

INVESTIGATING THE RELATIONSHIP BETWEEN RACE, ATTITUDE TOWARD
POVERTY, COLOR-BLIND ATTITUDES, AND MULTICULTURAL EDUCATION
IN RELATION TO SOCIAL JUSTICE ADVOCACY

by

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ABSTRACT

ABDELAZIZ ELMADANI. Investigation social justice advocacy among play therapists.
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The number of diverse children in the United States will increase to more than double over the next several years (U.S. Census, 2018). These changes in demographics and the increased number of minority children with low socioeconomic statuses have contributed to raise concerns about children's well-being. Approximately 27% of children present with mental health issues (CDC; 2018). To respond to child mental health needs, play therapy within the counseling field is recommended. Since play therapists are trained to work closely with children, know and understand their needs, play therapists are expected to develop social justice advocacy on behalf of the children (Kolos, 2009). To support children and help therapists provide effective services and advocate on behalf of children, it is essential to continue investigating factors that may influence their social justice advocacy. Therefore, the purpose of this study was to investigate how race, attitudes toward poverty, color-blind attitudes, and multicultural education were related to social justice advocacy among play therapists. Standard multiple regression was conducted to analyze the data that was collected from 196 participants. The results indicated that color-blind attitudes and multicultural activities/workshops contributed significantly to the prediction of social justice advocacy. These variables accounted for 12 % of the variance. Implications, limitations, and recommendations for future research are discussed.

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CHAPTER 1: INTRODUCTION

The United States is known for its racial and ethnic diversity (McDonald, 2007; Sue, Arrendondo, & McDavis, 1992). Over the past few decades, the population has continued to increase in terms of diverse backgrounds and cultural variations (Crockett, 2012; Dow, 2011; U.S. Census, 2018). Approximately 18.3 % of the American population is Hispanic/Latino, 13.4 % are Black/African Americans, 5.9% are Asian, and 6.2% belong to other racial and/or cultural backgrounds (U.S. Census, 2018). In addition, minority groups are predicted to grow at a much faster rate over the next several decades (U.S. Census, 2018). As a result, issues related to multiculturalism and mental health have become increasingly apparent. This has led to the introduction of multicultural competencies by Sue et al. (1992) and were revised by Ratt, Singh, Nassar, Butler, and McCullough (2016), which are considered to be an important tool in preparing counselors to work with diverse populations. Using these competencies, counselors become actively aware of their assumptions, judgments, and world views, while simultaneously being aware of their client's assumptions and world views (Ratt et al., 2016). Additionally, multicultural competencies are also important when working with children, since changes in the racial distribution are also evident within this group.

Currently, children make up 22.6 % of the American population (Child Trends, 2019). In fact, it is anticipated that the number of diverse children will increase to more than double over the next several years (U.S. Census, 2018). As a result, responding to diverse children's needs has not only become an important component in considering socioeconomic changes in the society, but also plays a key role in the counseling field.

The need for counseling services in response to children's mental health needs has become urgent, especially since statistics are now showing that mental health among children has become a concern. According to the Center for Disease Control and Prevention (CDC; 2018), about 27.1% of children ages 2-8 years are diagnosed with ADHD, behavior problems, anxiety, and/or depression. Moreover, one in six US children aged 2-8 years (17.4%) is diagnosed with a mental, behavioral, or developmental disorders (CDC, 2018). To address these issues, several therapeutic approaches are used to work with children in the counseling field including family therapy, group counseling, school counseling, and addiction counseling, etc. However, play therapy has emerged as a major area in the counseling field that focuses on children. This approach uses play, because it is a developmentally appropriate intervention to address the psychological needs of children (Reddy, Hirisave, & Reddy, 2014). Therefore, preparing play therapists emphasizes consideration of cultural aspects to work with diverse children while also equipping play therapists with the necessary techniques to provide mental health services to such children (Landreth, 2012). The training helps play therapists work with children using objects and materials in a special setting (Killian, Cardona, & Hudspeth, 2017). Scholars indicated that play therapists help children to become more independent (Reddy et al., 2014; Youssef & Ener, 2014).

To meet the needs of diverse children, play therapists' multicultural competency is crucial when responding to the increasing number of children from different racial and/or ethnic backgrounds (Penn & Post, 2012). Because play therapists work closely with children, they know and understand their needs, and they are expected to advocate on behalf of the children (Kolos, 2009). When such understanding and expectations are

placed on play therapists, they are better able to promote change and advocate for social justice with regards to children. In fact, the factors found to influence social justice advocacy among play therapists have been explored in two studies (Ceballos, Parikh, & Post, 2012; Parikh, Ceballos, & Post, 2013). Specifically, these studies have focused on multicultural education, supervision and clinical experience, belief in a just world (BJW) political ideology, socioeconomic status (SES), and race. Results showed positive outcomes about social justice advocacy and indicated the importance of multicultural competencies in providing appropriate mental health services. Other factors, such as attitudes toward poverty, and color-blind attitudes are also considered important in relation to social justice advocacy. Literature also indicated the existence of the relationship between poverty and clinicians' attitudes (Post, Phipps, Camp, & Grybush, 2019), as well as between color-blind attitudes and multicultural training and competence (Chao, Wei, Good, & Flores, 2011). However, the relationship between attitudes toward poverty and color-blind attitudes in relation to social justice advocacy remains unknown.

To prepare play therapists to provide effective services and to advocate on behalf of children, it is essential to continue investigating factors that may influence their social justice advocacy. In response to this need, the purpose of this study was to examine how race, attitudes toward poverty, color-blind attitudes, and multicultural education are related to social justice advocacy among play therapists. Understanding such relationships can help to develop practical interventions and inform effective training programs that prepare play therapists to become social justice advocates on behalf of children. Also, this study enhanced the literature that is investigating how to support the needs of children from different cultural backgrounds.

Overview of Major Variables

The following section will describe the major variables that are important to this study, including descriptions of social justice advocacy, as well as other factors that have already been investigated concerning social justice advocacy, e.g. race and multicultural education. In addition, this study will investigate for the first time the additional attitudes toward poverty and color-blind attitudes.

Social Justice Advocacy

While social justice is the belief that in a just world all people have equal opportunities and that there is a fair distribution of the benefits among all individuals within the society (Chang, Gnilka, & O'Hara, 2014), the term of advocacy implies a focus on the systemic changes required to create justice for all persons (Fouad, Gerstein, & Toporek, 2006). In the counseling field, therapists play a significant role in promoting social justice through advocating on behalf of minorities and marginalized groups to have a voice, receive benefits, and access resource (Chang et al., 2014). Studies have investigated social justice advocacy among practitioners. For example, Bradly, Hastings, and Pierce (2012) examined the relationship between social justice advocacy in relation to the benefits and challenges of a rural experience among mental health professionals. The authors of this study indicated that practitioners engaged in advocacy on behalf of their clients. Moreover, examining school counselors' degree of commitment and self-reports of social justice advocacy, Feldwisch and Whiston (2016) concluded that school counselors report moderate to high social justice advocacy attitudes and beliefs. Similarly, Parikh et al. (2011) have examined social justice advocacy in relationship to a belief in a just world, political ideology, religion, socioeconomics, and race among school

counselors. The results showed a significant and positive relationship between the personal belief system, i.e. belief in a just world, political ideology, and religion, and social justice advocacy.

Other studies have also focused on social justice to understand how therapists can be better advocates for individuals who are unable to access resources, receive equal benefits, and enjoy equal opportunities (Chang et al., 2014; Fouad et al., 2006; Ratts, 2009; Smith, Reynolds, & Rovnak, 2009). While research in counseling has focused on social justice advocacy in many therapeutic contexts, few studies examined social justice advocacy among play therapists (Ceballos et al., 2012; Parikh et al., 2013). With such a limited number of studies that focus on play therapists, the results from the current study have provided implications that can inform practice, research, and training programs about factors that influence their advocacy on behalf of children.

Race

Historically, the construct of race was created to serve the social function of classifying individuals into different groups based on their physical characteristics (Hays & Grimmatt, 2014). Although laws and policies have changed for many years, injustice still exists between racial groups in a way that has led some groups enjoying more benefits than others (Hays & Grimmatt, 2014). Several studies have focused on understanding how race is related to multicultural counseling competence (Chao, 2012; Chao et al., 2011; Johnson & William, 2015). The results from these studies indicated a statistically significant between racial identity and multicultural competence. The multicultural training, such as workshops and courses helped counselors to reflect on their racial identity.

In a study examining characteristics of play therapists, Abrams et al. (2006) identified racial distribution among play therapists by understanding the differences among the racial background of Association for Play Therapy members in terms of workplace (i.e., salary, setting etc.), professional issues (i.e., workshops attended, practice issues etc.), and supervision (i.e., participation, amount charged). The findings of this study showed differences between Caucasian and racial/ethnic minorities as well as between the racial/ethnic groups. However, with limited studies on race and social justice among play therapists, it is essential to enhance play therapy literature with empirical data that can inform practice, research, and training. Only one study for Parikh et al. (2013) investigated the relationship between race and social justice among play therapists. Results did not show a relationship between race and social justice advocacy. Because their sample only consisted of members of the Association for Play Therapy (APT), there is a need to examine a sample of counselors who conduct play therapy who are not only members of that association, but also members of other associations, such as the American School Counselors Association (ASCA) and Association for Child and Adolescent Counseling (ACAC), as well as play therapists who are not members of any organization.

Attitudes Toward Poverty

Attitudes toward poverty may be related to social justice advocacy. Although studies in mental health fields have shown that a strong relationship between poverty and negative outcomes for youth (Brown, Anderson, Garrnet, & Hill, 2019; Cooley, Brown, Lei, & Cipolli, 2019; Engler et al., 2019; Kornbluh, Pykett, & Flanagan, 2019; Post, Grybush, Elmadani, & Lockhart, 2019; Reife, Duffy, & Grant, 2019), little is known

about attitudes that clinicians may have toward poverty. In relation to play therapy, studies stressed the importance of self-awareness in working with economically disadvantaged groups (Post et al., 2019) and have shown how child-centered play therapy is effective in working with children who live in poverty (Cochran & Cochran, 2017; Paterson, Stutey, & Dorsey, 2018; Post et al., 2019). However, no study has focused on the relationship between attitudes toward poverty and social justice advocacy among play therapists. Therefore, this study filled that gap in the literature by increasing understanding of the relationship between play therapists' attitudes towards poverty and social justice advocacy.

Color-Blind Attitudes

To understand color blind attitudes, it is essential to explore the contextual climate that created this construct. Color-blind attitudes are rooted in a society that denies the existence of the structure of racism, i.e. the idea that race has no impact on interactions between people. It also implies a minimization of racial differences between individuals (Wang, Castro, & Cunningham, 2014). In fact, with the increase of people from different racial groups, race issues, such as color-blind unawareness, still exist in society. In response, researchers have focused on understanding how these issues related to race, especially when seeking different ways to incorporate training related to diversity in academic preparation. Although studies have focused on exploring color-blind racial attitudes in relation to multicultural training and competence (Chao et al., 2011; Penn & Post, 2012), little is known about color blind attitudes among clinicians. Specifically, a review of literature in play therapy indicates that no published study has empirically investigated color blind attitudes in relation to social justice advocacy among play

therapists, which makes it all the more essential to explore such relationships.

Multicultural Education

With the increase in population amongst different racial groups, academic programs are responding to the need for multiculturalism, especially when designing courses related to cultural issues. In fact, the accreditation of programs in counseling requires coursework in multiculturalism (CACREP, 2016). Motulsky, Gere, Saleem, and Trantham (2014) not only highlighted the role of multicultural courses in developing competency, but they also called for training programs to add social justice advocacy into their programs. The role of multicultural education is to focus on preparing practicing counselors to learn skills, develop awareness, and obtain knowledge of sociopolitical issues and cross-cultural counseling to be effective multiculturally competent counselors (ACA, 2014; CACREP, 2016). Since preparing multicultural competence counselors often requires one course in a graduate program, it is important to know more about any additional coursework, workshops, and/or trainings that can accurately assess their interest in being more prepared to work with multicultural populations. In fact, Delphin and Rowe (2008) found that ongoing education, training, and workshops can enhance the cultural competence for mental health practitioners and improve services when working with diverse racial and ethnic groups. Penn and Post (2012) also indicated that continuing multicultural education has a positive impact on multicultural counseling competence.

Youssef and Ener (2014) in examining multicultural competency training among play therapists, agreed that multicultural consideration does have a relevant role in play therapy; however, they also suggested that further investigation into this topic may provide more insight into how counselors can provide better services to their

multicultural clients using the play therapy method. Similarly, Ceballos et al. (2012) provided evidence concerning the influence of continuing education on social justice issues, particularly among play therapists who are members of APT. In fact, at present, the influence of additional multicultural education on social justice advocacy among play therapists consists of only one study that used a sample from APT. Therefore, it is important to conduct research that can provide a better understanding of the impact of multicultural education on social justice advocacy, particularly by increasing diversity of the sample.

Significance of the Study

With increasing populations of children coming from more diverse cultures, play therapists should be culturally competent to respond to diverse children's needs to advocate on their behalf. In support of play therapists becoming culturally competent therapists, several researchers have focused on play therapy multicultural competencies (Davis, & Pereira, 2014; Gil & Pfeifer, 2016; Penn & Post, 2012; Youssef & Ener, 2014). However, empirical studies on play therapy and social justice are still limited. Currently, only two studies exist that investigate social justice advocacy among play therapists, both of which use samples comprised of members of APT (Ceballo et al., 2012; Parikh et al., 2013). The results indicated a positive correlation between belief in a just world and social justice advocacy (Parikh et al., 2013). Similarly, a positive correlation was found between multicultural education and social justice advocacy (Ceballos et al., 2012). One goal of this study was to increase the sample to a generalization of these findings by expanding the sample to include professional counselors who use play therapy in organizations in addition to APT and to those who are not members of these associations.

Additionally, this study included factors demonstrated to be relevant to social justice advocacy yet to be examined. To that end, the purpose of this study was to explore how race, attitudes toward poverty, color-blind attitudes, and multicultural education are related to social justice advocacy among play therapists.

Research Question

The overarching research question was: How do race, attitudes toward poverty, color-blind attitudes, and multicultural education relate to social justice advocacy among play therapists?

Research Design

A correlational research design was used to examine how the predictor variables of race, attitude toward poverty, color-blind attitudes, and multicultural education are related to the outcome variable social justice advocacy. A standard multiple regression analysis was used to determine the amount of variance each predictor variable accounts for relative to social justice advocacy attitudes of play therapists.

Limitations

1. Social desirability; respondents may have answered the survey due to their existing interests in social justice advocacy and play therapy, which may have prevented them from providing honest answers.
2. This study was correlational; therefore, causal inference cannot be made.
3. An online survey was used for data collection. Therefore, participants who did not have a computer/internet access were limited from participating in this study.

Delimitations

1. A convenience sampling was used to select participants from APT, ASCA, ACAC,

and therapists practice play therapy in the southeast of the United States who were not members of these organizations. Also, a snowball sampling of play therapists was used by asking participants to pass the survey to other therapists who meet the inclusion criteria.

2. All participants met the following inclusion criteria: self-identify as practicing play therapy.
3. All answers were obtained through online self-report surveys.

Assumptions

1. Respondents would complete and answer the survey honestly.
2. Respondents would comprehend and answer each item of the survey.
3. The instruments used are valid and reliable measures.

Threats to Validity

Internal Validity

Internal validity refers to “the psychometric properties of the instrument” (Balkin & Kleist, 2017, p. 86). This study used instruments that are valid, reliable, and repeatedly tested in previous studies. Another threat to internal validity is the social desirability that is related to self-report biases. To address this concern, the participants answered anonymously and confidentially in an attempt to reduce biases and reduce the influence on participants to provide more socially acceptable answers.

External Validity

External validity is the degree to which the results can be generalized to the sampled population (Taylor, 2013). To address threats of external validity, this study used large sample by selecting participants through APT, ASCA, ACAC. In addition, the

sample included play therapists who were not members of any organization.

Operational Definitions

Social Justice Advocacy

Social justice advocacy is defined as actions that individuals take to support and to speak up on behalf of other individuals or groups to get them what they deserve in terms of rights and benefits (Chang et al., 2014). Social justice advocacy was operationally defined as the respondents' total scores on the Social Issues Advocacy Scale (Nilsson et al., 2011).

Play Therapists

Play therapists are professional counselors, social workers, psychologists, or school counselors with at least a master's degree who practice play therapy during the past 12 months.

Race

Race is defined as an individual's physical or biological appearance (e.g., shape of the nose) and human differences (e.g., the way of a person talk), while ethnicity is defined as cultural characteristics such as, language, values, and social mores (Hays & Grimmett, 2014). Race was operationally defined as respondents' self-report on a demographic questionnaire. In this study, participants identified their race as Caucasian/White, African American/Black, Hispanic/Latino, American Indian/Native American, Asian, Native Hawaiian/Other Pacific Islander, Multiracial, or Other.

Attitude Toward Poverty

Attitude toward poverty is defined as perceptions about socioeconomically disadvantaged people and what causes poverty (MacDonald, 1972; Yun & Weaver,

2010). Attitude toward poverty was operationally defined as the respondents' total scores on the Attitude Toward the Poverty Scale (Yun & Weaver, 2010).

Color-Blind Attitudes

Color-blind attitude is defined as a denial or minimization of the existence of racial issues and unawareness of the existence of racism (Neville, Spanierman, & Doan, 2006). In this study, it was operationally defined as the respondents' total scores on the Color-Blind of Racial Attitudes Scale (Neville, Lilly, Duran, Lee, & Browne, 2000).

Multicultural Education

Multicultural education is defined as courses and activities participants take to develop knowledge, awareness, and skills about multicultural competence. In this study, multicultural education was operationally defined as the number of hours from the multicultural course(s), as well as the total hours from activities(s) and/or workshop(s) respondents self-report on the demographic questionnaire.

Summary

This chapter presented an overview of the increase of diversity among the American population, along with an increase in mental health issues among children. Furthermore, increasing social justice advocacy is an important role that play therapists use to respond effectively to the needs of diverse children in the United States. The variables of race, attitude toward poverty, color-blind attitudes, and multicultural education have been introduced as factors to explore relative to social justice advocacy attitudes. Additionally, this chapter identified limitations, delimitations, assumptions, threats to validity, and provided the operational definition of the variables.

Organization of the Study

This proposed study is divided into five chapters. The first chapter includes an introduction of the variables that may influence social justice advocacy, followed by the purpose and significance of the study. In chapter two, a review of the literature is provided through conceptualization and empirical investigation of each variable that was introduced in chapter one. In chapter three, the methodology of the study is described in terms of participants, procedures, instruments, and data analysis. Chapter four presents the results, including information about demographics, reliability of the instruments, Pearson correlations, and the major analysis. In chapter five, a discussion of the results will be presented, including implications, limitations, and recommendation for future research.

CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this study is to investigate the relationship between race, attitudes toward poverty, color-blind attitudes, and multicultural education in relation to social justice advocacy among play therapists. This chapter is organized into several sections. The first section will introduce the theoretical framework and the population of interest. In the second section, the history and literature review of the dependent variable, social justice advocacy will be introduced along with its relationship to play therapists. The third section will present the theoretical and empirical research for each independent variable. Specifically, this section will consider the historical perspective, literature review for the components of race, attitudes toward poverty, color-blind attitudes, and multicultural education in relation to social justice advocacy. In the final section, a conclusion will be made based on the reviewed literature.

Theoretical Framework

The theoretical framework of this study is grounded in multicultural counseling competence (MCC; Sue, Arrendondo, & McDavis, 1992), as well as multicultural and social justice counseling competence (MSJCC; Ratts, Singh, Nassar, Butler, & McCullough, 2016). Both theories have provided theoretical and empirical foundations that have led to significant changes in the counseling profession, including practice, training, supervision, and research (Ratts et al., 2016). To better understand the framework that the MCC and MSJCC provide, it is essential to understand the changing demographics of the United States (Clarke, 2013).

The increase in the population of racial and ethnic minority groups, through both higher birth rates and greater immigration, has resulted in the United States becoming a more diverse country over the last three decades (Dow, 2011; U.S. Census, 2018). This growth has contributed to changes in both the demographics and the socioeconomic climate of the country. As a result of these changes, there is a direct impact on the oppression of minority groups, leading to an increase in mental health issues (Speight & Vera, 2004; Vera & Speight, 2003). Counseling services, including play therapy, respond to the needs of individuals, especially those diagnosed with mental health problems. When working with children from diverse racial and ethnic backgrounds, including those from minority populations, multicultural competence consideration is integral among play therapists. Multicultural counseling competence (MCC) is important to ensure that counseling services sufficiently and equitably address the diverse needs of different populations (Sue et al., 1992).

Some of the concepts that MCC incorporates are counselors' awareness of their own cultural backgrounds, their clients' backgrounds, the knowledge about the impact of oppression on groups, and the cross-cultural skills that counselors develop through education in order to help them deliver counseling services to culturally diverse clients. As such, MCC can empower and help counselors to provide effective counseling services (Sue et al., 1992). Another benefit of MCC is that it will help therapists to develop an understanding of the complexity by which a client's identity intersects on multiple levels, e.g. through age, disability, religion, sexual orientation, and socioeconomic class, often times in more ways than just one (Hays, 1996). As a result, MCC provides counselors with a toolbox of skills to use when addressing the diverse clients' needs (Ratts et al.,

2016). In fact, MCC not only helps counselors to become more culturally competent, but it also helps them to become social justice advocates on behalf of their clients.

Social justice has always been an implicit part of MCC (Arredondo & Perez, 2003); however, MSJCC explicitly promotes social justice advocacy in a way that leads counselors to become advocates for change. When counselors integrate multicultural competence and social justice advocacy, they become better equipped and empowered to advocate and respond effectively to the needs of clients from different backgrounds (Ratts et al., 2016). In fact, when addressing issues of marginalized groups, counselors should advocate within the context of individual, group, and systemic levels of their clients' needs (Lewis, Lewis, Daniels, & D'Andrea, 2011). By advocating on behalf of clients on an individual level, clients are empowered and encouraged to speak up and have a voice within their communities. By advocating on a group level, counselors can support their multicultural clients by helping to provide access to resources, thus creating equal opportunities. Finally, by advocating on a systemic level, counselors can advocate for policy reform in order to create for more equality among minority groups. The framework provided by MSJCC, especially as it relates to advocacy, can lead to therapists becoming agents of change on behalf of clients, groups, and communities (Ratts et al., 2016).

Summary

Considering that the United States is a diverse country, both MCC and MSJCC provide theoretical frameworks to guide and support counseling practitioners in providing mental health services to multicultural populations. Play therapists are especially called upon to respond to diverse children's needs by engaging in advocacy within the

individual, group, and at the community level.

Play Therapists

Play therapy has been recognized since the early 18th century, when the French philosopher, Jean-Jacques Rousseau, used play to learn about children (Landreth, 2012). While Freud used play as a therapeutic intervention to address the psychological needs of a little boy, named Hans, during the early 1900s (Landreth, 2012), the proposition of the theoretical premise of play techniques as essential in child analysis did not begin until Anna Freud and Melania Klein in the 1950s and 1960s (Landreth, 2012). The major works of Anna Freud and Melania Klein have contributed tremendously to the play therapy movement in Europe (British Association of Play Therapy, [BAPT], 2019; Landreth, 2012). In the United States, Axline (1950) developed a new therapeutic approach in working with children, utilizing a person-centered approach in order to establish non-directive play therapy and based on giving freedom to children during playtime with no attempt to change or control him/her. In fact, Axline's method was considered one of the most crucial, especially since it fueled the development of play therapy in the United States (Landreth, 2012).

The continuous evolution of play therapy in the United States led to the creation of the Association of Play Therapy (APT), which promotes and assists play therapists in providing effective services to their clients (Landreth, 2012). The APT not only has played a crucial role in the evolution of play therapy's growth in the field of counseling, alongside group therapy, school counseling, and addiction counseling, but it has also helped children to resolve psychological issues and to develop into more functioning individuals (APT, 2019; Reddy, Hirisave, & Reddy 2014). Currently, play therapy

programs offer courses, training, and supervision in order to prepare play therapists to work with children with mental health issues (Landreth, 2012).

Play therapists have a significant role in helping children express their views, build relationships, and have healthier interactions and relationships with others (Reddy et al., 2014). However, to provide play therapy, therapists should meet the educational competency, licensing, and training requirements that are essential to play therapy (APT, 2019). This is especially true when considering the growing need for multiculturally competent counselors in order to respond to the needs of diverse clients, since play therapists are required to consider cultural aspects when working with children of diverse racial and ethnic backgrounds (Gil & Drewes, 2005; O'Connor, 2005; Yousef & Ener, 2014). One cultural aspect that therapists can utilize during their sessions is to incorporate toys and symbols that are significant to a particular child's culture, which can assist the child in making progress within the therapy process (Penn & Post, 2012). Since play therapists work closely with children, have immediate knowledge about their needs, and understand their individual concerns, play therapists are expected to advocate on behalf of children by developing both cultural competency and awareness of social justice issues (Kolos, 2009; CACREP, 2016; O'Connor, 2005). In fact, there are many factors that have been found to influence social justice advocacy among play therapists, such as race, color-blind attitudes, and multicultural education. However, due to limitation in literature focuses on social justice advocacy among play therapists, there are other factors that could otherwise be considered important to the development of social justice advocacy, such as attitude toward poverty remain unknown. Therefore, this study will contribute to the discussion of those factors with important insights that will provide implications for

the promotion of social justice advocacy among play therapists.

Social Justice Advocacy

While the concept of social justice has its roots in ancient civilizations, such as the Greeks and Romans, the movement of social justice did not begin until the 1920s, when the governments of Western Europe declared that all citizens should be treated equally (Ornstein, 2017). In essence, social justice aimed to reduce the power of oppressive systems by eliminating barriers to resources, and providing access to education, healthcare, and jobs. Unlike Europe, the notion of social justice did not start in the United States until the 1960s, particularly during the Civil Rights Movement (Ornstein, 2017).

Although Ornstein (2017) admits that the term “social justice” can be difficult to define, as it means different things to different people, he provided thirty basic principles to help make such a definition clearer. One of the definitions used in this study defines social justice as “all groups, including those who define themselves as a political minority (Blacks, Hispanics, women, gays, lesbians, labor unions, etc.), recognize some bias and discrimination will always exist. But in a just society, the bias and discrimination are minimal and minority groups have the same rights as the majority and are able to fulfill their dreams” (Ornstein, 2017, p. 546). Thus, the purpose of social justice is to bring about equality for all individual, including young children, within the society, e.g. having equal rights, opportunities, and access to resources through advocacy (Chang, Gnilka, & O’Hara, 2014; Fouad, Gerstein & Toporek, 2006; Ratts, 2009).

Advocacy is a term that can be defined as an act and/or action which helps individuals to not only obtain those rights, but also to have access to resources. However,

advocacy also includes any involvement and/or engagement on behalf of clients by outside party, i.e. their therapists, to create social justice (Chang et al., 2014). As such, Lewis et al. (2011) indicated that advocacy can take place on three levels, namely the individual, group, and systematic levels. Using strategies, such as the multiple levels of advocacy proposed by Troporek, Lewis, and Crethar (2009), would be appropriate in advocating for marginalized groups in order to eliminate barriers to achievement. Therapists working with children would benefit from this model, since it helps to develop advocacy on behalf of children.

When addressing children's issues, play therapists, along with other therapists and counselors, have had, and continue to have, a significant role in eliminating barriers and creating social justice, thus allowing marginalized groups to obtain equal attention and equal opportunities (Chang et al., 2014). Therefore, it is important for play therapists to advocate on behalf of children at the individual, community, and public level. For example, at the individual level, therapists can empower clients to recognize and address sociopolitical barriers to their well-being; at the community level, therapists can collaborate and work within the community in order to create change; and, at the public level, therapists can collaborate with groups in the public sphere in order to change policies to the benefit of their clients.

Review of Literature: Social Justice Advocacy

When reviewing the literature on the topic of social justice advocacy, several studies were shown to have examined multiple aspects of social justice advocacy (Bradly, Hastings, & Pierce, 2012; Feldwisch & Whiston, 2016; Parikh, Ceballos, & Post, 2013; Parikh, Post, & Flowers, 2011; Ramírez, Brockberg, & Hoyt, 2017). Together, these

studies support the need for increasing multicultural competence among practitioners by promoting social justice advocacy. Across other disciplines, such as psychology, Bradley et al. (2012) interviewed eight rural mental health professionals about the benefits and challenges of rural experience in relation to social justice advocacy. Using the grounded theory methodology, the data analysis identified 26 themes. The authors of this study posited that practitioners should be aware of their own values and how those values may influence their ability to advocate for their clients. Additionally, awareness plays a role in building relationships by helping mental health professionals to develop a better understanding of the levels of advocacy, to engage in advocacy in more meaningful way, and to understand more about the importance of confidentiality. Furthermore, Bradley et al. (2012) provided evidence showing that practitioners, while having advocated for their clients, seemed to only to do on a micro-level, especially since the challenges faced by rural practitioners are more infrequent and more difficult. Also, while Bradley and colleagues' analysis does address how attitudes are related to social justice advocacy, they have not taken into account counselors' multicultural characteristics, such as race.

In the same vein, a broader perspective has been adopted in a quantitative study by Ramírez et al. (2017), who proposed a developmental model of advocacy. The purpose of this study was to understand the contextual factors (i.e., advocacy related resources, opportunities to engage in advocacy, and training) that might influence counselors in training self-assisted advocacy. The results from this study showed that participants scored high on the awareness-building factors, such as awareness of oppression and barriers one may experience. The action and assessment factor also showed that counselors in training may develop skills to intervene on behalf of clients and connect

them to resources. However, participants scored very low on alliance-building and system collaboration, showing that participants may be more apt to promote social change by developing alliances within groups. Similar to Bradley and colleagues (2012), it seems that Ramírez et al. (2017) did not show whether or not cultural characteristics, such as race, may influence social justice advocacy, nor did they provide evidence for the type of advocacy that has been mentioned. Therefore, by conducting a study that will focus on counselors' multicultural characteristics (i.e., race), this issue may not only become more developed, but it will also help others in this area to better understand factors that may influence social justice advocacy.

Furthermore, few studies have provided evidence on social justice advocacy in the counseling profession. Using a sample group of school counselors, Feldwisch and Whiston (2016), as well as Parikh et al. (2011) focused on investigating social justice advocacy by providing several pieces of evidence that suggested the importance of continued research in preparing school counselors to meet multicultural competence. Both studies agreed that training plays a significant role in developing advocacy among school counselors; especially since school counselors are expected to act as social justice advocates. Understanding more about the contribution of these two studies in supporting advocacy among school counselors, Feldwisch and Whiston (2016) examined school counselors' degree of commitment and self-report of social justice advocacy. Among 171 school counselors, where 85.7% were females, 13.7% were males, 93.8% identified as White, 1.9% as African Americans, 1.2% as multicultural, and 0.6% as Asians. The results indicated that school counselors reported moderate to high social justice advocacy attitudes and beliefs. This study also found that school counselors who reported actually

doing social justice advocacy also scored higher on the measurement of social justice advocacy. Therefore, counselors showed a dedication to social justice advocacy. Using other independent variables, Parikh et al. (2011) examined the relationship between a belief in a just world (BJW), political ideology, religion, socioeconomic status, race, and social justice advocacy. The results showed that political ideology and BJW were statistically significant predictors of social justice advocacy. The authors of this study posited different ways for school counselors to increase their awareness, knowledge, and engagement in advocacy, such as seeking active supervision, attending workshops, taking leadership roles in the school, and developing skills related to action research. These findings have provided evidence and a framework that shows advocacy engagement. However, no evidence was provided about other factors (other than BJW and political ideology) that were related to social justice advocacy of the school counselors. In addition, the works of Feldwisch and Whiston (2016) and Parikh et al. (2011) provided a view of participants who were members of the American School Counseling Association, indicating that the participants of both studies included a majority of participants who were white females in terms of race/ethnicity and gender.

Social Justice Advocacy and Play Therapists

In relation to play therapy, the review of the literature indicates that there are only two studies, which focused on social justice advocacy among play therapists: Parikh et al. (2013) and Ceballos, Parikh, and Post (2012). The authors of both studies used a sample of play therapists that are members of the Association of Play Therapy (APT) to understand factors related to social justice advocacy attitudes. Both studies used a sample of 450 participants who were females (n=416, 92.9%), males (n=32, 7.1%), Whites

(n=379, 84.6%), African Americans (n=12, 2.7%), Asians (n=34, 7.6%), Native Americans (n=1, 0.2%), Multicultural (n=18, 4.0%), and others (n=4, 0.9%). Ceballos et al. (2012) used the predictor variables multicultural education, supervision, and clinical experience, while Parikh et al. (2013) used BJW, political ideology, socioeconomic status (SES), and race as predictors of social justice advocacy. The main results from Ceballos et al. (2012) indicated that social justice advocacy was positively correlated with the number of continuing educations, the quality of supervision provided, years of practicing play therapy, and the amount of time receiving supervision with focusing on multicultural issues, suggesting the importance of supervision and multicultural training in promoting social justice advocacy among play therapists. Equally important, Parikh et al. (2013) outcomes showed that social justice advocacy was positively correlated to political views and negatively correlated to a BJW. The results also showed that SES and race were not significantly correlated to social justice advocacy. Apparently, both studies highlighted the role of awareness that diversity issues—such as oppression and its impact on wellbeing—and social justice play in helping play therapists provide effective services and promote advocacy for their clients. Upon considering the evidence that Ceballos et al. (2012) and Parikh et al. (2013) have shown using play therapists who are members of APT, the need for research using a more diverse sample is essential in gaining a greater understanding of additional factors that influence social justice advocacy. Such a study could help to inform training programs, practice, and future research that will focus on preparing multiculturally competent practitioners.

Summary

Play therapists are agents of change; they work with children, and they understand

their needs (Kolos, 2009). Therefore, they are expected to advocate for children (CACREP, 2016; O'Connor, 2005) on different levels (Lewis et al., 2011; Troporek et al., 2009) by helping them access resources, have equal opportunities, and receive benefits (Chang et al., 2014; Fouad et al., 2006; Ratts, 2009). Empirical studies have offered evidence that indicates the existence of advocacy among practitioners (Feldwisch & Whiston, 2016; Parikh et al., 2011; Ramírez et al., 2017). However, studies that focus on play therapists' social justice advocacy are still quite scarce. A review of the literature revealed that only two studies have been found to investigate factors related to play therapists' social justice advocacy (Ceballos et al., 2012; Parikh et al., 2013). Although it was beneficial that Ceballos et al. (2012), as well as Parikh et al. (2013) only used participants who are members of APT, it raises questions about the importance of exploring the advocacy beliefs among therapists who practice play therapy who are not members of APT. Lack of racial, ethnic, and gender variability within a sample are considered some of the key factors that may bias the results of a study. As a result, one must note that the two aforementioned studies used samples where the majority of participants were White, so the need to include more demographics by way of race/ethnicity is necessary to yield more accurate data. Thus, the current study will strive to fill this gap, by continuing to explore factors related to social justice advocacy of play therapists using a diverse sample that is not limited only to APT members.

Race

Race has different conceptualization through history. For example, Hays and Grimmett (2014) indicated that Linnaeus developed a classification of race which Johann Blumenbach expanded in 1777 to include racial categories such as, as Caucasians,

Asians, Americans, and Africans. Race is described as an individual's physical appearance and human differences, such as the shape of the nose, skin color, and dialect (Hays & Grimmert, 2014). On the other hand, ethnicity is connected to cultural characteristics, such as language, social norms, and shared values (Helms, 2007). This given that the current study will not use ethnicity, rather it will use race only as a variable.

The concept of race came about by ways of oppressive systems that served the particular function of distributing wealth and power on an unequal scale, which over time, led some groups to accumulate more wealth than others. Therefore, such categorization of individuals has created injustice and unfairness between different groups because some groups have more privileges and advantages as a result of their race than others (Hays & Grimmert, 2014). Members of marginalized groups internalize oppression, stereotypes, and discriminatory social rules about their racial group, which negatively impacts their lives (Hays & Grimmert, 2014). Disadvantaged people are all the more aware of just how much privilege is enjoyed by other groups in comparison to themselves. On the other hand, while there are some people who belong to the privileged group who may be aware of their privilege and see the injustices (Hays & Grimmert, 2014). There are a vast number of people belonging to the same privileged group who are blind to their privilege, because they have never been aware of their advantages. Counselors need to develop advocacy on behalf of their clients. For instance, counselors can develop interventions and strategies that can help clients understand systems that are based on race (Ratts et al., 2016). Counselors can help clients to have a voice and develop the knowledge of how the marginalized racial groups access resources. Several models

have been developed in counseling to provide direction and guidance for counselors in supporting their clients, such as the Lewis et al. (2011) model that includes advocacy levels in the counseling field.

Race and MCC/Social Justice Advocacy

The impact of race on individuals' well-being has been examined among researchers in the counseling profession (Allen, Conklin, & Kane, 2017; Carlson, Endlsey, Motley, Shawahin, & Williams, 2018; Velez, Watson, Cox, & Flores, 2017). Other studies have focused on race in relation to multicultural competence. For instance, Chao (2012), Chao, Wei, and Flores (2011), as well as Johnson and William (2015) agreed on the influence of race on multicultural counseling competence. The authors of these studies focused on the importance of multicultural training in developing multicultural competence for counselors working with culturally different clients. Using a sample of 460 counselors, Chao (2012) examined the relationship between the effect of multicultural training on the associations between multicultural counseling competence and identity of a category of race. The results of this study showed a significant interaction between racial identity and multicultural training. The multicultural training (i.e., workshops, courses, and research projects) helped counselors to reflect on racial identity, which expanded their cross-cultural counseling and contributed to developing multicultural counseling competence. Similar outcomes were found in Chao et al. (2011) study using a sample of psychology trainees. The authors of this study used 370 trainees to examine whether multicultural training moderates the association between multicultural counseling competence and racial identity. Further, in a study by Johnson and William (2015) used a sample of 487 White doctoral students, examining the

relationship between White racial identity and color-blind attitudes as a predictor of multicultural competence in association with multicultural training. The results of this study indicated that multicultural training effects White racial identity and color-blind attitudes predicted multicultural knowledge, awareness, and skills. Apparently, all together, the findings of Chao (2012), Chao et al. (2011), as well as Johnson and William (2015) indicated the need for multicultural training to help practitioners improve their counseling services. The awareness of racial identification is a factor that may contribute to the effectiveness of the mental health services that counselors provide to diverse clients.

Similarly, Schaeffle, Gates, Malott, Conwill, and Daniels (2011) designed a qualitative study to understand the lived experience of counseling and psychology graduate students, educators, and mental health professionals attended a national multicultural conference. During the conference, the authors gathered 50 participants with a wide range of races and ethnicities in a town hall meeting group discussion. The study focused on race, justice, and peace using a social justice group intervention. The findings identified three major themes. The first theme was experiences of oppression, which related to views, experiences, and reflections that participants expressed about racism and social injustice that they experienced in their workplace and community. The second theme was the institutions' role in oppression, which referred to systemic in the society at large that impacts individuals' lives. The third theme is the response to oppression, which indicated ways, actions, and strategies that participants take to create change. These findings indicated the impact of racism and injustice on counselors, suggesting the importance of educating mental health professionals in the promotion of

social justice by taking actions toward change.

In contrast to these findings, Parikh et al. (2011) provided different conclusions. Parikh and colleagues used a sample of 313 school counselors, who were members of the American School Counseling Association (ASCA). In terms of race and gender, the sample included participants who majority were White (83.6%, n=249), African American (7.0%, n=21), Asian (1.7%, n=5), Hispanic/Latino (5.0%, n=15), Native American (0.7%, n=2), Multicultural(0.7%, n=2), other (1.3%, n=4). With regard to gender, 251 were female (84.2%), and 47 participants were male (15.8%). The results indicated that race was not statistically significant in relation to social justice advocacy. The non-significance could be related to the lack of diversity within the sample, because the authors focused only on participants who are members of ASCA and the majority are White. Therefore, we cannot generalize these findings to apply to participants who are not members of ASCA even though the views of non-ASCA members are equally important to social justice advocacy.

Race and Social Justice Advocacy among Play Therapists

With respect to play therapy, upon reviewing the literature, only one study examined race in relation to social justice. Parikh et al. (2013) used race as a variable to predict social justice advocacy among play therapists and posited similar results to Parikh et al. (2011). The results indicated that race was not statistically significant as it related to social justice advocacy. Parikh et al. (2013) attributed the result to a lack of diversity and variability within the sample. They also noted that the majority of the participants were White (84.6%) females (92.9%) and from a middle-class background, indicating that being a member of APT may contain benefits which may influence therapists'

identification toward race and social justice advocacy. In addition, we cannot make generalizations since there are many therapists who practice play therapy, but are not members of APT, and their views are also important to consider when examining social justice advocacy. In addressing the lack of diversity and variability within the sample, designing a new study using a sample of play therapists who are not only members of APT will provide an additional framework that can help to understand the relationship between race and social justice advocacy. In other words, expanding a sample to represent other therapists who are not only members of APT may help to generalize the results in understanding race influence in relation to social justice advocacy.

Summary

Previous studies have shown associations between race, multicultural competence (Chao, 2012; Chao et al., 2011; Johnson & William, 2015), and social justice advocacy (Schaeffle et al., 2011). Race is a factor that may impact counseling services that counselors provide to their clients. Those studies showed that awareness of race through multicultural training could develop multicultural competence, increase sensitivity toward cultural issues, and promote social justice advocacy. Presently, in play therapy, there is only one study that provided contrasting results with respect to the influence of race on social justice advocacy among play therapists (Parikh et al., 2013). The aim of the present study is to expand the sample to include a large number of individuals with different race and ethnicity, which may help to generalize the results and support play therapists' trainings and preparations.

Attitudes Toward Poverty

Poverty is defined as "lack sufficient purchasing power" (Akindola, 2009, p. 23).

Poverty also can be described as the lack of having access to basic needs, such as food, living, education, healthcare (Sarilo, 1996). In the United States, each member of the family living in one house is considered to be living in poverty if the total family income does not meet the threshold (U.S. Census, 2018). For example, the threshold of a family of four individuals is \$25,500 (U.S. Census, 2018). Currently, statistics show that approximately 11.8% of the American population lives in poverty (U.S. Census, 2018). However, to understand poverty and its impact, it is important to understand one of the contextual factors that created this phenomenon and to understand the United States' oppression systems that reinforced inequality (Hays & Grimmett, 2014). For example, the institutional systems in the United States classified people into minorities and placed the dominant groups on top to serve the purposes and secure the power of such dominant groups. The dominant groups oppressed other groups through slavery, changing living conditions for some groups, traditions, and family structure and were enforced to adopt new values, which led to a rise in the oppression and prejudice of minority groups that were resultantly left behind (Plous, 2003). The top groups privileged themselves by taking advantage of having power and setting laws that victimized and restricted the movement of the minority groups (Hays & Grimmett, 2014).

This inequality in the United States is realized in multiple ways. For instance, in economic terms, certain groups receive more benefits than others leading to inequality in the distribution of wealth (Rogers, 2019). The economic inequality among a number of people has led some groups to have privileges and others to become marginalized and unable to access resources (i.e., attend top schools, access to health care systems, etc.). As a result, advantaged groups receive most of the wealth, and marginalized groups live

in poverty. Furthermore, the marginalization and poverty put a number of people at a higher risk of substance abuse, school failure, poor physical health, depression, and other related mental health issues (Ponterotto, 2010). In supporting marginalized group members' wellbeing, counseling professionals work to address those issues and respond to clients' needs by providing clinical services, advocating on their behalf, and expanding research to understand more about poverty. Mcloyd (2019) indicated the importance of reflections on issues such as poverty, which can help to empower the marginalized group in building collaboration with researchers and educators to create economic justice. Therefore, clinicians' multicultural competence is important. Furthermore, Smith (2009) also published a paper emphasizing the importance of understanding attitudes toward poverty among clinicians through supervision. Smith (2009) stressed that training could help clinicians to build awareness of the privileges and how it impacted their lives and suggested that supervision can help to increase awareness of social climate and poverty, because understanding the context of poverty can help to address economic injustice through advocacy.

Attitudes Toward Poverty and Social Justice Advocacy

A review of the literature indicates the importance of not only understanding poverty, but also understanding the perceptions and attitudes that one develops towards poverty. Some studies have focused on understanding perceptions toward poverty among children and adolescents (Rack et al., 2019; Rogers, 2019). However, little is known to understand attitudes toward poverty among clinicians.

In a study focusing on clinicians, Engler et al. (2019) used two populations (students and professionals) to understand the relationship between poverty simulation

training and participants' attributions of the cause of their poverty. The sample of students included 126 undergraduate students who were females (80.1 %), males (17.4 %), Whites (94%), African Americans (2.6%), Hispanics (1.7%), Asians (0.9%), and others (0.9%). The sample of professionals included 98 practitioners who were females (88.6%), males (22.7%), Whites (57.9%), African Americans (22.1%), Hispanics (7.4%), Asians (10.5%), and Native Americans (2.1%). The results indicated the causal attributions of poverty for both students and professionals. Through simulation training, participants developed greater competencies that are related to advocacy. It showed that training could help individuals to understand the causes of poverty. However, the vital role of training is not only to help to understand poverty, but also to begin raising one's awareness about advocacy. Therefore, it is important to develop knowledge and awareness about marginalized groups and individuals who live in poverty, thus this study provides evidence that can inform program training for practitioners working in poor communities.

Other studies have also emphasized the importance of training in developing counselor awareness of clients who live in poverty (Toporek & Pope-Davis, 2005; Watson, 2019). In a qualitative study, Watson (2019) focused on understanding the experience of counseling services for six women in a poor community using a grounded theory approach. The six women who were interviewed were considered under poverty guidelines and received at least three counseling sessions, five of them were White, and one was African American. The analysis of data identified a Model for Understanding Clients Experience. This model contains six themes: (1) clients' preliminary expectation about counseling and counselors which indicate clients crises and the need for support

and help with their issues, (2) beginning sessions of counseling which indicate the importance of building the relationship with the counselor, (3) client's characteristics and behaviors which indicate clients openness and willingness to engage in counseling, (4) counselor characteristics and behaviors which indicate the role of counseling in clients' experience, (5) ongoing experience of counseling which indicates the collaboration of the counselors with other professionals and services that benefits clients, and (6) results of counseling which showed positive changes in clients' wellbeing. In fact, one of the most important aspects that can be concluded from this study was the important role of the counselor in the counseling relationship to understand and connect with individuals who live in poverty. Similarly, the role of training in preparing new counselors has also been supported by Toporek and Pope-Davis (2005) who examined the relationship between multicultural counseling training and attributions of poverty using regression analysis. The results from surveying 158 participants indicated that multicultural training was related to a greater attribution to endorse structural explanations of poverty.

Attitudes about Poverty and Social Justice Advocacy among Play Therapists

With regards to play therapy, no study has examined attitudes toward poverty among play therapists. What exists within the literature on poverty and play therapy has addressed changes in behaviors of children, not the attitudes of therapists. More specifically, the literature includes research that used play therapy approaches as interventions to understand behaviors among samples of students who live in poverty (Cochran & Cochran, 2017; Stutey, Dunn, Shelnut, & Ryan, 2017; Paterson, Stutey, & Dorsey, 2018). For example, Cochran & Cochran (2017) used child-centered play therapy (CCPT) intervention to provide counseling services to highly disruptive behaviors of

students in high poverty schools. Paterson et al. (2018) also used child-centered play therapy and group play therapy for 12 weeks with 12 African American students who live in poverty and had behavioral difficulties in their classrooms. In addition, Stutey et al. (2017) used Adlerian play therapy interventions to address four at-risk African American students' behaviors in the classrooms. The results from those studies indicated a statistical significance and the positive impact of play therapy interventions on children in reducing problematic behaviors in the classroom, showing that play therapy is effective in addressing internalized and externalized behaviors of students who live in poverty. These findings identified that therapists make a difference to children who live in poverty, suggesting the importance of multicultural training and continued advocacy for play therapists to meet the needs of clients who live in poverty. It is important to develop an awareness of risk factors that may impact individuals. However, with regards to the implications that those studies provided about play therapists, they did not focus on therapists' attitudes and characteristics. This is why it is important to conduct a study that focuses on attitudes towards poverty among play therapists.

The importance of using play therapy interventions has been explored by Post, Grybush, and Elmadani (2019) in supporting teachers who work with children living in poverty. A child teacher relationship training was provided to reduce teachers' stress and help teachers develop relationships with students. Post et al. (2019) interviewed four teachers who participated in the child-teacher relationship training. Results from this study indicated that the training that helped teachers use play therapy skills in classrooms was effective in supporting teachers who worked in a school characterized by poverty by developing relationships with students, identifying challenges, and becoming more

committed to their jobs. One of the most noticeable aspects of Post et al. (2019) study was the role of play therapy techniques, which proved to be helpful in supporting teachers who work with low-income students and had an impact on teachers' attitudes about children who live in poverty.

However, with respect to these findings, what we know about poverty in play therapy is largely based upon empirical studies that investigate the impact of play therapy interventions on students who live in poverty. The impact and attitudes toward poverty of play therapists remain unknown. This research will fill the gap by focusing on the relationship between attitudes toward poverty and social justice advocacy among play therapists. Understanding such a relationship will help to support training for play therapists to continue to develop multicultural competence and advocate on behalf of their clients.

Summary

At present, the influence of attitudes toward poverty on the social justice advocacy of play therapists is unknown. This study will address this gap by investigating the relationship between attitudes toward poverty and social justice advocacy. It is important to understand the attitudes about poverty that play therapists who work with children who experience poverty. Understanding play therapists' views can inform training programs that can prepare competent multicultural counselors who provide services and advocate on behalf of children. The level of cultural sensitivity, or attitudes, required when working with individuals living in poverty is important. The results from this study will help to inform play therapists and counselor educators about how attitudes toward poverty are related to social justice advocacy.

Color-Blind Attitudes

Color-blind attitudes are described as the minimization of the existence of racial issues and unawareness of the existence of racism (Hays & Grimmert, 2014; Neville, Lilly, Duran, Lee, & Browne, 2000; Neville, Spanierman, & Doan, 2006). Hays and Grimmert (2014) noted that individuals do not think about race, because they live in an environment that includes people who look like them and share the same history. When individuals do not see race as an issue, it may indicate that those individuals have the privilege. This also indicates that those individuals do not experience any challenges about their own race and never noticed differences in race between people (Hays & Grimmert, 2014).

Another notion about color blindness is that people of color experienced the historical emotional impact of racism on their lives, which continues to be transmitted through generations (Hays & Grimmert, 2014). Therefore, interacting with people of color without acknowledging their past and noticing race or any racism issues is considered a lack of awareness (Helms, 1995; Ponterotto, 1988) and a lack of social consciousness (Sue, 2006). Some other people may start to think about race as an issue when they confront others who are different from them. Those individuals start to question self; to develop knowledge about oppression, prejudice, and other minorities; and to understand injustice and unfairness, which can develop guilt and anger (Ponterott, 1988). In this situation, those individuals divide into two groups. The first group may feel that they are better than others, which led them to become racists against others to avoid guilt and anxiety (Helms, 1995). The second group may become involved in social activism (Ponterotto, 1988) to support people who experience racism. As a result, the

invisibility of race as an issue not only affects people of color, but also affects white individuals (Hays & Grimmer, 2014).

In response to color blindness issues, counseling professionals have to develop awareness about the impact of their own race, as well as their clients' race, to better serve as social justice advocates (Iverson, 2012). Counselors should be better equipped and competent to provide effective services and advocate for social justice (Gushue, Walker, & Brewster, 2017; Iverson, 2012). Using a multicultural counseling competence model (Sue et al., 1992), counselors will be able to develop knowledge, awareness, and skills that allow them to respond to issues related to race, such as color-blind attitudes and racism.

Color-Blind Attitudes and MCC/Social Justice Advocacy

Researchers have endeavored to understand the influence of the color-blind factor in providing counseling services. Studies indicated the importance of awareness of color-blind attitudes in promoting equality and fairness in the workplace (Offermann et al., 2014) and in working with culturally diverse populations (Parks & Chol-Yoo, 2016). Other studies focused on color-blind attitudes in relation to multicultural competence (Chao et al., 2010; Gushue et al., 2017; Johnson & Williams, 2014; Penn & Post (2012). Gushue et al. (2017) conducted a study to explore factors related to multicultural services and training based on color-blind racial attitudes by examining whether different types of motivation are related to racial attitudes. The researchers used a sample of 198 White graduate students taking clinical related courses. In terms of socioeconomic status, 56.1% of participants were upper-middle-class, 32.3 % were middle class, and 5.6 % were working class. The results showed that self-deception was related to a greater

endorsement of color-blind attitudes, and internal motivations were related to greater awareness of racism, suggesting that more focus should be placed on the process and the training environment when designing multicultural training programs. In addition, it is important to consider internal motivation and critical consciousness, which are more important in developing racial awareness. Lastly, the process of developing awareness as it relates to a non-racist identity can help students and practitioners facilitate racial equality and equity within the society. Similarly, Chao et al. (2011), as well as Johnson and Williams (2015) provided evidence that supports the existing literature on color-blind attitudes, showing a significant association between multicultural training and color-blind attitudes in predicting multicultural competence.

Color Blind Attitudes and Social Justice Advocacy Among Play Therapists

Reviewing color blind-attitudes in play therapy has shown that there is only one study that used this predictor variable to investigate the multicultural competence among play therapists. Penn and Post (2012) surveyed 510 play therapists who were members of the APT, with the majority of them were Caucasian (87.5%). Using multiple regression analyses, the results showed that color-blind attitudes were a predictor of multicultural competence. However, no study has investigated the relationship between color-blind attitudes and social justice advocacy among play therapists. Therefore, this current study will address this gap in the literature.

Summary

Although previous studies discussed the influence of color-blind attitudes on multicultural counseling competence (Chao et al., 2010; Gushue et al., 2017; Johnson & Williams, 2014; Penn & Post, 2012), little is known about color-blind attitudes among

clinicians. At present, reviewing the literature revealed that no study had been found to investigate the relationship between color-blind attitudes and social justice advocacy of play therapists. Therefore, in seeking different ways to incorporate training related to diversity in the academic preparation of counselors working with children, the current study will conduct an empirical investigation to better understand the influence of color-blind attitudes on social justice advocacy among play therapists.

Multicultural Education

The changes in demographics and socioeconomic climate of the United States led to an increase in mental health issues among minority groups (Speight, & Vera, 2004; Vera, & Speight, 2003). In response, the counseling profession prepares counselors to develop cultural competence when working with diverse clients. Multicultural competence is important to ensure counseling services are adequate enough to sufficiently and equitably address the diversity of needs across the population (Sue et al., 1992). Parallel to this notion, academic programs have updated their academic curriculums to include courses that emphasize the development of multicultural counseling competence among their students (Motulsky, Gere, Saleem, & Trantham, 2014; Arczynski, 2017). The academic curriculums include structured courses that can help students learn skills, develop awareness, and build knowledge of cross-cultural counseling (Arczynski, 2017; Motulsky et al., 2014; Neville, Poteat, Lewis, & Spanierman, 2014). Multicultural courses help students respond to culturally different clients in ways that promote the effectiveness of counseling services (Case, 2007; Change, 2001). In fact, it is required by the Council for the Accreditation for Counseling and Related Educational Programs (CACREP) that counseling programs must include

multicultural courses in their academic curriculums (CACREP, 2016).

Nevertheless, the importance of multicultural education is not limited to courses required at the graduate level; it also includes ongoing education, training, and workshops that practitioners continue to take (Delphin & Rowe, 2008). This indicates that additional education continues to enhance the ability of practitioners to provide effective services. For instance, Ratts et al. (2016) indicated that professional development helps counselors better understand how to build a safe environment for all clients in a way that helps them apply multicultural counseling competence. Professional development encourages counselors to interact with other communities and address issues of power, privilege, and oppression. Also, through continuing education, counselors continue to learn new strategies and models that can help them gain a deeper understanding of social justice advocacy (Ratts et al., 2016).

Multicultural Education and MCC/Social Justice Advocacy

Although with limited studies on continuing multicultural education, many studies have been conducted to understand the influence of multicultural education on developing multicultural competence. Collines, Arthur, Brown, and Kennedy (2015) pointed to the role of graduate education in facilitating multicultural and social justice competency. This study used a sample of 32 masters-level participants, where 85 % were females and 15 % were males. With regard to race and ethnicity, 81% were whites, 5% were Asians, 4 % were African Americans, 3% were chines, 3% were Jewish, 2 % were Hispanics, and 1% were Arab. The authors focused on understanding students' perceptions about the efficacy of counseling graduate programs in preparing students to engage in social justice and multicultural cultural competence. The critical incident

techniques (CIT) were used to explore participants' experiences through an online survey that includes demographic questions, participant perspectives on multicultural competence counseling and social justice, and solicitation of the critical incident. The findings of this qualitative study showed that students started to develop multicultural competency and social justice primarily after completing a single multicultural course, recommending that counselor educators focus on the importance of multicultural education, awareness, and knowledge about cultures throughout all courses. The researchers also stressed that the instructors' role and curricula contributed to the development of tendencies towards effecting systemic change. Equally important, the authors of two qualitative studies, Thompson, Hardo, and Lane (2011), as well as Singh et al. (2010) agreed that multicultural education and the infusion of social justice into academic programs is an important aspect that can promote social justice knowledge, awareness, and skills. Thompson et al. (2011) used a descriptive case study methodology to collect data from two individuals who were recognized as social justice advocates on their college campuses. The authors focused on how the social justice learning community responded to students' diversity. The results from this study showed that the social justice learning community served as a strategy to respond to diversity issues and helped faculty to develop multicultural competence and engagement in social actions. In fact, the model, such as the social justice learning community can support continuing multicultural education and training for students, faculty, and practitioner in developing social justice advocacy. Furthermore, Singh et al. (2010) used an online social justice survey with four qualitative questions to collect data from 66 counseling psychology doctoral trainees. The purpose of this study was to understand the participants'

perceptions of social justice training in their graduate programs. The results merged into four themes: promotion of social equality, infusion across training contexts, training opportunities outside of programs, and the importance of walking the walk, suggesting the importance of structured teaching and guidance on social justice issues by providing more formal training.

Multicultural Education and Social Justice Advocacy among Play Therapists

Reviewing literature in play therapy shows the existence of two studies that have examined the relationship between continuing multicultural education on play therapists' multicultural competence (Penn & Post, 2012), as well as social justice (Ceballos et al., 2012). The authors of both studies used multiple regression analysis and a sample of play therapists who are members of the APT. The results from Penn and Post (2012) showed that continuing multicultural education was related to multicultural counseling knowledge. Whereas, Ceballos et al. (2012) showed that the number of continuing education credits is positively correlated with social justice advocacy attitudes. Both studies stressed the role of training in increasing play therapists' multicultural and social justice competence. These studies provided a framework that emphasized the importance of continuing multicultural education. It is clear that the samples used in those studies the majority were Whites and females. However, it is important to note that these studies used only play therapists who are members of APT, which lacked diversity among the sample. Focusing only on APT members does not allow for the generalization of these findings to a broader population. Therefore, the current study will use a large diverse sample, such as members from other organizations and therapists who are not members of any organization.

Summary

Reviewing the literature indicates that studies have investigated the relationship between multicultural education and multicultural counseling competencies (Penn & Post, 2012) and social justice (Collines et al., 2015; Singh et al., 2010; Thompson et al., 2010). However, what we know about multicultural education and social justice advocacy is limited to one empirical study (Ceballos et al., 2012), which examined such relationships among play therapists who are members of the APT. Therefore, this current study will expand the body of knowledge by investigating the importance of multicultural education through considering courses, workshops, and training that are related to multicultural aspects. This study will also focus on diversity (i.e., race) using a large sample that will include play therapists who are members of APT, ASCA, ACAC, and those who are not members of any organization.

Conclusion

To understand more about multicultural competence and social justice advocacy as it pertains to play therapists, it is essential to focus on demographic characteristics such as race, as well as other external factors that may affect advocacy such as attitudes toward poverty, color-blind attitudes, and multicultural education. Because these factors are significant to this study, it is important to know what has been found thus far and what the current study contributes to the existing literature on these factors.

This chapter presented a literature review that included a rationale for studying the views of play therapists, the theoretical basis for the outcome variable, social justice advocacy, along with historical basis and empirical studies. This chapter also introduced the independent variables of race, color-blind attitudes, and multicultural education,

including historical basis and empirical studies for each variable.

This review of the literature showed that there is a limited number of empirical researches that attempted to address social justice advocacy among play therapists. The current study will explore how race, attitudes toward poverty, color-blind attitudes, and continuing multicultural education are related to social justice advocacy attitudes among play therapists who are members of the APT, ASCA, ACAC, and those who are not members of any organization.

CHAPTER 3: METHODOLOGY

Social justice advocacy is an essential component of multicultural competence (Ratts et al., 2016). Both are requirements for counselors to work with culturally different clients. Because play therapists mostly work with children, they are also expected to advocate on behalf of the children to have a voice, access to resources, and change oppressive systems (Kolos, 2009). With limited studies on social justice advocacy among play therapists, the current study provides empirical evidence that can inform training programs and enhance play therapists' preparations. The purpose of this study was to investigate how race, attitudes toward poverty, color-blind attitudes, and multicultural education are related to social justice advocacy among play therapists. This chapter describes the methodology by describing the participants, data collection procedures, instruments, research design, and data analysis.

Participants

The population of the current study was play therapists, and the sample included a selection of only those therapists who self-reported as practicing play therapy. The researcher had stated the inclusion criteria at the beginning of the recruitment email, which allowed participants to verify if they were qualified to participate in this study.

Since the literature review revealed that studies, which investigated social justice among play therapists, consisted of only those participants who were members of the Association of Play Therapy (APT), the current study not only recruited participants from three different professional organizations, but also those who were not members of any organization. Therefore, a convenience sampling was used to select participants from the

following organizations, in addition to APT: American School Counselor Association (ASCA) and the Association for Child and Adolescent Counseling (ACAC), as well as therapists who are not members of any organization (e.g. therapists who practice play therapy on the east coast via online access through their email). Additionally, snowball sampling was also used by asking participants to pass the survey on to therapists who met the inclusion criteria.

By conducting a G*power analysis, it was predicted that 191 participants would be needed ($f^2=0.10$, $\alpha=0.05$, $\text{power}=0.95$, $\text{number of predictors}=4$). The hope of this study was to increase diversity among the sample; because having a large number of play therapists who do and/or do not come from various organizations, it could provide a more widespread representation of participants who come from different ethnicities, races, ages, genders, degrees, and years of experience.

Data Collection Procedures

The application was approved by the Institutional Review Board (IRB) at the University of North Carolina Charlotte before collecting the data. An email, in the form of an introductory letter (see Appendix A), was sent out to members of APT, ASCA, ACAC, as well as therapists who practiced play therapy on the east coast region via online access through their email, as an invitation to participate in this study. The email included questions that not only determined if recipients meet the inclusion criteria for participation in this study, but it also included the purpose of the study, informed consent form (see Appendix B), the instructions for signing the consent electronically, how to access the survey, and the survey link. Respondents completed the survey after they signed the consent form, which included a description of the benefits, risks, inclusion

criteria, and information about researcher/participant confidentiality. The email also included the following instruments: Social Issues Advocacy Scale (see Appendix C), Attitudes Toward Poverty Scale (see Appendix D), Color-Blind Racial Attitudes Scale (see Appendix E), and Demographic Questionnaire (see Appendix F).

The assessments had a total of 70 items, with an estimated time to complete the survey at about 20 to 25 minutes. In the first email, participants were advised that the survey link was available for three weeks, after which time, the link became inactive. However, one week prior to the expiration of the first link, the researcher sent a second email to remind those participants who had yet to respond to the link and participate in the study.

In addition to convenience sampling, a snowball strategy was used to increase response rates by asking members to pass the survey and/or tell people that may meet the inclusion criteria. As a result, the snowball helped to refer to other participants who may have provided knowledge that is important to the study (Mertens, 2015). The researchers also used other strategies to increase response rates, such as asking one question at a time, displaying each item in the survey aligned with response categories in a series, numbering the questions, listing categorical answers in a vertical way, and providing instruction where the information is needed (Dillman et al., 2009). In addition, Dillman et al. (2009) indicated the importance of vertical alignment when using sub-questions, managing space between questions and answers, avoidance of displaying double answer choices, and using clear and short phrases. Researchers randomly selected four participants who completed the survey to receive a \$25 Walmart or Amazon gift card; participants, who were interested in the giveaway prize, submitted their email after

completing the survey.

Instrumentation

The authors of all instruments gave the authorization to use them for educational and non-commercial research purposes without seeking written permission. The following section will describe all the instruments used in this study.

Social Issues Advocacy Scale

The Social Issues Advocacy Scale (SIAS; Nilsson et al., 2011) not only measures a person's advocacy attitudes, but it also helps to understand actions that participants take to support and to speak on behalf of other individuals or groups. This scale consists of 21 items on a 5-point Likert-type scale (1= strongly disagree; 5= strongly agree), which are represented in four subscales: (1) political and social advocacy awareness (8 items), (2) political awareness (6 items), (3) social issues awareness (4 items), and (4) confronting discrimination (3 items), this research used the total score which is the sum of all items.

This scale was normed with the Activity Scale (ACT; Kerpelman, 1969) and the scale of Ethno Cultural Empathy (SEE; Wang et al., 2003), which showed an intercorrelation coefficient among SIAS and ACT ($r=.61$), and SIAS and SEE ($r=.48$ to $.62$). While normal scores for this scale range from 21 to 105, the overall reliability of the SIAS was established at $.93$. However, within subscales, reliability for PSA = $.93$, PA = $.89$, SIA = $.89$, and CD = $.89$. The authors reported the validity of this scale, which showed a positive association between the scores on the SIAS with all four subscales and scores on social activism (ACT). Having reviewed the literature for studies that have used SIAS, it has been shown that several studies have used this scale in their studies to understand social justice advocacy among school counselors (Feldwisch & Whitson,

2015) and counseling psychologists (Beer et al., 2012).

Attitudes Toward Poverty Scale

The Attitudes Toward Poverty Scale (ATPS; Yun & Weaver, 2010) measures individuals' attitudes toward poverty and poor people. This scale assesses participants' perceptions of socioeconomically disadvantaged people and what causes poverty. The scale consists of a 21-item on a 5-point Likert-type scale, which is a short form of the original 37-item ATPS scale that was published by Atherton et al. (1993). Lower scores indicate an individualistic or personal explanation of poverty, while higher scores indicate a belief that poverty is related to structural determinants, such as the economic system (Atherton et al., 1993). This scale includes three factors: (1) personal deficiency (7 items), (2) stigma (8 items), and (3) structural perspective (6 items). Using these items, the author used the total score in data analysis.

The overall alpha coefficient of the ATPS short form was established at .87, while, the alpha coefficient of each subscale was .82 for personal deficiency, .72 for stigma, and .67 for structural perspective. The validity of this scale was established and showed a positive correlation between the original ATPS and the short form ATPS ($r = .826$). In fact, upon reviewing the literature, it is apparent that several studies have successfully used this scale while showing correlations and evidence of the reliability and validity of this scale (Gabarda, 2019; Smith-Carrier et al., 2019).

Color-Blind Attitudes Scale

The Color-Blind Racial Attitudes Scale (CoBRA; Neville et al., 2000) measure attitudes related to color blind and race issues by assessing denial or minimization of the existence of racial issues and unawareness of the existence of racism. This scale is 20

items using a 5-point Likert-type scale (1= strongly disagree; 5= strongly agree) and includes three subscales: (1) Unawareness of Racial Privilege, (2) Unawareness of Institutional Discrimination, and (3) Unawareness of Blatant Racial Issues. The overall reliability of this scale is established at .86, with significant intercorrelations among all CoBRA subscales. Furthermore, this scale was normed with the Belief in a Just World Scale (BJWS; Lipkus, 1991) and showed a significant correlation among the CoBRA and the BJWS ($r=.61$). The test-retest reliability showed that CoBRA is stable over time. Several studies have used this scale to measure racial attitudes beliefs among a sample of police officers (Hughes et al., 2016), dental students (Su, Behar-Horenstein, & Su, 2017), and play therapists (Penn & Post, 2012). The total score of the Color-Blind of Racial Attitudes Scale was used in data analysis.

Demographic Questionnaire

The Demographic Questionnaire included questions about the participants' age, gender, number of multicultural courses during the graduate program, highest degree obtained, number play therapy sessions for the past year, work setting, professional identity, membership of any professional organization, annual income, and number of years practicing play therapy. Two of the questions, race and multicultural education, are variables in the study. The other questions were used to describe the sample.

Research Design

This study used a correlational research design to investigate the relationship between a set of variables (Balkin & Kleist, 2017). A standard multiple regression was used to determine how the predictor variables of race, attitudes toward poverty, color-blind attitude, and multicultural education are related to social justice advocacy attitudes.

Research Questions

The overarching research question was: How do race, attitudes toward poverty, color-blind attitudes, and multicultural education relate to social justice advocacy among play therapists?

Data Analysis

After the data collection was completed, the researcher exported the survey responses into the Statistical Package for Social Science (SPSS) software to be analyzed. The researcher screened the data to check for missing values, outliers, and assumptions (e.g., normality, linear relationship, homoscedasticity, and no multicollinearity). Descriptive statistics were computed that report the frequencies on the categorical data, as well as the means and the standard deviations of the continuous variables. The descriptive statistics allowed the researcher to gather information about the demographics sample, including information about gender, race, number of multicultural courses, number of multicultural hours beyond one required multicultural course in a graduate program, years of experience, and the highest level of education obtained to date. Next, a standard multiple regression was computed to determine how race, attitudes toward poverty, color-blind attitudes, and multicultural education contribute to social justice advocacy among play therapists.

Summary

This chapter introduced an overall description of the methodology that this study used. This chapter included a description of the sample, data collection procedures, instruments, research design, research questions, and data analysis description.

CHAPTER 4: RESULTS

The purpose of this study is to investigate how race, attitudes toward poverty, color-blind attitudes, and multicultural education are related to social justice advocacy among play therapists. This chapter describes the findings by describing reliability of the instruments in the first section and description of the participants in the second section. The third section of this chapter includes information about data screening and Pearson correlation presents in the fourth section. The results of the major analysis present in the fifth section. The last section provides a summary of this chapter.

Description of Participants

This study used a convenience and snowballing sampling to recruit therapists who practice play therapy in the United States through the Association for Play Therapy (APT), American School Counseling Association (ASCA), Association for Child and Adolescent Counseling (ACAC), and therapists who are not members of any organization on the Northeast coast. Because of the sampling methods that were used, it is not possible to know how many individuals received the invitation to participate in this study. A total of 196 participants responded and completed the survey. All participants signed the consent form and were eligible to be included in this study. Participants' demographic information is reported in Table 1.

Table 1: *Demographic Information, Totals, and Percentages*

Variable	Number	Percentages
Gender		

Female	178	90.0%
Male	15	7.7%
Non-Binary	1	0.5%
Other	1	0.5%
Race		
White/Caucasian	160	81.6%
African American	11	5.6%
Hispanic	12	6.1%
Asian American	1	0.5%
Multiracial	7	3.6%
Other	4	2.0%
Highest Degree Obtained		
Master's	156	79.6%
Doctoral	32	16.4%
Post-Doctoral	3	1.5%
Other	4	2.0%
Work Setting		
School	24	12.2%
University	11	5.6%
Community Clinic	27	13.8%
Private Practice	110	56.1%
Other	23	11.7%
Socio-Economic Status		

Lower Class	3	1.5%
Lower-Middle Class	32	16.3%
Middle Class	108	55.4%
Upper-Middle Class	50	25.5%
Upper Class	2	1.0%
Organization Membership		
APT	135	69.0%
ASCA	10	5.0%
ACAC	6	3.0%
Other organizations	21	11.0%
Non-Members	23	11.7%
Professional Affiliation		
Professional Counselor	109	55.6%
School Counselor	10	5.1%
Social Worker	38	19.4%
Psychologist	17	8.7%
Other	21	10.7%

Demographic data included 90.8% females ($n=178$), and 7.7 % males ($n=15$). Of the sample, 81% of the participants identified as Caucasians ($n=160$), 5.6% as African Americans ($n=11$), and 6.1% as Hispanics or Latinos ($n=12$). Other demographic data included participants' highest degree with 79% with a master's degree ($n=156$) and 16% with a Doctoral degree ($n=32$). While 87% of the participants ($n=172$) were members of

professional organizations, 11.7% of the participants ($n=23$) reported they did not have any membership. The professional identity of the participants included 55.6% as professional counselors ($n=109$), 5.1% as school counselors ($n=10$), 19.4% as social workers ($n=38$), and 8.7% as psychologists ($n=17$). The work setting indicated that 56.1% of the participants worked at a private practice ($n=110$), while 44.9 % worked in other settings, such as schools, universities, and community clinics. In terms of socioeconomic status, 81.9 % of participants identified as middle and upper class ($n=160$).

Demographic data also included information about continuous variables. The mean age of participants was 46.00 ($SD = 13.10$) and ranged from 22 to 78 years old. In addition, the mean number of years of experience was 11.73 with a standard deviation of 10.01.

The demographic questionnaire included three questions about graduate-level multicultural courses: (each 3-credit multicultural course was counted as 100 hours), additional hours reported as parts of other university graduate classes that focused on multicultural issues, and hours of multicultural activities and/or workshops. Multicultural education was separated into two variables: the first variable was total university course hours that included university courses and additional hours included in other graduate courses about multicultural issues. The second variable was hours of multicultural activities and workshops completed. The mean hours for total university course was 116.32 ($SD = 95.85$) and the mean hours for total multicultural activities and workshops was 15.87 ($SD = 13.49$).

Reliability of Instruments

The Social Issues Advocacy Scale (SIAS) was used to measure social advocacy attitudes. This scale consists of 21 items on a 5-point Likert-type scale. The scores in this study ranged from 47 to 105. Total scores were used in the data analysis, and higher scores show more positive attitudes toward social justice advocacy. The mean score was 77.50 with a standard deviation of 11.70. The overall reliability of Cronbach's α for SIAS items was .90, suggesting acceptable internal consistency reliability for this SIAS with this sample.

The Attitudes Toward Poverty Scale (ATP) was used to measure individuals' attitudes toward poverty and poor people. This scale consists of 21 items on a 5-point Likert-type scale. The scores in this study ranged from 21 to 74. Higher scores indicate higher positive attitudes toward people who live in poverty. The mean score was 36.18 with a standard deviation of 9.93. The overall reliability Cronbach's α for all 21 ATP items was .88.

The Color-Blind Attitudes Scale (COBRA) was used to measure attitudes related to color blind and race issues. This scale consists of 20 items on a 5-point Likert-type scale. The scores in this study ranged from 20 to 69. Higher scores indicate higher levels of unawareness of race issues. The mean score was 36.50 with a standard deviation of 11.70. The overall reliability Cronbach's α for the COBRA was .91, which displayed acceptable internal consistency of the instrument. The alpha coefficients, number of items, mean, and standard deviation for the dependent and independent variables are displayed in Table 2.

Table 2: *Cronbach's alpha, number of items, means, and standard deviations*

Instrument	Coefficient α	Items	<i>M</i>	<i>SD</i>
SIAS	.90	21	77.50	11.70
ATP	.88	20	36.18	9.93
COBRA	.91	20	36.50	11.70
Total course hours			116.32	95.85
Total activities			15.87	13.49

Screening Data

In determining whether social justice advocacy (SJA) could be predicted from race, attitudes toward poverty, color-blind attitudes, and multicultural education, a standard multiple regression analysis was conducted using SPSS. The data were screened for missing values, outliers, and checked for assumptions. This process displayed that 2% of the data were missing completely at random and the mean substitution was used for replacement of missing values. Outliers were identified and the modification technique was used to bring extreme values closer. The Variation Inflation Factors (VIF) is 1.2 for attitudes toward poverty, 1.1 for color-blind attitudes, 1.0 for race, 1.0 for total university course hours, and 1.0 for total multicultural activities and workshops, which indicated that all were below the value of 10.0. The tolerance is .8 for both attitudes toward poverty and color-blind attitudes, and .9 for race, total university course hours, and total multicultural activities and workshops, which indicated that all values were above .10, therefore the assumption of noncollinearity is met. Durbin-Watson's test is 2.02, which is more than 1 and less than 3, concluding that the assumption is met. In addition, the assumption of normality is met as the normal probability plot (P-P) of standardized residuals showed that points were completely into the line.

Pearson Correlations

A Pearson correlation coefficient was conducted to assess the relationship between the variables. Statistically significant negative correlations existed between SJAS and COBRA ($r = -.273, p < .001$), and between SIAS and total multicultural activities and workshops ($r = -.172, p < .008$). All results are displayed in the correlation matrix in Table 3.

Table 3: *Pearson correlation matrix between predictor and outcome variables*

Variable	SJA	Race	ATP	COBRA	Course hours	Activities
SJA		.092	-.065	-.273**	.069	-.172*
Race			-.038	-.020	-.017	.011
ATP				-.026	.010	.026
COBRA					.076	-.017
Course hours						-.003
Activities						

* Indicates significant correlation at $p < .05$ level (1-tailed).

** Indicates significant correlation at $p < .001$ level (1-tailed).

Multiple Regression Analyses

A standard multiple regression using SPSS was performed to predict social justice advocacy from attitudes toward poverty, color-blind attitudes, race, and multicultural education (total university course hours; total multicultural activities and workshops). Prior to major analysis, the race variable was dummy coded into White (1) and Non-White (0). The result revealed that the model was a significant predictor of social justice

advocacy by race, attitudes toward poverty, color-blind attitudes, and multicultural education ($R^2 = .125$, $F(5, 190) = 5.41$, $p < 0.01$) with adjusted square R^2 of .102. The unstandardized regression coefficients (B), intercept, the standardized regression coefficients (β), and semi-partial correlations (sr_i) are reported in Table 4.

Table 4: *Standard multiple regression analyses measuring the relationship between predictor and outcome variables*

Variable	B	SEB	β	sr^2	R^2	p -value
					.125	
Race	2.794	2.07	.092	.092		.179
ATP	.067	.081	.057	.056		.408
COBRA	-.278	.068	-.279	-.278		.001**
Course hours	.010	.008	.085	.085		.285
Activities	-.255	.059	-.178	-.178		.009*

Note: * Indicates significance at $p < .05$ level.

** Indicates significance at $p < .001$ level.

The variance accounted for (R^2) equaled .12 (adjusted $R^2 = .09$), which was significantly different from zero ($F(5, 190) = 5.25$, $p < .01$). The R^2 value of .12 indicates that around 12 % of the variability in social justice advocacy is predicted by the predictor variables. Two of the five independent variables contributed significantly to the prediction of social justice advocacy, color-blind attitudes ($B = -.28$) and total multicultural activities and workshops ($B = -.25$). The largest beta coefficient is for color-blind attitudes, which means that color-blind attitudes makes the highest unique contribution to the prediction of social justice advocacy, after controlling for the other

predictor variables in the model. The beta value for total multicultural activities and workshops was slightly lower, indicating that this variable also made a significant contribution.

Summary

The goal of this study was to investigate the relationship between race, attitudes toward poverty, color-blind attitudes, and multicultural education in relation to social justice advocacy among play therapists. This chapter provided the results of the statistical analysis using SPSS. The data were collected from 196 participants. The instruments were found reliable. The majority of the participants were White (81.6%) females (90%). The standard multiple regression analysis revealed that color-blind attitudes and total multicultural activities and workshops had statistically significant relationships in predicting social justice advocacy. The R^2 indicates that around 12 % of the variability in social justice advocacy is predicted by the predictor variables.

CHAPTER 5: DISCUSSION

The purpose of this study was to investigate how race, attitudes toward poverty, color-blind attitudes, and multicultural education are related to social justice advocacy among play therapists. This chapter will review and discuss the results of this study in relation to previous literature and theory. The subsequent sections begin with an overview, followed by a discussion, conclusion, contributions of the study, limitations, implications of the findings, recommendations for future research, and the last section presents concluding remarks

Overview

Over the past decades, the United States' population has continued to increase in terms of racial and ethnic diversity (Crockett, 2012; Dow, 2011; Sue, Arrendondo, & McDavis, 1992; U.S. Census, 2018). More specifically, the increase among children is anticipated to become more than double for the next several years (U.S. Census, 2018). These change in the demographics and more diversity led to more people with low socioeconomic status (U.S. Census, 2017), which have contributed to increasing concerns about children's well-being. Approximately 27% of children present with mental health issues (Center for Disease Control and Prevention, [CDC], 2018). To respond to child mental health issues, play therapy within the counseling field is recommended (Killian, Cardona, & Hudspeth, 2017). Play therapists are trained to work closely with children, know and understand their needs, and advocate for social justice advocacy on behalf of the children (Kolos, 2009). In fact, multicultural considerations have become an essential

aspect of providing mental health services (Landreth, 2012, Penn & Post, 2012; Sue et al., 1992). Therefore, to support children and help play therapists provide better services, researchers recommend increasing focus on multicultural competence and social justice advocacy (Ceballos, Parikh, & Post, 2012; Parikh, Ceballos, & Post, 2013).

Based on the literature, there is an important need to continue investigating factors that impact play therapists' social justice advocacy, such as race and multicultural education. Other factors that have not been examined relative to social justice advocacy, such as attitudes toward poverty and color-blind attitudes remain unknown. Therefore, this study sought to address the existing gap in the literature, by examining how race, attitudes toward poverty, color-blind attitudes, and multicultural education are related to social justice advocacy among play therapists. The results of this study are based on research conducted with 196 play therapists who completed the surveys regarding social issues advocacy, attitudes toward poverty, color-blind attitudes, and a demographic questionnaire. This study provides more insight that play therapists can use to raise awareness about the advocacy on behalf of children. The findings can contribute to the play therapy literature, help to develop formal training and workshops, and inform educational programs that focus on play therapists' multicultural and social justice attitudes. There are also implications for counselor educators and for state and federal policy regarding infusing social justice topics into schools and organizations.

Discussion and Conclusion

Demographic Data

The data analysis indicated that the sample of this study is characterized by a large number of Caucasians (81.6%), females (90%), and participants with a master's

degree (79.6%). This finding indicated a lack of variability among the sample, which is consistent with previous studies that also used a sample of play therapists which a majority of them were Caucasians (84.6%) females (92.9%) (Ceballos et al., 2012; Parikh et al., 2013). In an effort to increase the diversity of the participants, the recruitment of participants in the current study included reaching out to various organizations, such as the Association for Play Therapy (APT), American School Counselors Association (ASCA), Association for Child and Adolescent Counseling (ACAC), and therapists who were not members of any professional organization. The current study included around 89% as members of professional organizations and non-members were only 11 %, suggesting to continue seeking ways to include participants that are not members of any organization. This approach did not increase a diverse representation of play therapists, since the race and gender of participants were similar to those reported in the past. A possible explanation for this lack of diversity is that the majority of counselors, similar to play therapists, who were members of these professional organizations are White females and that membership diversity has not changed over the past several years. The sample of this study included participants who were professional counselors (55.6%) and worked in private settings (56.1%). This finding is similar to what has been reported in terms of work setting and professional identity (Penn & Post, 2012), which indicates that the majority of practitioners who provide more of mental health services are professional counselors working in private practices.

Regarding Social Issues Advocacy Scale (SIAS), the results indicated that the participants' scores ranged from 47 to 105 with a mean score of 77.5 ($SD = 11.7$). These findings are moderately higher compared to what reported from the developer of this

assessment (Nilsson et al., 2011), where the scores ranged from 21 to 105, and the mean score was 65.7 ($SD = 12.85$). A possible explanation for this difference is that the participants' positive attitudes about social justice are increasing as the diversity in the United States continues to increase. Another explanation is increased attention to the current socio-economic changes, political climate, and issues related to racism in the United States has increased play therapists' awareness about social justice issues. In addition, increasing awareness toward social justice could be related to increasing multicultural training, especially with the new multicultural counseling complicities (Ratts et al., 2016) that include social justice advocacy.

The Attitudes Toward Poverty scale (ATP) indicated that the participants' scores ranged from 21 to 74, with a mean score of 36.18 ($SD = 9.93$). This result showed that participants in this study scored lower than average compared to the scores that were reported from the developer of this assessment (Yun & Weaver, 2010), where the mean score was 70. This finding showed that participants in this study had less awareness and a lower level of positive attitudes about poor people. A possible explanation is that the majority of the participants' socio-economic status was in the middle and upper class (98.2%), and the information about socio-economic status on the original assessment reported that the majority were low income. This difference is notable as it indicates that participants with lower incomes are have more awareness of attitudes toward poverty, and conversely, those with higher incomes have less awareness of attitudes towards poverty.

The Color-Blind Racial Attitudes Scale (COBRA) indicated that participants in this study scored from 30 to 69, with a mean score of 36.5 ($SD = 11.7$). This result

demonstrated that participants in this study scored lower than what was reported from the developer of this assessment (Neville et al., 2000), where the mean score was 67.30 ($SD = 11.83$), as well as with work of Neville et al. (2006) that reported the mean of 53.03 ($SD = 11.94$). Considering higher scores indicates a higher level of unawareness of racial issues, the finding from the current study indicated that participants had more awareness of issues related to race and color-blindness. One explanation is that the increasing awareness of issue of racial equity in American society have contributed to increased awareness about racial issues.

Pearson's Correlations

A Pearson correlation was conducted using social justice advocacy race, attitudes toward poverty, color-blind attitudes, and multicultural education (total university course hours; total multicultural activities and workshops). The results showed statistically significant correlations between SIAS and COBRA and between SIAS and total multicultural activities and workshops. These results indicated that participants who scored lower on COBRA scored higher on SIAS, showing that individuals who had more awareness of color-blindness and race issues had more positive attitudes about social justice. These results are consistent with past literature that showed a significant relationship between multicultural competence and color-blind attitudes (Penn & Post, 2012).

The results did not show significant correlations between social justice advocacy, race, and attitudes toward poverty. It could be argued that this outcome could be because the majority of participants were White and reported that they were middle or upper middle class socio-economic status (having opportunities, privileges, and access to

resources), which could be explained in terms of their not experiencing issues related to poverty. This finding is consistent with previous research that indicated race did not contribute significantly to the prediction of social justice advocacy (Parikh et al., 2011; 2013). The multicultural course hours aspect also did not contribute significantly to social justice advocacy, which suggests the content that students are learning in the multicultural classes is not related to their development of proactive attitudes about social justice. A possible explanation is that multicultural courses could be a developmental process in helping graduate to develop social justice advocacy as they may not be aware of it when they are in their master's courses.

Multiple Regression

The regression findings indicated that the predictor variables (race, attitudes toward poverty, color-blind attitudes, university course hours, and multicultural activities and workshops) contributed significantly to the prediction of social justice advocacy. Specifically, about 12% of the variance in social justice advocacy was accounted for by the predictor variables. Two of the five predictor variables, color-blind attitudes and total multicultural activities and workshops, contributed significantly to the prediction of social justice advocacy. Color-blind attitudes made the largest contribution, which indicated that higher levels of unawareness about the impact of racism was related to lower attitudes about social justice. These findings contribute to the literature about the impact of color-blind attitudes among play therapists; previous research found that color-blind attitudes was related to multicultural competence, suggesting that high color blind awareness was related to low knowledge about multicultural issues (Penn & Post, 2012). The total activities and workshops also made a contribution to predicting social justice

advocacy, which indicates the importance of encouraging students and play therapists to participate in activities and workshops about social justice throughout their careers to make sure they stay sensitive and current ideas about social justice. This finding adds to the previous research that found that the more multicultural education therapists have, the more knowledgeable they will be about multicultural issues (Ceballos et al., 2012; Penn & Post, 2012).

Contributions of the Study

The findings from this study make several contributions to the current literature in play therapy. This study has been one of the first attempts to thoroughly examine the relationship between attitudes toward poverty and color-blind attitudes in relation to social justice advocacy among play therapists.

To date, most studies conducted on play therapy used APT members; therefore, the goal of this study was to increase diversity among the sample by reaching out to several organizations (APT, ASCA, and ACAC) and therapists who are not members of any organization. Though the sample of this study included only 11% of the participants (n=23) who were not members of any organization, the survey was sent to 450 participants. This finding indicates the need for future direction of focusing on ways to identify participants through seeking the experience of play therapists who are not only APT members. This study included 69% APT members. The outcome regarding race of participants was consistent with previous research that used APT members and reveals a majority of participants were White females (Ceballos et al., 2012; Parikh et al., 2013). It is encouraging and positive that the APT supports research through providing access to members, because it is difficult to access members on other organization, such as

ASCA. However, it is important to focus on recruiting participants who are more diverse in terms of gender, race to learn about those participants who practice play therapy who are not members of APT. Perhaps those members serve children who are different from those served by APT. This strategy of recruiting a more diverse sample can improve the understanding of factors related to social justice advocacy among play therapists.

The current investigation continues to support the previous studies examining the relationship between multicultural education and social justice advocacy; only one study has examined this relationship (Ceballos et al., 2012). The current empirical finding of this study provides a new understanding of multicultural education. Specifically, this study examined multicultural education by separating this variable into multicultural course hours and multicultural activities and workshops. The results indicated that multicultural course hours were not significantly related to attitudes about social justice advocacy, which raises questions about innovative methods of teaching multicultural courses in preparing future social justice advocates. For instance, multicultural instructors can use different learning styles that are based on active learning theory, where students can learn through activities (Dewey, 1916; Kohlberg, 1987) and field projects. However, what people choose to take on their own, in the form of activities and workshops, was related to social justice advocacy. This finding suggests the importance of considering the role of activities and workshops in developing attitudes toward social justice advocacy. Specifically, play therapists who engage in ongoing activities can enhance their knowledge and awareness about multicultural issues, such as racial equity, marginalized groups, and poverty.

Implications of the Findings

This research contributes to the play therapy literature by adding empirical study on factors that influence social justice advocacy. The findings from this study have a number of implications for play therapists, counselor education programs, and state and federal policy. Findings from this study pointed out that color-blind attitudes was related to social justice advocacy. An implication of this outcome provides evidence about the importance of developing awareness of existence of racism and racial issues, suggesting that play therapists should continuously engage in training and programs that focus on addressing racial equity issues to better serve as social justice advocates. Equally important, multicultural activities and workshops were related to social justice advocacy. This finding suggests that play therapists need to intentionally seek activities and workshops that contribute to becoming competent social justice advocates.

This study has several implications for counselor education programs. Findings indicated there was no relationship between multicultural coursework and social justice advocacy. This result implies a need to reimagine how multicultural courses are delivered to students. Specifically, the findings highlight the need to evaluate and examine the nature and extent of how much social justice focus is infused into the multicultural coursework through creating a sense of safety in the classroom to enable students (and faculty) to be honest and transparent in their discussions and feedback. Perhaps, counselor educators intentionally could focus more deeply on social justice issues in a form of field projects and formal training that can empower students with awareness, knowledge, and develop new ways of focusing on advocacy. For instance, providing students with immersion projects that focus specifically on minority and marginalized

groups, where students can intentionally experience living environments in poor neighborhoods. A helpful goal of counselor education could be to assess students' attitudes about social justice. Such an ongoing assessment could help students generate more movement or become more motivated to develop positive attitudes towards social justice and become competent advocates who are able to create changes within their communities. Counselor educators need to continue to innovate, update, and use different teaching strategies and styles that can improve students' buy-in and engagement in social justice advocacy. In addition, this study suggests that multicultural instructors need to intentionally infuse specific topics that are related to poverty, racial equity, and color-blindness issues. In the same vein, the results of this study indicated that the majority of the participants were White and female. An implication from this finding is that counselor education programs should consider increasing diversity among students who are entering into the play therapy programs by recruiting students from different gender and ethnic groups, as recommended by CACREP (2016). It is also important to ensure appropriate systems, services, and support for social justice advocacy to be a priority for stockholders and accreditation programs.

Furthermore, this study has several implications for state and federal policy. First is that given the importance of social justice advocacy in the mental health field, continued efforts are needed to make social justice resources and training more accessible through for all. State and federal administrations need to support schools and universities with grants to be able to provide research, training, and workshops about social justice issues. Additionally, findings from this study indicated the important role of awareness of existence of racial issues and continuing education in developing social justice advocacy;

therefore, it is important to develop targeted interventions that infuse social justice awareness, knowledge, and advocacy among play therapists who work for federal and state hospitals and agencies.

Limitations of the Study

Taking into consideration the implications that this study provides, several limitations should be acknowledged; including lack of diversity among the sample, social desirability, data collection extraneous stressors, and generalizability of the study.

Although the survey was sent to various organizations and therapists who are not members of any organization, there was a lack of diversity, in terms of gender, race, and organizational affiliation among the participants. The sample included 90% female and 81% White participants, which indicates that this study is missing the experience of males and other ethnic groups. Furthermore, the majority of the participants in this study were active members of Association for Play Therapy (69%), which showed a lack of including more participants of ASCA and ACAC, as well as those participants who are not members of any organization.

Social desirability is also a limitation in this study. The data was collected through a self-report. This notion indicates the possibilities of participants may have provided answers that were acceptable.

Additionally, the period of collecting the data occurred at the same time with the global outbreak of the Coronavirus (COVID-19) which has had more impact on minority groups. This aspect is considered an outside stressor that may have impacted the participants to be more sensitive to social justice issues that were examined in this study. Finally, these outcomes can be generalized to members of APT, but cannot be

generalized to all play therapists, such as those who work in schools and are not members of APT.

Recommendations for Future Research

This study provides a foundation and raises questions for future research on factors related to social justice advocacy among play therapists. More research is needed to expand this critical area of knowledge given the increasing diversity of children in the United States. Conducting qualitative studies to explore deeply play therapists' perceptions about social justice advocacy is warranted. A qualitative study is also needed to understand the experiences of play therapists who choose to engage in multicultural activities and workshops.

In addition, a quantitative study using experimental investigations are needed to shed more light on factors related to social justice and multicultural issues. For instance, conducting a study examining the impact of multicultural workshops on social justice advocacy could be informative.

Future studies focusing on therapists who are not members of any organization need to be conducted. For example, it would be informative to explore the views of school counselors practicing play therapy who are not members of professional organizations since they work with diverse populations of children.

This was the first study to report that awareness of racism and multicultural activities were related to social justice advocacy. It would be helpful to examine if these findings were also evident among non-white play therapists. Also, a greater focus on attitudes toward poverty using lower- and middle-class income participants could produce interesting findings that account for more social justice advocacy. Further

research can be conducted about the impact of mandatory multicultural courses on social justice attitudes. Further research could also examine if play therapists' attitudes about social justice are based on what they learn in multicultural courses or by their experiences, interactions, and knowledge with a multicultural environment outside of the classroom.

Concluding Remarks

With changing demographics in the United States, researchers have embarked on understanding factors that contribute to developing multicultural and social justice competent counselors. This study was the first to investigate social justice advocacy in relation to color-blind attitudes and attitudes toward poverty. The lower scores on COBRA was related to a higher level of SIAS, suggesting that therapists can benefit from workshops and training that can help them to enrich and evolve knowledge and awareness about color-blindness and race issues. It is important to note that activities and workshops that therapists take on their own makes a difference and contributes to their attitudes about social justice. Play therapists need to seek opportunities for multicultural activities and workshops that can help them develop positive attitudes toward social justice advocacy. Therefore, continuing to learn about factors related to the social justice attitudes of play therapists is critical to most effectively serving children. Also, continuing to support counselor educators in ways of promoting the social justice attitudes of students is a goal for counselor education in the 21st century.

Play therapists' attitudes about social justice advocacy are essential to providing excellent mental health services to children. Therefore, it is crucial to prepare play therapists with knowledge, awareness, and skills to work with a diverse population.

Because when play therapists equipped with multicultural skills, knowledge, and awareness, as well as positive attitudes toward social justice, they become advocates for change and able to make a difference in children's well-being.

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APPENDIX A: INTRODUCTORY LETTER

Dear Play Therapist,

I am a doctoral candidate in the Counselor Education and Supervision program Department of Counseling at the University of North Carolina at Charlotte. My Dissertation Chair is Dr. Phyllis Post.

I am conducting a dissertation study to investigate factors related to social justice advocacy among play therapists. More specifically, the purpose of this study is to understand how race, color-blind attitudes, attitudes toward poverty, and multicultural education relate to social justice advocacy.

I am inviting you to participate in this study if you meet the following criteria:
You are a therapist self-identify as practicing play therapy.

We also ask you to pass this email to someone you think is eligible to participate in this study.

I will randomly select four participants who will complete the survey to receive a \$25 Walmart or Amazon gift cards. Therefore, if you are interested in the giveaway prize and receive an e-certificate gift card, you need to submit your email to: aelmadan@unc.edu (indicate drawing participation in the email subject).

Your participation is entirely voluntary and responses will be confidential. You may choose to leave the survey at any time with no explanation. Completing the survey will take approximately 20 to 25 minutes.

This study has been approved by the University of North Carolina at Charlotte's Institutional Review Board. If you decide to participate in this study, please click in the link bellow (which includes the consent and the survey questions) to read and sign the inform consent to be able to proceed to the survey questions. By clicking on the "YES" button which indicates that you have read the information and you voluntarily agree to participate, then you will be able to proceed to the survey questions:

<http://uncc.surveymshare.com/s/AYAE27C>

Thank you in advance for your participation, which will contribute to empower play therapy literature, training, and practice. If you have any questions, please contact me or my chair.

Sincerely,

Abdelaziz Elmadani

Dr. Phyllis Post, LPC, RPT

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APPENDIX B: INFORMED CONSENT FORM



Department of Counseling
9201 University City Boulevard, Charlotte, NC 28223-0001

Consent to Participate in a Research Study

Investigating the relationship between race, attitudes toward poverty, color-blind attitudes, and multicultural education in relation to the social justice advocacy of play therapists.

Dear Participant,

You are invited to participate in a study as a part of the requirements for a Doctorate of Philosophy Degree in Counselor Education and Supervision at the University of North Carolina at Charlotte.

PURPOSE OF THE STUDY

The purpose of this study is to investigate the relationship between race, attitudes toward poverty, color-blind attitudes, and multicultural education in relation to the social justice advocacy of play therapists.

ELIGIBILITY

You are eligible to participate in this study if you are a therapist self-identify as practicing play therapy.

PARTICIPATION

Your participation in this study is entirely voluntary. You may choose to quit the survey at any time without explanation. If you decide to participate, you will be asked to complete three scales and the demographic questionnaire. All scales and the demographic questionnaire are merged into one survey that includes 78 items.

Your participation will take approximately 20 to 25 minutes.

BENEFITS & RISKS

You will receive no direct benefits from participating in this study. However, your participation will contribute to the play therapy field. Implications from this study will inform training, education, and research. Your participation will help to understand more about social justice advocacy among play therapists. There are no major risks in

participating in this study. However, the possible discomforts of the study are minimal. You may feel a little uncomfortable responding to some sensitive questions.

CONFIDENTIALITY

Your survey responses and participation will be confidential. There will be no identifying information about you and all answers will be collected anonymously. All data will be download and entered into statistical software for analysis.

INCENTIVE

Four participants who will complete the survey will be selected randomly to receive a \$25 Walmart or Amazon gift cards. Therefore, if you are interested in the giveaway prize and receive an e-certificate gift card, you need to submit your email to: aelmadan@uncc.edu (indicate drawing participation in the email subject).

CONTACT

If you have further questions or concerns about your rights as a participant in this study, contact the Office of Research Compliance at (704) 687-1871 or uncc-irb@uncc.edu. If you have questions concerning the study, contact the principal investigator Abdelaziz Elmadani, at (201)682 -6828877 or by email at aelmadan@email.address or my Responsible Faculty Dr. Phyllis Post by email at ppost@email.address.

Abdelaziz Elmadani
 Doctoral Candidate
 Department of Counseling
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 Charlotte

Dr. Phyllis Post
 Dissertation Chair
 Department of Counseling
 University of North Carolina at
 Charlotte

CONSENT TO PARTICIPATE

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “YES” button indicates that

- You have read the above information
- You voluntarily agree to participate and proceed to the survey questions

Yes

No

APPENDIX C: SOCIAL ISSUES ADVOCACY SCALE

Directions. For each question, please respond to SIAS items using the 5 Likert-type scale (1 = strongly disagree; 5 = strongly agree).

1	2	3	4	5
Strongly Disagree				Strongly Agree

1. ___ I participate in demonstrations or rallies about social issues that are important to my profession.
2. ___ I make telephone calls to policy makers to voice my opinion on issues that affect my profession.
3. ___ I volunteer for political causes and candidates I believe in.
4. ___ I participate in demonstrations or rallies about social issues that are important to me.
5. ___ I meet with policy makers (e.g., city council, state and federal legislators, local elected officials) to advocate for social issues that I personally believe in.
6. ___ I volunteer for political causes and candidates that support the values of my profession.
7. ___ I make financial contributions to political causes or candidates who support the values of my profession.
8. ___ I use letters or e-mail to influence others through the media regarding issues that affect my profession.
9. ___ I keep track of important bills/legislative issues that are being debated in Congress that affect my profession.
10. ___ I keep track of important bills/legislative issues that are being debated in Congress that I am personally interested in.
11. ___ I discuss bills/legislative issues that are important to my profession with friends and family.
12. ___ I work to elect policy makers who support the views of my professional organization on important social issues.
13. ___ I discuss bills/legislative issues that are important to my profession with coworkers and acquaintances.
14. ___ I vote in most local elections.
15. ___ Societal forces (e.g., public policies, resource allocation, human rights) affect individuals' health and wellbeing.
16. ___ State and federal policies affect individuals' access to quality education and resources.
17. ___ State and federal policies affect individuals' access to social services.

18. Societal forces (e.g., public policies, resource allocation, human rights) affect individuals' educational performance.
19. ____ I am professionally responsible to confront colleagues who display signs of discrimination toward the elderly.
20. ____ It is my professional responsibility to confront colleagues who display signs of discrimination toward disabled individuals.
21. ____ It is my professional responsibility to confront colleagues who I think display signs of discrimination toward culturally/ethnically different people or groups.

Source. Nilsson, J. E., Marszalek, J. M., Linnemeyer, R. M., Bahner, A. D., & Misialek, L. H. (2011). Development and Assessment of the Social Issues Advocacy Scale. *Educational and Psychological Measurement, 71*(1), 258–275. <https://doi.org/10.1177/0013164410391581>

Permissions. This scale can be used for non-commercial research and educational purposes without seeking written permission.

Scoring protocol. The scores on the overall scale and on the four subscales are reliable. Therefore, this study will use the total score which is the sum of all items.

APPENDIX D: ATTITUDES TOWARD POVERTY SCALE

Directions. For each question, please respond to Attitudes toward poverty scale items using the 5 Likert-type scale (1 = strongly disagree; 5 = strongly agree).

1	2	3	4	5
Strongly Disagree				Strongly Agree

1. ___ Poor people are different from the rest of society
2. ___ Poor people are dishonest
3. ___ Most poor people are dirty.
4. ___ Poor people act differently.
5. ___ Children raised on welfare will never amount to anything
6. ___ I believe poor people have a different set of values than do other people.
7. ___ Poor people generally have lower intelligence than nonpoor people.
8. ___ There is a lot of fraud among welfare recipients.
9. ___ Some "poor" people live better than I do, considering all their benefits.
10. ___ Poor people think they deserve to be supported.
11. ___ Welfare mothers have babies to get more money.
12. ___ An able-bodied person collecting welfare is ripping off the system.
13. ___ Unemployed poor people could find jobs if they tried harder.
14. ___ Welfare makes people lazy.
15. ___ Benefits for poor people consume a major part of the federal budget.
16. ___ People are poor due to circumstances beyond their control.
17. ___ I would support a program that resulted in higher taxes to support social programs for poor people.
18. ___ If I were poor, I would accept welfare benefits
19. ___ People who are poor should not be blamed for their misfortune.
20. ___ Society has the responsibility to help poor people.
21. ___ Poor people are discriminated against.

Source. Yun, S. H., & Weaver, R. D. (2010). Development and validation of a short form of the attitude toward poverty scale. *Advances in Social Work, 11*(2), 174–187.

<https://doi.org/10.18060/437>

Permissions. The authors have been contacted requesting the permission to use this scale. Permission to use granted from the author.

Scoring protocol. This study will use the total score which is the sum of all items and/or mean scores.

APPENDIX E: COLOR BLIND RACIAL ATTITUDES SCALE

Directions. For each question, please respond to Color-Blind Attitudes scale items using the 5 Likert-type scale (1 = strongly disagree; 5 = strongly agree).

1	2	3	4	5
Strongly Disagree				Strongly Agree

1. ___ White people in the U.S. have certain advantages because of the color of their skin.
2. ___ Race is very important in determining who is successful and who is not.
3. ___ Race plays an important role in who gets sent to prison.
4. ___ Race plays a major role in the type of social services (such as type of health care or day care) that people receive in the U.S.
5. ___ Racial and ethnic minorities do not have the same opportunities as white people in the U.S.
6. ___ Everyone who works hard, no matter what race they are, has an equal chance to become rich.
7. ___ White people are more to blame for racial discrimination than racial and ethnic minorities.
8. ___ Social policies, such as affirmative action, discriminate unfairly against white people.
9. ___ White people in the U.S. are discriminated against because of the color of their skin.
10. ___ English should be the only official language in the U.S.
11. ___ Due to racial discrimination, programs such as affirmative action are necessary to help create equality.
12. ___ Racial and ethnic minorities in the U.S. have certain advantages because of the color of their skin.
13. ___ It is important that people begin to think of themselves as American and not African American, Mexican American or Italian American.
14. ___ Immigrants should try to fit into the culture and values of the U.S.
15. ___ Racial problems in the U.S. are rare, isolated situations.
16. ___ Talking about racial issues causes unnecessary tension.
17. ___ Racism is a major problem in the U.S.
18. ___ It is important for public schools to teach about the history and contributions of racial and ethnic minorities.
19. ___ It is important for political leaders to talk about racism to help work through or solve society's problems.
20. ___ Racism may have been a problem in the past, it is not an important problem today.

Source. Neville, H. A., Lilly, R. L., Duran, G., Lee, R. M., & Browne, L. (2000). Construction and initial validation of the color-blind racial attitudes scale (CoBRAS). *Journal of Counseling Psychology*, 47(1), 59–70. <https://doi-org/10.1037/0022-0167.47.1.59>

Permissions. This scale can be used for non-commercial research and educational purposes without seeking written permission.

Scoring protocol. The scores on the overall scale and on the four subscales are reliable. Therefore, this study will only use the total score which is the sum of all items. The following items are reverse scored (for example, 1=5):1,2,3,4,5,7,11,17,18,19.

APPENDIX F: DEMOGRAPHIC QUESTIONNAIRE

What is your age? _____

What is your gender?

___Female ___Male ___Non-Binary ___Other

How would you identify yourself?

___Caucasian/White, ___African American/Black, ___Hispanic/Latino,
___American Indian/Native American, ___Asian, ___Native Hawaiian/Other
Pacific Islander, ___Multiracial, ___Other

What is the highest degree you obtained?

___ Master's Degree ___ Doctoral degree ___ Post-doctoral Degree ___ Other

What is your work setting?

___School ___University ___Community clinic ___Private Practice
___ Other

Are you a member of any professional organization?

___yes ___no

If yes, what organization?

How many play therapy sessions have you conducted in the past 12 months?

How many years of experience practicing play therapy?

How many graduate level multicultural courses did you take in your master's program?

In addition to multicultural courses, how many hours have been parts of other classes in your graduate program(s) have focused on multicultural issues?

Have you participated in any multicultural educational activities in addition to multicultural courses, such as workshops or trainings?

___yes ___no

If yes, approximately how many total hours of workshops, training, or professional development related to multicultural aspects have you taken in the last five years?

How would you describe your socio-economic status?

- Lower Class
- Lower-Middle Class
- Middle Class
- Upper-Middle Class
- Upper Class

How would you identify your profession?

- Professional Counselor
- School counselor
- Social Worker
- Psychologist
- Other