means of black male and female therapists' responses on the outcome variable of sex-role appropriateness for Hypothesis 2. Results from the sex-role appropriateness variable should be analyzed with caution due to the low reliability generated by that scale (refer to Table 1).

Table 4

Cell Means for Male and Female Black Therapists' Responses on Dependent Variable of Sex-Role Appropriateness

Source	N	Cell Means
Male	48	$\bar{X}$ = 1.802
Female	48	$\bar{X}$ = 3.554

Hypothesis 3

H_o: There will be no difference between the classifications given aggressive black clients and nonaggressive (control) black clients.

H_a: Aggressive black clients will receive a different classification than nonaggressive (control) black clients.

This hypothesis was formulated to compare the ratings given aggressive black clients with the ratings given control black clients. The purpose of this hypothesis was to

determine if the presence or absence of aggressive behavior in a black client's symptoms had any impact on black therapist ratings.

Multivariate analysis of variance indicated no significant difference between the classification given aggressive black clients and nonaggressive (control) black clients ($F = 1.65$, $p < .145$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 5.

Table 5

Multivariate and Univariate Analysis Results for Hypothesis 3 Across Six Outcome Variables

	F	p
Hypothesis 3	1.6509	.1450
Diagnosis	2.2551	.1372
Labeling	3.1181	.0813
Treatment recommendation	.2073	.6502
Prognosis	.1783	.6740
Liking for client	.4490	.5048
Sex-role appropriateness	.2502	.6183

Hypothesis 4

H_o: There will be no difference between the classifications given black male clients and black female clients.

H_a: Black male clients will receive a more favorable classification than black female clients.

The purpose of this hypothesis was to determine if the sex of the black client had an influence on the clinical

judgments of black therapists.

Multivariate analysis of variance indicated that black male clients were not rated significantly different from black female clients ($F = .33$, $p < .918$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 6.

Table 6

Multivariate and Univariate Analysis Results for Hypothesis 4 Across Six Outcome Variables

	F	p
Hypothesis 4	.3315	.9184
Diagnosis	1.4940	.2252
Labeling	.0185	.8923
Treatment recommendation	.4663	.4967
Prognosis	.4712	.4945
Liking for client	.0167	.8975
Sex-role appropriateness	.0491	.8253

Hypotheses to Examine Two-Way Interactions Among Therapist Type/Sex and Client Type/Sex

Hypothesis 5

H_o: There will be no interaction between black therapist type and sex in classifying black clients.

H_a: There will be a significant interaction between black therapist type and sex in classifying black clients.

This hypothesis was developed to determine if an interaction between black therapist type and sex would have an impact on the ratings given to black clients.

Multivariate analysis of variance indicated no difference in ratings due to an interaction between black therapist type and sex ($F = .46$, $p < .833$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 7.

Table 7

Multivariate and Univariate Analysis Results for Hypothesis 5 Across Six Outcome Variables

	F	p
Hypothesis 5	.4638	.8330
Diagnosis	.3767	.5412
Labeling	.0185	.8923
Treatment recommendation	.0518	.8206
Prognosis	.0260	.8724
Liking for client	.2198	.6405
Sex-role appropriateness	.6392	.4264

Hypothesis 6

H_o: There will be no interaction between black therapist type and black client type in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist type and black client type in determining the classification given to black clients.

This hypothesis was formulated to test for possible interaction effects between black-consciousness therapists and black traditional therapists, and aggressive black clients and nonaggressive black clients on the classifications

given to black clients.

Multivariate analysis of variance indicated that no difference was found in the classification of black clients that could be attributed to an interaction between black therapist type and black client type ($F = .62$, $p < .716$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 8.

Table 8

Multivariate and Univariate Analysis Results for Hypothesis 6 Across Six Outcome Variables

	F	p
Hypothesis 6	.6169	.7162
Diagnosis	.5565	.4579
Labeling	1.4945	.2252
Treatment recommendation	.4463	.4967
Prognosis	.5535	.4591
Liking for client	.2198	.6405
Sex-role appropriateness	.0193	.8899

Hypothesis 7

H_o: There will be no interaction between black therapist type and black client sex in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist type and black client sex in determining the classification given to black clients.

This hypothesis was formulated to test for possible interaction effects between black-consciousness therapists

and black traditional therapists, and black male clients and black female clients on the classifications given to black clients.

Multivariate analysis of variance indicated no difference in ratings given to black clients that could be attributed to an interaction between therapist type and client sex ($F = .94$, $p < .471$). Multivariate and univariate results are shown in Table 9.

Table 9

Multivariate and Univariate Analysis Results for Hypothesis 7 Across Six Outcome Variables

	F	p
Hypothesis 7	.9414	.4708
Diagnosis	.1149	.7356
Labeling	1.4945	.2252
Treatment recommendation	.2073	.6502
Prognosis	.3041	.5829
Liking for client	1.0248	.3145
Sex-role appropriateness	1.0275	.3138

Hypothesis 8

H_o: There will be no interaction between black therapist sex and black client type in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist sex and black client type in determining the classification given to black clients.

This hypothesis was formulated to evaluate possible

differences in classification that may be influenced by an interaction between black male and female therapists, and aggressive and nonaggressive (control) black clients.

Multivariate analysis of variance indicated that aggressive and nonaggressive black clients did not differ in the ratings they received from black male and female therapists ($F = .89$, $p < .509$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 10.

Table 10

Multivariate and Univariate Analysis Results for Hypothesis 8 Across Six Outcome Variables

	F	p
Hypothesis 8	.8866	.5092
Diagnosis	1.8467	.1780
Labeling	.1661	.6848
Treatment recommendation	.0518	.8206
Prognosis	.0094	.9231
Liking for client	.8854	.3496
Sex-role appropriateness	.1918	.6627

Hypothesis 9

H_o: There will be no interaction between black therapist sex and black client sex in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist sex and black client sex in determining the classification given to black clients.

This hypothesis was formulated to test for possible

differences in ratings given to black male and female clients by black male and female therapists.

Multivariate analysis of variance indicated no difference in ratings between black male and female clients ($F = 1.24$, $p < .298$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 11.

Table 11

Multivariate and Univariate Analysis Results for Hypothesis 9 Across Six Outcome Variables

	F	p
Hypothesis 9	1.2360	.2977
Diagnosis	3.1139	.0815
Labeling	2.2325	.1391
Treatment recommendation	.2073	.6502
Prognosis	.2382	.6269
Liking for client	.1623	.6882
Sex-role appropriateness	1.7068	.1952

Hypothesis 10

H_o: There will be no interaction between black clients' type and sex in determining how they will be classified by black therapists.

H_a: There will be a significant interaction between black clients' type and sex in determining how they will be classified by black therapists.

This hypothesis was formulated to determine whether aggressive black male and female clients and nonaggressive black male and female clients would receive different classification ratings from black therapists.

Multivariate analysis of variance indicated no significant difference in ratings given to aggressive black male and female clients and nonaggressive black male and female clients ($F = 1.95$, $p < .084$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 12.

Table 12

Multivariate and Univariate Analysis Results for Hypothesis 10 Across Six Outcome Variables

	F	p
Hypothesis 10	1.9487	.0839
Diagnosis	.0730	.7878
Labeling	.4613	.4990
Treatment recommendation	.2073	.6502
Prognosis	.3102	.5791
Liking for client	3.5659	.0627
Sex-role appropriateness	7.1868	.0090

Hypotheses to Examine Three-Way Interactions Among Therapist Type/Sex and Client Type/Sex

Hypothesis 11

H_o: There will be no interaction between black therapist type, black therapist sex, and black client type in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist type, black therapist sex, and black client type in determining the classification given to black clients.

This hypothesis was formulated to determine whether

differences between ratings given to aggressive versus non-aggressive (control) black clients occur as a result of an interaction between black therapist type and sex.

Multivariate analysis of variance indicated no significant difference in ratings given to black clients by black-consciousness and black traditional male and female therapists ($F = .78$, $p < .588$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 13.

Table 13

Multivariate and Univariate Analysis Results for Hypothesis 11 Across Six Outcome Variables

	F	p
Hypothesis 11	.7803	.5880
Diagnosis	1.3223	.2537
Labeling	.1661	.6848
Treatment recommendation	.2073	.6502
Prognosis	.2365	.6281
Liking for client	.5522	.4597
Sex-role appropriateness	1.5155	.2220

Hypothesis 12

H_o: There will be no interaction between black therapist type, black therapist sex, and black client sex in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist type, black therapist sex, and black client sex in determining the classification given to black clients.

This hypothesis was formulated to determine if differences between ratings given to male versus female black clients occur as a result of an interaction between black therapist type and sex.

Multivariate analysis of variance indicated no difference in ratings given to male and female black clients ($F = 1.90$, $p < .093$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 14.

Table 14

Multivariate and Univariate Analysis Results for Hypothesis 12 Across Six Outcome Variables

	F	p
Hypothesis 12	1.8951	.0927
Diagnosis	1.6827	.1983
Labeling	4.1513	.4500
Treatment recommendation	1.2953	.2585
Prognosis	1.4443	.2330
Liking for client	.5398	.4647
Sex-role appropriateness	.0054	.9417

Hypothesis 13

H_o: There will be no interaction between black therapist type, black client type, and black client sex in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist type, black client type, and black client sex in determining the classification given to black clients.

This hypothesis was formulated to determine whether

differences in classification ratings given by black traditional versus black-consciousness therapists occur as a result of an interaction between black client type and sex.

Multivariate analysis of variance indicated no significant difference between ratings given to aggressive and nonaggressive black male and female clients ($F = 1.46$, $p < .203$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 15.

Table 15

Multivariate and Univariate Analysis Results for Hypothesis 13 Across Six Outcome Variables

	F	p
Hypothesis 13	1.4631	.2025
Diagnosis	.7755	.3812
Labeling	2.2325	.1391
Treatment recommendation	.0518	.8206
Prognosis	.0252	.8742
Liking for client	4.9472	.0290
Sex-role appropriateness	.1911	.6632

Hypothesis 14

H_o: There will be no interaction between black therapist sex, black client type, and black client sex in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist sex, black client type, and black client sex in determining the classification given to black clients.

This hypothesis was formulated to determine whether

differences in classification ratings given by black male versus female therapists occur as a result of an interaction between black client type and sex.

Multivariate analysis of variance indicated no difference between ratings given to aggressive and nonaggressive black male and female clients ($F = .71$, $p < .640$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 16.

Table 16

Multivariate and Univariate Analysis Results for Hypothesis 14 Across Six Outcome Variables

	F	p
Hypothesis 14	.7131	.6402
Diagnosis	.6620	.4183
Labeling	.9041	.3446
Treatment recommendation	.0518	.8206
Prognosis	.0841	.7726
Liking for client	.0743	.7859
Sex-role appropriateness	.5186	.4736

Hypothesis to Examine Four-Way Interaction Between Therapist Type/Sex and Client Type/Sex

Hypothesis 15

H_o: There will be no interaction between black therapist type, black therapist sex, black client type, and black client sex in determining the classification given to black clients.

H_a: There will be a significant interaction between black therapist type, black therapist sex, black client type, and black client sex in determining the classification given to black clients.

This hypothesis was formulated to determine whether differences in classification ratings occur as a result of interaction between black therapist type, black therapist sex, black client type, and black client sex.

Multivariate analysis of variance indicated no difference in ratings ($F = 1.27$, $p < .280$). The null hypothesis was not rejected. Multivariate and univariate results are shown in Table 17.

Table 17

Multivariate and Univariate Analysis Results for Hypothesis 15 Across Six Outcome Variables

	F	p
Hypothesis 15	1.2739	.2797
Diagnosis	.3715	.5440
Labeling	3.1181	.0813
Treatment recommendation	.0000	.1000
Prognosis	.0092	.9240
Liking for client	1.6372	.2045
Sex-role appropriateness	.0060	.9383

Summary

Fifteen research hypotheses were tested to determine the effects of black therapist type and sex and black client type and sex on the classification practices of black therapists.

Six classification variables were measured: diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for client, and sex-role appropriateness. The data were analyzed by using a four-way multivariate and univariate analysis of variance. Differences were judged significant when they reached or exceeded the .05 level of confidence.

Hypothesis 2 was supported at the .05 level on one of six outcome variables, namely, sex-role appropriateness. Black female therapists rated black client behavior as more appropriate for the client's sex than did black male therapists. The remaining 14 hypotheses failed to be supported at the .05 level of confidence across the six dependent variables.

The hypotheses and findings are summarized in Table 18. A discussion of the findings is included in Chapter V.

Table 18

Multivariate and Univariate Analysis Results for Effects of Selected Black Therapist and Black Client Characteristics on Clinical Impressions of Black Therapists

Hypothesis/Source		F	p
	Main effects		
1	Therapist type	1.50	.191
2	Therapist sex	2.41	.035*
3	Client type	1.65	.145
4	Client sex	.33	.918

Table 18 (Continued)

Hypothesis/Source		F	p
	Two-way interactions		
5	Therapist type x therapist sex	.46	.833
6	Therapist type x client type	.02	.716
7	Therapist type x client sex	.94	.471
8	Therapist sex x client type	.89	.509
9	Therapist sex x client sex	1.24	.298
10	Client type x client sex	1.95	.084
	Three-way interactions		
11	Therapist type x therapist sex x client type	.78	.588
12	Therapist type x therapist sex x client sex	1.90	.093
13	Therapist type x client type x client sex	1.46	.203
14	Therapist sex x client type x client sex	.71	.640
	Four-way interaction		
15	Therapist type x therapist sex x client type x client sex	1.27	.280

*$p < .05$.

CHAPTER V

SUMMARY, DISCUSSION, IMPLICATIONS, AND SUGGESTIONS FOR FUTURE RESEARCH

Summary

This study was conducted to determine whether black therapists' attitudes toward blacks, black therapists' sex, black clients' aggressive-assertive behavior, and black clients' sex would significantly influence the clinical judgments of black therapists.

Therapist variables such as attitudes and values, sex, and race have been shown to influence the therapeutic process and, specifically, the classification of clients for treatment. Thus, diagnosis, treatment recommendations, and prognosis may not be based on the client's pathological manifestations alone, but on selected therapist attributes. While few studies have focused exclusively on the black therapist and black client, these studies do raise questions about the probable influence of therapist and client variables on the classification process when both therapist and client are black. The literature suggests that black therapists can be typed according to attitudes held toward other blacks who exhibit certain behavioral characteristics. In addition, a differential reaction to these behavioral characteristics is

viewed as sex-linked. Calnek (1970) postulated two types of black therapists: (1) Traditional black therapists are those who hold a negative attitude toward blacks and prefer blacks who are passive and nonassertive, and (2) black-consciousness therapists are those who have positive attitudes toward blacks and who prefer blacks who are aggressive and assertive. This study was designed to investigate the influence of these variables on the classification of black clients by black therapists.

The final sample for this study was comprised of 96 black social workers, 48 males and 48 females.

Black social workers were typed as black-consciousness therapists or traditional therapists according to their score on the Black Attitude Instrument (BAI). The BAI is a self-report instrument designed to measure attitudes held toward blacks and toward being black. A high score on the instrument indicated positive attitudes, and a low score indicated negative attitudes.

Each black social worker responded to a randomly determined case description of a black client: aggressive black male client, aggressive black female client, nonaggressive (control) black male client, or nonaggressive (control) black female client. Each black social worker reported his/her clinical impression of the black client by completing an evaluation sheet pertaining to diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for client, and sex-role appropriateness of the client's behavior.

Fifteen hypotheses were formulated to test whether significant relationships existed between black therapist type and sex, black client type and sex, and black therapist clinical judgments. Outcome measures used to test these relationships were diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for client, and sex-role appropriateness.

Multivariate and univariate analysis of variance was the statistical procedure used to analyze the data. An alpha level of .05 was set for rejecting the null hypotheses. Alternate hypotheses were accepted when statistical measures produced significant results.

By using the multivariate and univariate statistical technique to test the study's 15 hypotheses, the following results were obtained. Hypothesis 2 was supported on one of six outcome measures, namely, sex-role appropriateness of the client's behavior. The data indicate that black female therapists rated black client behavior as more appropriate for the client's sex than did black male therapists. Caution should be used in interpreting findings associated with the sex-role appropriateness outcome measure because of low reliability of the scale (see Table 1).

The remaining 14 hypotheses failed to be supported at the .05 level of significance.

Discussion

The findings indicate no significant difference in the clinical judgments of black-consciousness therapists and black traditional therapists relative to the diagnosis, diagnostic labeling, treatment recommendation, prognosis, liking for client, and sex-role appropriateness ratings given to black clients. Thus, the results of this study lend no support to the assumption that black therapists' attitudes toward blacks and toward being black will influence their clinical judgments of black clients who exhibit aggressive-assertive behavior. Further, this study provides little support to the assumption that the sex of the black therapist and black client will influence black therapists' clinical judgments of black clients who exhibit aggressive-assertive behavior. Black male and female therapists did not differ significantly in their clinical judgments of black clients relative to diagnosis, diagnostic labeling, treatment recommendation, prognosis, and liking for the client. Black female therapists did rate black client behavior as more appropriate for the client's sex than did black male therapists. While findings related to the dependent measure of sex-role appropriateness should be interpreted with caution due to low reliability of that measure, the findings do raise the issue of whether the perception of behavior deemed appropriate for black male and female clients is a function of the historical roles assigned black males and females within society.

Aggressive and nonaggressive (control) black clients were not rated significantly different on the six outcome measures. It is noteworthy that black therapists saw clients who exhibited aggressive behavior as not differing from clients who did not exhibit aggressive behavior. Aggressive behavior may be perceived by black therapists as an asset to good mental health. Black therapists may have been responding to black clients with an awareness of prohibitions placed on an aggressive behavior historically and thus may see aggressive behavior in black clients as an indication that the client has begun to function outside of the traditional roles assigned blacks in society. It is equally plausible that black therapists may be projecting their own desire to break out of traditional roles and thus see aggressive behavior as an asset in the black client's behavior. Finally, black therapists may be expressing a reluctance to judge a black client's behavior as maladaptive for fear that such a judgment may lead to the black client being stigmatized and harmed.

While differences in ratings given to black clients by black therapists revealed little or no statistical significance, there were directional tendencies reflected in the data (see Table 19). Black male therapists' clinical judgments tended to reflect greater differences on ratings given to aggressive black female clients. On the diagnosis outcome variable, traditional black male therapists rated aggressive black female clients as moderately disturbed and as having

Table 19

Mean Rating Scores for Black-Consciousness Versus Black Traditional Male Therapists on Selected Items Pertaining to Diagnosis, Treatment Recommendation, and Prognosis for Aggressive Black Females

	Item	Black-Consciousness (N = 12)	Black Traditional (N = 12)
1.	Degree of disturbance	1.8	3.2
2.	Ego strength	4.3	2.5
3.	Insight	2.5	1.3
4.	Emotional maturity	4.0	1.7
5.	Social adjustment	4.0	2.2
6.	Treatment recommendation	2.0	3.8
7.	Length of treatment	2.5	3.5
10.	Functioning with treatment	4.5	3.0
12.	Functioning without treatment	3.7	2.2
13.	Diagnostic label	5.8	3.8

Note. Total N = 24.

the least amount of ego strength, insight, emotional maturity, and social adjustment. In contrast, black-consciousness male therapists rated aggressive black female clients as not disturbed to mildly disturbed and as having greater ego strength, more insight, emotional maturity, and social adjustment. Traditional black male therapists recommended short-term to long-term treatment for aggressive black females, to last from 3 months to 1 year; they expected aggressive black female clients to get along fair with treatment, and poor without treatment. Black-consciousness male therapists

expected aggressive female clients to be in treatment for less than 3 months; they expected aggressive female clients to get along good to excellent with treatment, and fair to good without treatment. Traditional black male therapists gave aggressive black female clients a diagnostic label of "psychoneuro" or personality disorder, while black-consciousness male therapists gave aggressive black female clients the diagnostic label of "transient situational personality disturbance" or no maladjustment.

The mean response scores for each item pertaining to the six dependent variables are presented in Appendix D.

While the differences were not great enough to reach statistical significance, these trends suggest that negative/positive attitudes held by black male therapists toward blacks and toward being black might influence how they respond to aggressive black female clients. Further examination of this relationship is left to future research endeavors.

Implications

Findings from this study have the following implications:

(1) Reconceptualization of black therapist types. The implication is that while black therapists may be influenced by experiences emanating from their racial ethnic background, criteria reflecting professional training and theoretical orientation may be more productive in better understanding the black therapist/black client relationship.

(2) Selection of black therapists. While qualities other than academic skills are necessary to be effective with black clients, caution should be used in placing heavy emphasis on therapist sex and therapist attitudes toward blacks, since it is not clear on how these factors influence the black therapist/black client relationship.

(3) Classification practices of black therapists. It is not clear from this study that the black therapist's familiarity and association with the black client's subculture will lead to a more accurate classification of the client. It is also unclear as to how black therapists integrate subculture variables into their classification practices.

(4) Black Attitude Instrument. The BAI is an effective tool for identifying differences in attitudes held by black social workers toward blacks and toward being black. The usefulness of this instrument in examining factors which may influence the black therapist/black client relationship has not been established.

Suggestions for Future Research

This research study was performed without many prior findings; thus, it should be viewed as exploratory and as an indication of directions for future research in the general area of the black therapist/black client relationship.

The following suggestions for the direction of future research are offered:

(1) How black therapists classify black clients for

treatment needs further exploration. Diagnosis, diagnostic labeling, treatment recommendation, and prognosis are variables worthy of individual investigation in future research studies.

(2) Research effort is needed to develop and refine instruments that are designed to assess variables which may be unique to the black therapist and the black client.

(3) Similar studies should be conducted to attempt to reflect more of the actual therapy situation by utilizing real clients.

(4) Future research should continue to investigate the influence of aggressive behavior on the black therapist/black client relationship.

(5) Similar studies should be conducted with black therapists from other helping professions such as psychology and counseling, to determine if the outcome would be similar.

(6) Future research should be conducted to explore theoretical orientation, to ascertain its impact on the black therapist/black client relationship.

Limitations of the Study

The limitations of this study include problems associated with subjects, sample size, methodology, and validity.

The subjects were not randomly selected. They were primarily representative of black social workers attending national conventions of black social workers. These black social workers tend to be in administrative positions and

are not directly involved in service delivery to black clients. Generalizations to social workers in other settings are thus restricted.

Since the subjects were black therapists from the field of social work, the findings cannot be generalized to black therapists from other fields (counseling and psychology), except with extreme caution.

While the total sample size was large enough for adequate analysis ($N = 96$), the number of subjects comprising individual cells was small enough to influence analysis ($N = 6$). Thus, statistical power to analyze the data was reduced.

Methodology posed problems for this study. The procedure for identifying therapists as black-consciousness and black traditional was based on scores ±1/2 standard deviation from the mean on the BAI. Selecting black therapists who scored ±1 standard deviation from the mean may have resulted in a clearer distinction between the two therapist types and, thus, a clearer distinction in their clinical judgments.

The case histories to which the subjects responded were contrived and not those of real black clients. The case descriptions reflected characteristics associated with the middle class, namely, two-parent family, higher education aspirations, and a nonurban environment. The artificial nature of the case histories may have affected the accuracy of assessing subjects' clinical impressions at some gain in

standardization. The subjects' clinical impressions may have been different had they been exposed to a real black client or the case history of a real black client.

The inability to detect significant differences between aggressive clients and nonaggressive (control) clients may have been a function of the stimuli (case histories) to which the subjects responded. Case histories of black clients that reflected a clearer distinction between aggressive client behavior and control client behavior may have resulted in clearer distinction in clinical judgments given.

Fifty percent of the subjects indicated that they used a social psychological theoretical orientation when working with black clients. These subjects may perceive problems experienced by black clients as externally caused and thus requiring environmental manipulation or intervention. The subjects may have been adverse to, or unfamiliar with, expressing their clinical judgments of black clients on measures closely associated with psychodynamic theoretical orientations. Thus, items comprising the evaluation questionnaire may have affected the accuracy of subjects' clinical impressions and may not be a valid tool to assess how these black therapists classify black clients.

These limitations may have decreased power and precision and may thus be partially responsible for the failure of the study's hypotheses to achieve statistical significance.

APPENDICES

APPENDIX A

DEMOGRAPHIC DATA

Table A1

Distribution of Primary Sample By Age

Age Category	Number	Percent
18-24	15	6.9%
25-34	125	57.3
35-44	57	26.1
45 and over	21	9.6%
Total	218[a]	

[a]Missing cases = 4.

Table A2

Distribution of Final Sample By Age

Age Category	Number	Percent
18-24	4	4.2%
25-34	50	52.1
35-44	28	29.2
45 and over	14	14.6%
Total	96	

Table A3

Distribution of Primary Sample By Education Level

Level	Number	Percent
Undergraduate	21	2.1%
Bachelor of Arts	52	26.0
Master of Social Work	126	56.3
Doctor of Philosophy	20	15.6%
Total	219[a]	

[a]Missing cases = 3.

Table A4

Distribution of Final Sample By Education Level

Level	Number	Percent
Undergraduate	2	2.1%
Bachelor of Arts	25	26.0
Master of Social Work	54	56.3
Doctor of Philosophy	15	15.6%
Total	96	

Table A5

Distribution of Primary Sample By Geographic Location

Location	Number	Percent
North	34	15.4%
East	55	24.9
South	49	22.2
West	14	6.3
Midwest	69	31.2%
Total	221[a]	

[a]Missing cases = 1.

Table A6

Distribution of Final Sample By Geographic Location

Location	Number	Percent
North	10	9.6%
East	13	13.5
South	19	19.8
West	10	9.6
Midwest	44	45.8%
Total	96	

Table A7

Distribution of Final Sample By Years of Work Experience

Experience	Number	Percent
0-1 year	3	3.0%
1-2 years	6	6.0
2-3 years	13	14.0
3-5 years	22	24.0
5 years or more	49	53.0%
Total	93[a]	

[a]Missing observations = 3.

Table A8

Distribution of Final Sample By Theoretical Orientation

Orientation	Number	Percent
Psychodynamic	19	20.0%
Social psychological	46	50.0
Existential	3	3.0
Psychophysiological	2	2.0
Other	23	25.0%
Total	93[a]	

[a]Missing observations = 3.

APPENDIX B

BLACK ATTITUDE INSTRUMENT: PRETEST AND REVISED

Pretest

Date: _____

Age: _____ Education level: _____

Sex: F M Occupation: _____

Directions: Read each statement carefully. Record your response by circling one of the numbers on the right.

1 = Strongly disagree
2 = Mildly disagree
3 = Partly disagree/partly agree
4 = Mildly agree
5 = Strongly agree

1)	I have always believed that "black is beautiful."	1	2	3	4	5
2)	I worry about what might happen to black people.	1	2	3	4	5
3)	I am as free as I want to be.	1	2	3	4	5
4)	I like the way I look.	1	2	3	4	5
5)	Blacks have no control over things that happen to them.	1	2	3	4	5
6)	Anyone can be a "nigger."	1	2	3	4	5
7)	It is difficult to maintain trust in black people.	1	2	3	4	5
8)	It is important that I maintain contact with black people.	1	2	3	4	5
9)	The black family isn't strong enough to provide support for all its family members.	1	2	3	4	5
10)	The rewards of growing up black far outweigh any negative consequences.	1	2	3	4	5
11)	Blacks are sensitive to the needs of other blacks.	1	2	3	4	5
12)	The problems of black people can only be understood by other black people.	1	2	3	4	5
13)	I worry less when I'm among black people.	1	2	3	4	5
14)	I don't like who I am.	1	2	3	4	5

Pretest	SD	MD	D/A	MA	SA
15) The positive aspects of being black are often overlooked.	1	2	3	4	5
16) I don't think of myself as being black, but as being human.	1	2	3	4	5
17) Blacks have a lot to learn about getting along with each other.	1	2	3	4	5
18) Blacks will "stab you in the back" if given the chance.	1	2	3	4	5
19) I am not responsible for problems that exist in the black community.	1	2	3	4	5
20) Conflict between black males and black females is a major problem affecting the black community.	1	2	3	4	5
21) I don't like living in a black community.	1	2	3	4	5
22) Blacks care a great deal for each other.	1	2	3	4	5
23) I feel secure when I'm with black people.	1	2	3	4	5
24) Blacks value freedom above everything else.	1	2	3	4	5
25) I would like to be more intelligent than I am.	1	2	3	4	5
26) All blacks are victims in American society.	1	2	3	4	5
27) The reason blacks don't get ahead is because other blacks hold them back.	1	2	3	4	5
28) I can depend on black people for support.	1	2	3	4	5
29) I feel a common bond with all black people.	1	2	3	4	5
30) The role of the black mother needs to be changed.	1	2	3	4	5
31) The strengths of black males are seriously underrated.	1	2	3	4	5
32) Blacks have not changed very much.	1	2	3	4	5
33) Black people don't know how to help themselves.	1	2	3	4	5
34) Being black is difficult.	1	2	3	4	5
35) I am not the person I want to be.	1	2	3	4	5

Pretest	SD	MD	D/A	MA	SA
36) Suffering is a way of life among black people.	1	2	3	4	5
37) I am what I am in spite of being black.	1	2	3	4	5
38) Blacks are their own worst enemy.	1	2	3	4	5
39) Blacks find it difficult to accept help from other blacks who are competent to help them.	1	2	3	4	5
40) Family support is vital to one's survival in the black community.	1	2	3	4	5
41) Brotherhood among blacks is a reality.	1	2	3	4	5
42) I don't like living apart from the black community.	1	2	3	4	5
43) Blacks are a proud people.	1	2	3	4	5
44) I worry more when I'm not around black people.	1	2	3	4	5
45) I can be anything I want to be.	1	2	3	4	5
46) I am my own worst enemy.	1	2	3	4	5
47) I am what I am because of being black.	1	2	3	4	5
48) Blacks hate to see other blacks doing well.	1	2	3	4	5
49) I would like to trust black people more.	1	2	3	4	5
50) What happens to one black person affects all black people.	1	2	3	4	5
51) The role of the black father needs to be changed.	1	2	3	4	5
52) The strengths of black females are seriously underrated.	1	2	3	4	5

(Revised)

Directions: Circle the number that represents your response to each statement.

1 = Strongly disagree
2 = Mildly disagree
3 = Partly disagree/partly agree
4 = Mildly agree
5 = Strongly agree

1)	I have not always believed that "black is beautiful."	1	2	3	4	5
2)	Black men and women respect each other as equals.	1	2	3	4	5
3)	I am as free as I want to be.	1	2	3	4	5
4)	Sometimes I don't like the way I look.	1	2	3	4	5
5)	Blacks have little control over things that happen to them.	1	2	3	4	5
6)	Blacks and "niggers" are one and the same.	1	2	3	4	5
7)	It is difficult to maintain trust in black people.	1	2	3	4	5
8)	I feel uncomfortable when I am the only black person in a group.	1	2	3	4	5
9)	Most black men can't handle the responsibilities of family life.	1	2	3	4	5
10)	The rewards of growing up black greatly outweigh any negative consequences	1	2	3	4	5
11)	Blacks are sensitive to the needs of other blacks.	1	2	3	4	5
12)	The problems of black people can only be understood by other black people.	1	2	3	4	5
13)	I worry less when I'm among black people.	1	2	3	4	5
14)	Black people don't know who they are.	1	2	3	4	5
15)	Black women are insensitive to the needs of black men.	1	2	3	4	5
16)	I don't think of myself as being black, but as being human.	1	2	3	4	5

(Revised)	SD	MD	D/A	MA	SA
17) I can depend on black people for support.	1	2	3	4	5
18) I don't feel responsible for problems that exist in the black community.	1	2	3	4	5
19) Conflict between black males and black females is a major problem affecting the black community.	1	2	3	4	5
20) I feel secure when I'm with black people.	1	2	3	4	5
21) Blacks will "stab you in the back" if given a chance.	1	2	3	4	5
22) Blacks value freedom above all else.	1	2	3	4	5
23) I consider myself to be a very intelligent person.	1	2	3	4	5
24) All blacks are victims in American society.	1	2	3	4	5
25) It is difficult for black women to rely on black men for support.	1	2	3	4	5
26) Being black is difficult.	1	2	3	4	5
27) The role of the black mother needs to be changed.	1	2	3	4	5
28) I am my brother's keeper.	1	2	3	4	5
29) I am not the person I would like to be.	1	2	3	4	5
30) Suffering is a way of life among black people.	1	2	3	4	5
31) I feel confident about the future of black people.	1	2	3	4	5
32) Blacks are their own worst enemy.	1	2	3	4	5
33) I prefer to live outside the black community.	1	2	3	4	5
34) Blacks are a proud people.	1	2	3	4	5
35) Blacks find it difficult to accept help from other blacks who are competent to help them.	1	2	3	4	5
36) Brotherhood among blacks is a reality.	1	2	3	4	5
37) I feel uneasy when I'm not around black people.	1	2	3	4	5

(Revised)	SD	MD	D/A	MA	SA
38) Aggressive females and passive males are the main source of conflict in the black family.	1	2	3	4	5
39) I am my own worst enemy.	1	2	3	4	5
40) I am what I am because of being black.	1	2	3	4	5
41) Blacks dislike seeing other blacks doing well.	1	2	3	4	5
42) Blacks are more alike than different.	1	2	3	4	5
43) The strengths of black women are seriously underrated.	1	2	3	4	5
44) What happens to one black person affects all black people.	1	2	3	4	5
45) The role of the black father needs to be changed.	1	2	3	4	5

APPENDIX C

CASE DESCRIPTIONS

CASE DESCRIPTIONS

W. D. (Aggressive-Assertive Black Male)

W. D. is a handsome, well-dressed, 24-year-old, single black male. He is currently attending a large midwestern university where he is a senior majoring in business.

W. D. saw an academic counselor at the university in the second term of his senior year because of low grades. He was concerned that his grades might prevent him from being accepted into graduate school. W. D. has been having difficulty concentrating on his studies since he began his senior year 6 months ago.

W. D. stated that his relationship with his family has not been good since he told them of his plans to go to graduate school. His parents want him to get a job after graduating, to help put his brother through college. They feel that one degree is enough. W. D. feels his family is trying to run his life and resenting the fact that he wants to continue his education.

W. D. thinks that his professors are out to keep him from getting into graduate school. He said that his professors gave him low grades because he confronted them and tore them apart verbally in class. He refuses to accept the irrelevant bullshit they put out in class. He feels that he is being punished for standing up for himself--for being aggressive-assertive. On several occasions, he bad-mouthed and physically threatened a professor for not giving him the grade W. D. thought he deserved. W. D. said that teachers had tried to fail him before (in high school) to keep him from going to college, but he didn't let them get away with it. On one occasion, he had been suspended from school for 3 weeks for bad-mouthing a teacher and disrupting the classroom. He said that the teacher had given out incorrect information and didn't want to be corrected by him. He was proud of the fact that he had received an "A" out of the class in spite of the teacher's dislike for him. W. D. said that he has always been aggressive and assertive and fought to get ahead.

W. D.'s relationship with his girl friend has deteriorated to the point that whenever they are together, they end up fighting. He feels that his girl friend is against him and doesn't want him to stand up for what he feels is right. He complains that she doesn't understand him. W. D. feels that

he has to be aggressive and assertive if he is to survive and make it in this world.

W. D. was born and raised in a working-class suburb of Detroit, Michigan. He is the oldest of four siblings: two brothers (ages 18 and 21) and one sister (age 15). W. D. was not aware of any complications surrounding his birth. He has never had any major illnesses or operations. He had the usual childhood diseases (measles, chickenpox, etc.) with no adverse effect on his health. W. D. has no previous record or contact with mental health clinics.

W. D. described his father as a factory worker who "worked hard to keep food on the table and a roof over our heads." His father was a quiet man who didn't say much. His mother was described as a very demanding person who kept the family together and close-knit. His mother did most of the disciplining; when she felt that the children were getting too far out of hand, she would turn them over to the father who would "put the fear of God in us." W. D. and his brothers and sister got along well because they were taught to always "stick up for each other" and never fight amongst themselves. W. D.'s 21-year-old brother is married and living away from home. His 18-year-old brother is living at home; he plans to enter college in the fall. W. D.'s 15-year-old sister is living at home.

W. D. has a good academic record: high school grade point average (GPA), 3.75 (A-); university GPA up to his senior year, 3.55 (B+); overall I.Q., 125. He is the first member of his family to go to college. Half of his education is paid for by academic scholarships and minority grants; his parents provide the other half. W. D. works at part-time jobs to pay for clothing and to have spending money.

W. D. (Aggressive-Assertive Black Female)

W. D. is an attractive, well-dressed, 24-year-old, single black female. She is currently attending a large midwestern university where she is a senior majoring in business.

W. D. saw an academic counselor at the university in the second term of her senior because of low grades. She was concerned that her grades might prevent her from being accepted into graduate school. W. D. has been having difficulty concentrating on her studies since she began her senior year 6 months ago.

W. D. stated that her relationship with her family has not been good since she told them of her plans to go to graduate school. Her parents want her to get a job after graduating, to help put her brother through college. They feel that one degree is enough. W. D. feels her family is trying to run her life and resenting the fact that she wants to continue her education.

W. D. thinks that her professors are out to keep her from getting into graduate school. She said that her professors gave her low grades because she confronted them and tore them apart verbally in class. She refuses to accept the irrelevant bullshit they put out in class. She feels that she is being punished for standing up for herself--for being aggressive and assertive. On several occasions, she bad-mouthed and physically threatened a professor for not giving her the grade she thought she deserved. W. D. said that teachers had tried to fail her before (in high school) to keep her from going to college, but she didn't let them get away with it. On one occasion, she had been suspended from school for 3 weeks for bad-mouthing a teacher and disrupting the classroom. She said that the teacher had given out incorrect information and didn't want to be corrected by her. She was proud of the fact that she had received an "A" out of the class in spite of the teacher's dislike for her. W. D. said she has always been aggressive and assertive and fought to get ahead.

W. D.'s relationship with her boyfriend has deteriorated to the point that whenever they are together, they end up fighting. She feels that her boyfriend is against her and doesn't want her to stand up for what she feels is right. She complains that he doesn't understand her. W. D. feels that she has to be aggressive and assertive if she is to survive and make it in this world.

W. D. was born and raised in a working-class suburb of Detroit, Michigan. She is the oldest of four siblings: two brothers (ages 18 and 21) and one sister (age 15). W. D. was not aware of any complications surrounding her birth. She has never had any major illnesses or operations. She had the

usual childhood diseases (measles, chickenpox, etc.) with no adverse effect on her health. W. D. has no previous record or contact with mental health clinics.

W. D. described her father as a factory worker who "worked hard to keep food on the table and a roof over our heads." Her father was a quiet man who didn't say much. Her mother was described as a very demanding person who kept the family together and close-knit. Her mother did most of the disciplining; when she felt that the children were getting too far out of hand, she would turn them over to the father who would "put the fear of God in us." W. D. and her brothers and sister got along well because they were taught to always "stick up for each other" and never fight amongst themselves. W. D.'s 21-year-old brother is married and living away from home. Her 18-year-old brother is living at home; he plans to enter college in the fall. W. D.'s 15-year-old sister is living at home.

W. D. has a good academic record: high school grade point average (GPA), 3.75 (A-); university GPA up to her senior year, 3.55 (B+); overall I.Q., 125. She is the first member of her family to go to college. Half of her education is paid for by academic scholarships and minority grants; her parents provide the other half. W. D. works at part-time jobs to pay for clothing and to have spending money.

W. D. (Control Black Male)

W. D. is a handsome, well-dressed, 24-year-old, single black male. He is currently attending a large midwestern university where he is a senior majoring in business.

W. D. saw an academic counselor at the university in the second term of his senior year because of low grades. He was concerned that his grades might prevent him from being accepted into graduate school. W. D. has been having difficulty concentrating on his studies since he began his senior year 6 months ago.

W. D. stated that his relationship with his family has not been good since he told them of his plans to go to graduate school. His parents want him to get a job after graduating, to help put his brother through college. They feel that one degree is enough. W. D. feels his family is trying to run his life and resenting the fact that he wants to continue his education.

W. D. thinks that his professors are out to keep him from getting into graduate school.

W. D.'s relationship with his girl friend has deteriorated to the point that whenever they are together, they end up disagreeing. He feels that his girl friend is against him and doesn't want him to stand up for what he feels is right. He complains that she doesn't understand him and isn't concerned about his education.

W. D. was born and raised in a working-class suburb of Detroit, Michigan. He is the oldest of four siblings: two brothers (ages 18 and 21) and one sister (age 15). W. D. was not aware of any complications surrounding his birth. He has never had any major illnesses or operations. He had the usual childhood diseases (measles, chickenpox, etc.) with no adverse effect on his health. W. D. has no previous record or contact with mental health clinics.

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to enter college in the fall. W. D.'s 15-year-old sister is living at home.

W. D. has a good academic record: high school grade point average (GPA), 3.75 (A-); university GPA up to his senior year, 3.55 (B+); overall I.Q., 125. He is the first member of his family to go to college. Half of his education is paid for by academic scholarships and minority grants; his parents provide the other half. W. D. works at part-time jobs to pay for clothing and to have spending money.

W. D. (Control Black Female)

W. D. is an attractive, well-dressed, 24-year-old, single black female. She is currently attending a large midwestern university where she is a senior majoring in business.

W. D. saw an academic counselor at the university in the second term of her senior year because of low grades. She was concerned that her grades might prevent her from being accepted into graduate school. W. D. has been having difficulty concentrating on her studies since she began her senior year 6 months ago.

W. D. stated that her relationship with her family has not been good since she told them of her plans to go to graduate school. Her parents want her to get a job after graduating, to help put her brother through college. They feel that one degree is enough. W. D. feels her family is trying to run her life and resenting the fact that he wants to continue her education.

W. D. thinks that her professors are out to keep her from getting into graduate school.

W. D.'s relationship with her boyfriend has deteriorated to the point that whenever they are together, they end up disagreeing. She feels that her boyfriend is against her and doesn't want her to stand up for what she feels is right. She complains that he doesn't understand her and isn't concerned about her education.

W. D. was born and raised in a working-class suburb of Detroit, Michigan. She is the oldest of four siblings: two brothers (ages 18 and 21) and one sister (age 15). W. D. was not aware of any complications surrounding her birth. She has never had any major illnesses or operations. She had the usual childhood diseases (measles, chickenpox, etc.) with no adverse effect on her health. W. D. has no previous record or contact with mental health clinics.

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to enter college in the fall. W. D.'s 15-year-old sister is living at home.

W. D. has a good academic record: high school grade point average (GPA), 3.75 (A-); university GPA up to her senior year, 3.55 (B+); overall I.Q., 125. She is the first member of her family to go to college. Half of her education is paid for by academic scholarships and minority grants; her parents provide the other half. W. D. works at part-time jobs to pay for clothing and to have spending money.

APPENDIX D

EVALUATION SHEET (QUESTIONNAIRE)

INSTRUCTIONS:

You are requested to read the case description carefully and form clinical impressions of the client. Answer the questions that are on the Evaluation Sheet. Please answer all the questions, even if you feel that additional information is needed to respond to some of the questions. It is important that you respond to the questions without assistance from others.

When you have completed the task, please return the information in the enclosed stamped, self-addressed envelope provided.

Thank you.

EVALUATION SHEET

Subject Responses to Male(Female) Case Description

1) Considering the entire range of mental disorders, how would you characterize the degree of disturbance in this client?

_____ a) Not disturbed
_____ b) Mildly disturbed
_____ c) Moderately disturbed
_____ d) Seriously disturbed
_____ e) Extremely disturbed

2) How much ego strength does this client seem to have?

_____ a) Very little
_____ b) Some
_____ c) A moderate amount
_____ d) Considerable
_____ e) A great deal

3) How much insight does this client have into his(her) problem?

_____ a) Very little
_____ b) Some
_____ c) A moderate amount
_____ d) Considerable
_____ e) A great deal

4) How appropriate is this client's anxiety level?

_____ a) Very appropriate
_____ b) Somewhat appropriate
_____ c) Moderately inappropriate
_____ d) Considerably inappropriate
_____ e) Extremely inappropriate

5) How would you rate this client's overall emotional maturity?

_____ a) Very poor
_____ b) Poor
_____ c) Fair
_____ d) Good
_____ e) Excellent

6) How would you characterize this client's social adjustment?

_____ a) Very poor
_____ b) Poor
_____ c) Fair
_____ d) Good
_____ e) Excellent

7) How much environmental stress does this client have to deal with?

_____ a) Very little
_____ b) Relatively little
_____ c) A moderate amount
_____ d) Considerable
_____ e) A great deal

8) What kind of treatment would you recommend for this client?

_____ a) No treatment
_____ b) One-shot interview
_____ c) Short-term therapy
_____ d) Long-term therapy
_____ e) In-patient hospitalization

9) If you were working with this client, how long would you expect treatment to last?

_____ a) Less than 1 month
_____ b) Less than 3 months
_____ c) 3 months to 1 year
_____ d) From 1 to 2 years
_____ e) Longer than 2 years

10) How would you expect this client to get along with treatment?

_____ a) Very poor
_____ b) Poor
_____ c) Fair
_____ d) Good
_____ e) Excellent

11) How appropriate is this client's behavior for his(her) sex?

_____ a) Very inappropriate
_____ b) Somewhat inappropriate
_____ c) Average
_____ d) Moderately appropriate
_____ e) Extremely appropriate

12) How would you expect this client to get along without treatment?

_____ a) Very poor
_____ b) Poor
_____ c) Fair
_____ d) Good
_____ e) Excellent

13) Check the diagnostic label you think best describes the patient:

_____ Brain disorder
  Acute brain disorder (any type)
  Chronic brain disorder (any type)

_____ Psychotic disorders
  Involutional reaction
  Manic-depressive reaction
  Psychotic depression
  Schizophrenic reaction (any type)
  Paranoid reaction
  Psychophysiologic autonomic or visceral disorder (any type)

_____ Psychoneurotic disorders
  Anxiety reaction
  Conversion reaction
  Depressive reaction
  Obsessive compulsive reaction
  Phobic reaction
  Psychoneurotic reaction

_____ Personality disorders
  Compulsive personality
  Cyclothymic personality (affective personality)
  Paranoid personality
  Passive-aggressive personality
  Schizoid personality
  Sociopathic personality disturbance (any type)

_____ Transient situational personality disorder (any type)

_____ Mental deficiency (any type)

_____ No maladjustment or mental disorder

14) If you were requested to treat this client, how would you feel about it?

_____ a) Adverse
_____ b) Interest lacking
_____ c) Neutral
_____ d) Moderately interested
_____ e) Extremely interested

15) Is this client's behavior typical of male(female) clients seen by you in treatment?

_____ a) Not at all
_____ b) Somewhat
_____ c) Average
_____ d) Considerably
_____ e) Extremely

16) How masculine(feminine) do you think this client is?

_____ a) Not at all
_____ b) Somewhat
_____ c) Average
_____ d) Considerably
_____ e) Extremely

17) How would you characterize your personal reaction to this client?

_____ a) Strongly negative
_____ b) Somewhat negative
_____ c) Neutral
_____ d) Somewhat positive
_____ e) Strongly positive

18) Years of experience you have working with clients:

_____ a) Less than 1 year
_____ b) From 1 to 2 years
_____ c) From 2 to 3 years
_____ d) From 3 to 5 years
_____ e) More than 5 years

19) What theoretical orientation do you use when working with clients?

_____ a) Psychodynamic
_____ b) Social psychological
_____ c) Existential
_____ d) Psychophysiological
_____ e) Other (specify) _____

20) How would you rate your willingness to accept this client for treatment?

_____ a) Very willing
_____ b) Somewhat willing
_____ c) Neutral
_____ d) Somewhat unwilling
_____ e) Very unwilling

Table D1

Mean Rating Scores for Items Pertaining to Six Dependent Variables: Diagnosis, Diagnostic Labeling, Prognosis, Treatment Recommendation, Liking for Client, and Sex-Role Appropriateness of Client Behavior

	Black-Consciousness Therapists								Traditional Black Therapists							
	Males (N = 24)				Females (N = 24)				Males (N = 24)				Females (N = 24)			
	Aggressive Clients		Control Clients		Aggressive Clients		Control Clients		Aggressive Clients		Control Clients		Aggressive Clients		Control Clients	
Item[a]	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1)	2.6	1.8	1.8	1.8	2.0	2.0	1.8	1.7	2.5	3.2	1.5	2.2	2.3	1.8	1.7	2.0
2)	3.8	4.3	3.3	3.5	3.8	3.3	4.0	3.7	3.7	2.5	4.0	3.3	3.0	4.0	3.0	3.2
3)	2.3	2.5	3.3	2.0	2.6	2.2	3.5	2.8	1.7	1.3	2.8	1.8	2.5	2.7	1.8	3.3
4)	2.3	2.0	2.3	2.8	3.4	2.2	2.0	1.8	3.3	3.5	2.5	2.2	2.8	2.3	2.2	1.7
5)	2.8	4.0	3.5	3.3	3.2	2.8	4.0	3.7	2.8	1.7	3.7	2.8	3.0	3.0	2.7	3.3
6)	2.7	4.0	3.7	3.2	3.2	2.7	3.8	3.5	3.7	2.2	3.7	3.2	3.2	2.8	3.0	3.5
7)	3.7	3.8	4.2	4.3	4.3	3.3	4.2	4.2	3.7	3.7	3.2	4.0	4.2	4.3	3.7	4.0
8)	3.2	2.0	2.3	2.3	3.0	3.2	3.0	3.0	2.7	3.8	2.5	3.0	3.2	2.7	3.2	2.3
9)	2.8	2.5	1.5	2.0	2.5	2.3	2.3	2.3	2.0	3.5	2.0	2.7	2.8	2.5	2.3	1.8
10)	3.7	4.5	4.2	4.2	4.3	3.5	3.8	4.5	4.0	3.0	4.3	4.0	3.3	3.8	3.5	4.0
11)	3.0	3.5	3.8	3.4	3.2	2.8	2.8	3.2	2.8	2.7	3.3	2.7	2.8	2.3	4.2	3.8
12)	2.5	3.7	3.3	2.7	2.8	3.2	3.3	2.8	3.2	2.2	3.5	2.8	2.5	2.5	2.8	2.8
13)	3.8	5.8	4.8	5.3	4.7	5.0	6.0	4.8	4.8	3.8	6.7	4.8	4.2	5.0	3.8	5.0
14)	4.5	3.5	3.3	3.3	4.5	3.7	4.3	4.8	4.2	4.2	4.0	4.3	4.5	3.5	4.0	4.2

Table D1 (Continued)

	Black-Consciousness Therapists								Traditional Black Therapists							
	Males (N = 24)				Females (N = 24)				Males (N = 24)				Females (N = 24)			
	Aggressive Clients		Control Clients		Aggressive Clients		Control Clients		Aggressive Clients		Control Clients		Aggressive Clients		Control Clients	
Item[a]	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
15)	1.8	2.7	2.8	2.2	3.0	1.5	2.5	2.8	2.3	1.8	2.4	3.2	2.8	2.0	1.7	2.3
16)	3.3	3.7	3.5	3.2	3.7	3.0	3.8	4.2	3.3	2.3	3.5	3.7	3.2	3.2	3.3	3.7
17)	3.7	4.2	3.7	4.5	4.2	3.7	3.7	4.3	3.3	2.7	4.0	4.0	3.3	3.8	4.2	4.0
20)	1.5	2.8	2.0	3.3	1.8	2.3	3.0	2.5	2.5	1.8	1.8	2.3	1.5	2.0	1.8	2.3

Note. Total therapist sample = 96. Total client sample = 96 (6 in each male and 6 in each female group).

[a]Item 1 = Degree of disturbance.
2 = Ego strength.
3 = Insight.
4 = Appropriate anxiety.
5 = Emotional maturity.
6 = Social adjustment.
7 = Environmental stress.
8 = Treatment recommendation.
9 = Length of treatment.
10 = Function with treatment.
11 = Sex-role appropriateness.
12 = Function without treatment.
13 = Diagnostic label.
14 = Desire to treat client.
15 = Typical behavior for client.
16 = Feminine/masculine.
17 = Personal reaction.
20 = Willingness to treat client.

APPENDIX E

LETTERS OF INTRODUCTION

DeColius Johnson
Doctoral Candidate
Counseling & Personnel Ser.
Michigan State University

I. Your participation is needed to evaluate this experimental instrument related to black belief systems.

II. If you are willing to participate in a doctoral research study on black therapists, please fill in your name and address. The research study will take place at a later date. Time involvement is approximately 1/2 hour.

Thank you for your cooperation.

Name: _____

Address: _____

_____

_____

Age: ___18-24 ___25-34 ___35-44 ___45+

Sex: ___M ___F Date: _____

Education level: _____

Profession: _____

Geographic location: ___North ___East ___South

___West ___Midwest

(Subject's name)
(Subject's address)

_____

_____

Date, 1977

Dear _____:

Thank you for indicating your willingness to participate in this research project during your attendance at the Black Social Workers Convention in New Orleans (April, 1977). A sample of black therapists throughout the country are participating in this research.

The purpose of the research is to compile data on clinical judgments of black therapists relative to their evaluation of black clients for treatment. The entire task requires about 1/2 hour to complete.

Confidentiality will continue to be respected. Results of the research will be made available to participants at a later date.

Sincere thanks and appreciation for your participation and support.

Kindly,

_____

DeColius Johnson

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